Leonard Cheshire Disability

St Cecilia's - Care Home with Nursing Physical Disabilities

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

This inspection took place on 5 January 2018 and was unannounced. At our previous comprehensive inspection on 24 and 25 November 2016 the service was rated as Requires Improvement but met the legal requirements and regulations associated with the Health and Social Care Act 2008. This was because continued improvements to the service were required to ensure consistent and sustained good care and practice.

St Cecilia's Care Home with Nursing Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Cecilia's Care Home with Nursing Physical Disabilities accommodates up to 30 people, most of whom have complex physical disabilities. At the time of our inspection the home was providing care and support to 29 people. The home had a registered manager in post. 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.

Risks to people were assessed, recorded and staff managed identified risks safely. Medicines were managed, administered and stored safely. People were protected from the risk of abuse, because staff were aware of the types of abuse and the action to take if they had any concerns. There were systems in place to ensure people were protected from the risk of infection. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed to meet people's needs.

There were processes in place to ensure staff were inducted into the service appropriately. Staff received training, supervision and appraisals that enabled them to fulfil their roles effectively. Staff were aware of the importance of seeking consent from people and demonstrated an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People told us staff treated them well and respected their privacy. People were involved in day to day decisions about their care and had care plans in place which reflected their individual needs and preferences. People were supported to maintain relationships with people that mattered to them. There was a range of activities available to meet people's interests. The service provided care and support to people at the end of their lives. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met and there were regular volunteers who supported activities within the home. There were systems in place to monitor the quality of the service provided. People's views about the service were sought and considered through meetings and satisfaction surveys.

People, relatives and staff spoke positively of the management and the improvements that had been made.

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.

Medicines were managed, administered and stored safely.

Risks to people were assessed, and care plans were in place to manage identified risks safely in line with the provider's policy.

Accidents and incidents were recorded and acted on appropriately and there were arrangements in place to deal with emergencies.

People were protected from the risk of abuse because staff were aware of the signs and action to take if they had any concerns.

There were systems in place to ensure people were protected from the risk of infections.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received an induction when they started work and were supported through supervision and appraisals of their practice and performance.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

People's needs were assessed and staff provided appropriate support.

People were supported to access a range of healthcare services when needed.

People's nutritional needs and preferences were met.

Staff sought people's consent and acted in accordance with the

Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where applicable.

Is the service caring?

Good

The service was caring.

People were supported to maintain relationships that were important to them.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity.

Staff treated people with kindness.

People were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's care needs and risks were assessed and documented to reflect their individual needs and preferences.

People received appropriate end of life care and support.

People's independence was promoted and the homes environment and equipment supported this.

People were supported to take part in a range of activities.

People were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The home had a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

There were systems in place to monitor and evaluate the service

provided.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

People, relatives and staff told us of the improvements made to the service.

The service worked well with health and social care professionals.

St Cecilia's - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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

This inspection took place on 5 January 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. 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. We also contacted the local authority responsible for commissioning the service to obtain their views. We used this information to help inform our inspection planning.

During our inspection we 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 with us. We also spoke with five people using the service, six visiting relatives, four visitors to the home and 12 members of staff including the registered manager, deputy manager, nursing and care staff, kitchen staff and activities coordinators. We looked at six people's care plans and records, eight staff records and records relating to the management of the service such as audits and policies and procedures. We also looked at areas of the building including communal areas and external grounds.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the home was a safe place to be and they felt safe with the staff that supported them. One person said, "Yes, I continue to feel safe here." Another person said, "I feel very safe here. The staff are very caring." A third person commented, "Oh yes, I do always feel safe". A relative told us, "Staff are checking on my loved one regularly."

There were policies and procedures in place to protect people from possible abuse and harm. These provided guidance to staff on the processes to follow to protect people from the risk of abuse. Local and regional safeguarding policies in place provided staff with contact information for local authorities to assist in managing any concerns when required. We saw that safeguarding referrals were appropriately made to local authorities and information for people on safeguarding awareness was displayed within the home for reference. Records showed that staff received safeguarding training to ensure they were aware of the appropriate actions to take if they had any concerns. Staff we spoke with demonstrated a good understanding of their safeguarding responsibilities and one member of staff told us, "We receive regular safeguarding training. We all know how to deal with any concerns and I know they would be addressed. I would use the provider's whistleblowing procedure if I needed to." Another member of staff said, "I encourage residents to speak out and where they have limited or no communication I remind all staff to be vigilant around changes in behaviour and body language."

People told us they received their medicines when required by staff and as prescribed by health care professionals. One person said, "I get my medication when I need it." Another person commented, "No problems with getting my medication." There were arrangements in place to ensure medicines were safely managed. Medicines were stored safely in locked cupboards in a locked room and given as prescribed. Most people required full support to take their medicines. Medication administration records (MAR) demonstrated people received their medicines as prescribed and in a timely manner. Where people self-administered their own medicines, we saw these were stored in lockable cupboards within their rooms. Medicines were checked by staff every three months to ensure they were being taken as prescribed. There were clear policies and procedures in place for the safe handling and administration of medicines. There was a protocol in place for 'as required' (PRN) medicines which was followed whenever PRN medicines were administered in accordance with the protocol. Controlled drugs (CD) are prescription medicines which are controlled under the Misuse of Drugs legislation. We reviewed the storage and administration of CD and saw this process was safe and in accordance with legislation. There were two staff signatures to evidence that a CD was administered (as per legislation) and there was a running total recorded of the remaining CD in the CD book which we confirmed reflected the amount of medicine already administered to the person.

The clinical lead completed weekly audits of medicines and a more in-depth monthly audit. We noted there were no issues identified in the weekly audits conducted. The monthly audit noted a medicines error where a person's medicine was not administered as prescribed. We saw actions were taken to address this and included observation of the responsible member of staff as they administered further medicines to ensure safe practice. We noted that there were eight insulin boxes in stock for one person which were not administered in date order, with several opened at the same time. We spoke with the clinical lead who

acknowledged that there was an over-stock of medicine and that the current supply was not used in strict rotation which they took action to address at the time of our inspection. Medicine refrigerator temperatures were checked twice daily to ensure medicines were fit for use and we saw all temperatures remained within a safe temperature range. We saw there was a system for the return of unused medicines to the supplying pharmacist and noted there were sealed sharps bins waiting to be appropriately collected. We saw that oxygen tanks were stored securely in an upright position within the medicine room and there was appropriate laminated signage. Medicines were administered safely to people by staff trained to do so and we saw staff received medicines training and medicine competency assessments to ensure continued safe practice.

People received support to manage identified and assessed risks to their health and well-being. Risk assessments conducted identified areas of risk such as medicines, eating and drinking, choking, movement and mobility, equipment use and travelling, skin care and pressure ulcer prevention and epilepsy management amongst others. Risk assessments included detailed guidance, strategies and actions for staff on how to support people safely whilst enabling them to retain their independence as far as practically possible. For example, one person who was at risk of choking had a special dietary assessment and an aspiration and choking care plan in place providing staff with detailed guidance on the use of equipment to minimise the risk when supporting the person at meal times. Staff we spoke with knew people well and were aware of the areas in which people were at risk and the actions to take to manage them safely whilst reducing the risk of reoccurrence. One member of staff told us, "We review individual's needs and risks on a regular basis to ensure people are supported to keep safe and well. Staff know people here well and so we know how best to care and support them."

Accidents and incidents were documented on the provider's computer system to manage and monitor risks and to assist staff in reducing the risk of reoccurrence. We looked at the provider's accident and incident records and found that all accidents and incidents were managed appropriately and if required referred to local authorities and the CQC. We saw that staff took prompt actions to identify concerns and referred to health and social care professionals when required. Accident and incident information was reviewed by the provider's management team to ensure appropriate actions had been taken by the home and to improve the safety of the service that people received.

There were systems and policies and procedures in place to protect people from the risk of infections, to deal with emergencies and to maintain the home environment. People had individualised evacuation plans in place which detailed the support they required to evacuate the home in the event of an emergency. Staff knew what to do in the event of a fire and told us they received training in fire safety and health and safety. One member of staff said, "We have weekly fire alarm tests and we all know how to respond if there is a fire." Throughout our inspection we noted the home environment was clean, free from odours and was appropriately maintained. People and their relatives told us they thought the home was clean and maintained well. One person said, "The laundry and cleanliness is good. It's a clean place, and they are always cleaning up." Alcohol gel dispensers and liquid hand soaps were available to protect people from unnecessary infections and hand hygiene audits were completed on a monthly basis to ensure this. We observed domestic staff used colour coded mop heads to prevent cross infection within the home and cleaning products were stored appropriately in locked cupboards. There were robust cleaning schedules in place which ensured the home was kept clean and appropriately maintained. The safe management of linen and laundry was maintained to minimise any risk of infection. Equipment used with the home was maintained and checked on a regular basis and Legionella tests were conducted to ensure the water was safe to use. Electrical equipment and gas appliances were safety tested and the Food Standards Agency inspected the home's kitchen in May 2017 and rated them five stars.

People and their relatives told us they thought staffing levels within the home had improved and there were generally enough staff deployed to meet their needs in a timely manner. One person said, "Staff numbers have improved." Another person commented, "We don't wait long for someone to come and help us." A third person said, "The manager has got the staff numbers up but, they were a bit light over Christmas." Staff we spoke with also confirmed that staffing levels had increased within the service and they felt people's needs were met promptly. One member of staff said, "There has been some good changes in staff and staffing levels. There are more of us now to support people appropriately and to spend time with them."

We looked at nursing and care staff rotas and noted there were no gaps in the provision and it reflected what the registered manager told us was the daily staffing ratio. During our inspection we observed there were adequate numbers of staff available to effectively support people. In addition to providing support to meet people's physical needs, we observed staff also spent time with people to make sure they received social stimulation. One member of staff told us they ensured there was a good skills mix on each shift in order to, "Provide the best range of care and support for residents."

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. We looked at six staff records and saw checks included references to previous health and social care experience, qualifications, employment history and explanations for any breaks in employment. Records had health declarations and in-date Disclosure and Barring Service certificates (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records contained two employment references, and proof of identification. In addition, we saw evidence of the right to work in the UK checks and occupational health assessments which cleared staff fit for work. All records relating to permanent members of the nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC). Agency nursing staff records were also maintained and contained relevant details of qualifications, DBS clearance and NMC registration information.

Good

Is the service effective?

Our findings

People told us staff sought their consent and respected their choices and wishes. One person commented, "Staff are very kind. They always ask me how they can help." Another person said, "They ask before helping me out." Staff were aware of the importance of obtaining consent from people and told us that they sought consent before offering support. One staff member said, "Absolutely, I always ask people first. It's important that people are supported to be as independent as possible and to make their own choices and decisions."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Care plans showed that where people lacked capacity to make specific decisions for themselves, mental capacity assessments were conducted and decisions were made in their best interests, in line with the requirements of the MCA. We saw that applications had been made to local authorities to deprive people of their liberty where this was assessed as required. Where these applications had been authorised we saw that the appropriate documentation was in place and kept under review and any conditions of authorisations were appropriately followed by staff.

People and their relatives told us they were involved in planning for their care and were consulted about services offered. One person said, "Yes, I do feel involved in the planning of my care." A relative told us, "Staff do involve me in planning and reviewing my loved ones care." Assessments of people's needs were completed upon their admission to the home to ensure staff and the home environment could meet their needs safely and appropriately. Assessments took into account and reflected people's choices and preferences and included people's physical and mental health needs, nutrition and hydration, social activities, consent and communication needs amongst others. People's diverse needs, independence and rights were promoted and respected. People had access to specialist equipment that enabled greater independence such as ceiling hoists, electronic wheelchairs, lifts with a 'magic eye' a facility that allows people to call and use the lift without pressing buttons and electronic systems that enabled effective communication. People told us they had the equipment they needed to support them in their daily lives and care plans contained guidance for staff on the use of specialist equipment.

People and their relatives told us they were supported to access health and social care professionals when required. Comments included, "The physio makes me feel better", "I get my toenails cut", "When I had a cough, the doctor came", and "I get my GP to visit when necessary." Staff told us how they supported people to meet their healthcare needs and worked with visiting professionals to achieve this. Care plans confirmed that people had access to a range of health and social care services when needed, including the in house

physiotherapy service, GP's, speech and language therapist, dentists, chiropodists and opticians. Records of people's appointments with health and social care professionals were maintained by staff to ensure they were aware of people's on going needs and how best to support them.

People and their relatives told us they felt staff had appropriate skills and knowledge to meet their needs. One person said, "Staff seem good at their jobs." Another person commented, "They know me very well. They are very good at helping me." A relative said, "Staff know how to support my loved one." Another relative told us, "There are lots of new staff but they are a good bunch and know what they are doing."

A comprehensive induction and training programme was in place for new staff. All new employees were required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers are required to follow in their daily working life. It is the minimum standard that should be covered as part of induction training for new care workers. Staff we spoke with confirmed that they had received an induction, training and peer support and shadowing when they started and records we looked at confirmed this. Records showed that staff were supported and supervised formally. A member of staff told us they found supervision valuable and also said the staff team and management team were approachable and available to them at any time when they needed additional guidance. Systems were in place to support new staff and assess their progression during their probationary period.

Staff told us they received regular training that met their professional development needs. One member of staff said, "Training we have is good. It's appropriate to the people we support which is important." We looked at the providers training matrix which showed mandatory training included decision making and capacity, person centred working, dementia awareness, manual handling, equality and diversity, behaviour support awareness, choking, communication and infection control amongst others. At the time of our inspection we noted there was 81.3 percent overall compliance rate with mandatory training. The registered manager told us that the expectation was to reach 100 percent compliance rate but this had been impacted by recent staff recruitment which had affected the overall performance as many new staff had yet to complete their training. There was a newly introduced system of 'consolidation days' whereby a senior member of staff recapped recent learning with groups of staff to ensure that they understood the content of the course and how best to apply the learning.

People and their relatives said the meals on offer at the home were good and they were provided with snacks and drinks throughout the day. Comments included, "The chef listens to residents' views, he is very approachable", "The food's good", "The kitchen staff are so accommodating, they will do anything for you", "Christmas was good here, the meals were fantastic", "The meals are usually good", and "The lunch was good today." We visited the kitchen and spoke with the chef. They were knowledgeable about people's individual dietary requirements including their preferences, food texture and any cultural requirements. The kitchen appeared clean and organised and we saw that the Food Standards Agency visited the home in May 2017 and rated them five stars. We observed the lunchtime meal in the dining room and noted people were free to eat their meals where they wished, for example in the dining room, in their rooms or in communal areas. One person told us, "I like to dine with the others; it's one of the few chances of meeting the others." The atmosphere in the dining room was relaxed and there were enough staff available to support people promptly when required. Staff communicated effectively with people about the choices on offer and people's independence at mealtimes was promoted through the use of specialised dining equipment such as adaptive cutlery. Care plans showed that people's nutritional needs were assessed and where risks were identified staff sought health care professionals involvement such as dieticians or speech and language therapists to ensure their needs were appropriately met.

Good

Is the service caring?

Our findings

People and their relatives told us they were involved in decisions about their care and communication with staff was good. Comments included, "The staff give my love one choice's about their care and how they want things to be done", "I do feel involved in my care", and, "The carers are very good, they keep you informed when something is going to take place." Records showed that staff met with people on a one to one basis and held keyworker meetings to discuss and understand how individuals wanted their care to be provided. Key worker's responsibilities included providing individual one to one support and coordinating individuals care with relatives and health and social care professionals where appropriate. Care plans included information on individual effective communication methods to ensure staff communicated with people appropriately. Advocacy services were available for people when required and the home operated an effective volunteer befriending service that provided people with social interaction opportunities that matched them with likeminded individuals.

People and their relatives told us the care they received was good and staff were kind, caring, helpful and attentive. Comments included, "There are some very caring staff", "Staff are warm towards us and other relatives", "We have the necessary carers and they are all very good", "We are very lucky with the care given", "All staff are very friendly, homely", "Staff are good to me", "Absolutely all the care I need is catered for", "The carers are brilliant", and, "Residents are very well looked after." During our inspection we observed positive, polite and friendly interactions between staff and people using the service. We saw that staff were attentive to people's requests for support and regularly checked on people's well-being throughout the day. Staff were prompt to offer support and were skilled and knowledgeable about people's needs and how best to meet them. We saw that care plans and records were kept securely in staff offices and when staff were not present, office doors were locked to maintain security and confidentiality.

People told us staff treated them respectfully, maintained their dignity and respected their privacy. One person said, "Staff always treat me with dignity and give me respect." Another person commented, "I do feel very much respected by staff. I have my privacy." Staff we spoke with told us how they maintained people's dignity and privacy. One member of staff said, "I always knock before entering someone's room, it's their home. I always ask how people like things to be done and when I support someone with personal care I make sure doors are closed to maintain their dignity." Throughout our inspection we observed staff speaking with people and their relatives in a respectful and friendly manner and we saw that staff knocked on people's doors before entering their rooms displaying signs of respect for their privacy.

People received support to maintain relationships that were important to them. One person told us, "My family visits often and I also have friends who visit. They can visit me anytime." A relative told us, "I visit almost daily and staff always make me feel welcome. Sometime I stay for lunch." Throughout our inspection we observed relatives, friends and professionals visiting the service with no restrictions placed upon them. We saw that staff were friendly and welcoming to people visiting and there were systems in place which ensured people's relatives and friends were invited to spend time with their loved ones and to celebrate important events such as birthdays and seasonal festivities. Care plans documented the relationships people wished to maintain so staff could support people appropriately to meet their needs.

Good

Is the service responsive?

Our findings

People and their relatives told us they received care and support that met their needs and preferences and they were involved in reviews of their care. Comments included, "I'm always involved in my care and get the support I need", "They support me well", "Staff know what I need help with, they are very good", "They ask me what I want and support me the way I want", "Carers understand my loved one' needs. Communication is difficult, so having carers who know is very important", and, "Staff are very good and know how to care for my relative. They always contact us if there are any concerns and ask us for feedback."

People's needs and risks were assessed and care plans were developed from these assessments and with participation from people and their relatives where appropriate, to ensure their needs were appropriately met. Care plans documented the support people required in a range of areas relevant to their needs such as their personal care needs and their preferences in relation to receiving support from a male or female member of staff. Care plans also documented peoples support needs in relation to their physical and mental health, nutrition and hydration, medicines, communication, movement and mobility, social activity and leisure, emotional health and well-being and end of life care planning amongst others. People were allocated a keyworker, a member of staff, to coordinate their care and ensure their preferences were respected and met. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. People's care needs were also identified and documented from their life histories, likes and dislikes, and the things that were important to them.

Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. For example one care plan detailed the equipment required to ensure safe movement and mobility and documented the in house physiotherapist report so staff were aware of how best to assist the person when moving. Staff we spoke with were knowledgeable about the content of people's care plans and how people preferred their care to be delivered. One member of staff said, "Care plans have to be detailed as the people we support have complex needs. We make sure they are reviewed on a regular basis so people get the correct care they need." Staff were aware to be observant for any signs and changes in people's physical and mental health, and knew how to report and record any changes to ensure care plans and risk assessments were updated accordingly. Daily records were kept by staff about people's day to day wellbeing to ensure that people's planned care met their needs. Care plans and records we looked at were reviewed on a regular basis where required. Care plans documented discussions held with people and their relatives where appropriate, about their end of life care wishes and needs. DNAR forms (do not attempt resuscitation advanced directives) were completed where appropriate and information on people's final hours and choice of funeral arrangements were documented to ensure peoples wishes were respected.

People's diverse needs and independence was promoted and respected. People told us staff supported them to be as independent as possible and we observed this throughout our inspection. One person said, "I do feel independent, given my limited ability." Another person commented, "I try to do as much as possible myself but staff help me if I can't." The home environment and equipment in place assisted in the promotion

of people's independence. For example the home had a well-equipped activities room, physiotherapy room and a resident's only computer room. We saw the design and layout of rooms ensured that facilities were accessible to people. Staff were knowledgeable about people's needs with regards to their physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. We saw that staff received equality and diversity training to ensure people's needs could be met and care plans showed spiritual support was available to people within the home's chapel which had no set denomination.

There was a range of activities offered to people within the home to support their need for social interaction and stimulation. People and their relatives told us they felt the activities on offer were good, comments included, "I really enjoy the actives we do. We have a good activities room", "I am hoping to organise a monthly Mass here and I do get communion weekly", "My relative does get out sometimes", "They try and go round doing one to ones with people", "I do get out sometimes", "Yes, there is enough to do", "There is enough to keep me occupied here", "I do get out in the home's vehicle", and, "Facilities are definitely better."

There was an activities team in place which included four activity assistants and a coordinator. They ran a varied activity programme within the home in consultation with the homes service user group. One member of staff told us, "I am passionate about involving our residents as much as possible, no matter how limited their communication or mobility." They said they took their lead from the people they worked with and paid close attention to their body language in order to judge whether they were enjoying the activity or wanted to leave it. The activities programme included quizzes, arts and crafts, French lessons, bingo and sensory activities such as hand massage. On the day of our inspection there were a number of activities going on which included current affairs, the mobile shop and a film afternoon. The activities timetable for the month which was displayed for people's reference included visits from external entertainers and a visiting choir and we noted there had been a recent trip to the theatre. The home had good links with the local community which provided a variety of support to the home. Local schools visited with different aged children who performed music or just sat and chatted with people. A local art group ran workshops and work done by people was put on display in a local exhibition.

The home had two wheelchair accessible vehicles which gave flexibility when planning events for people. The coordinator told us how relatives could book one of the vehicles to take their relative out for the day. They showed us the list of approved drivers, which included relatives and volunteers. Prior to being an approved driver, they had to undergo a test drive supervised by the coordinator, as well as provide proof of insurance. There were 90 volunteers on the homes volunteer register most of whom engaged in a range of activities with people. The activities coordinator told us they were responsible for recruiting volunteers, all of whom were subject to the safer recruitment process prior to beginning to volunteer. In addition, they underwent a period of induction in order to try to get a match with individual residents. Where possible, each new resident was matched with a volunteer with similar interests.

There was a complaints policy and procedure in place and this was displayed within the home for people and visitors to refer to. The procedure included information on what people could expect if they raised any concerns, details of the timescale in which they could expect a response, and actions to take if they remained unhappy with the outcome. Complaints records we looked at showed that when complaints were received these were responded to appropriately in line with the provider's policy to ensure best outcomes for people. People and their relatives told us they were aware of how to raise a concern or complaint. One person told us, "We do have residents' quality and monitoring meetings and I do feel involved in those." Another person said, "No complaints since you were here last, I've no grumbles." A third person commented, "We would go to the management with any concerns."

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection and they had been in post for approximately nine months. They were an experienced home manager and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of the needs of the people using the service and the needs of the staffing team. The provider had also appointed a new deputy manager who supported the registered manager to run the home. During our inspection we saw that the registered manager made themselves visible within the home and people, their relatives and staff commented that there had been improvements within the service since our last inspection.

People and their relatives were largely complimentary about the management of the home, and the improvements that had been made. Comments included, "The manager is very open, a listener", "The manager is very friendly, always enquires who we are", "It is an open culture here", "The staff changes have resulted in improvements", "So far the new management is good", "The new deputy doesn't know all the residents' names yet", "I'm not sure if things are better under the new manager, too early to tell", "A bit more consultation and following residents' suggestions, would be good", "I am hopeful that the improvements will continue", "Overall, we are very pleased with the care they give, It's very homely here", "I just feel very lucky to be here. There can't be anywhere better than here", "The service couldn't be better", "Definitely been an improvement since CQC came before", and, "The new manager definitely gets things done."

Staff told us that the management team was very approachable and supportive. They said there was a strong sense of teamwork which was encouraged and modelled by the senior leadership. One member of staff told us, "There have been changes in staffing which has been for the better. I feel we work better as a team and we are committed to providing people with good care." Another member of staff commented, "There have been lots of changes in the home over the last 12 months, all of which are good. I feel very supported to do my job."

There were effective lines of communication within the home providing staff with the opportunity to meet and communicate on a regular basis. Records showed that daily staff handover meetings were held which provided staff with the opportunity to discuss people's daily needs. Team meetings were also held on a regular basis for various disciplines within the home such as administration staff, domestic staff, activity staff, care staff and registered nurses. Minutes of the registered nurses meeting held in November 2017 showed that topics discussed included record keeping, team support, management and communication between the nursing staff and managers which we saw had led to the implementation of a new handover document to promote effective communication.

The provider recognised the importance of regularly monitoring the quality of the service and there were systems in place to ensure regular audits and checks were conducted. Records showed that audits were conducted in a range of areas, including call bells, medication management, manager's service health check's, service health and safety checks, senior managers service audits, infection control, care plans and

records, staff records, accidents and incidents and managers out of hours spot checks amongst others. Audits we looked at were up to date and conducted in line with the provider's policy. Records of actions taken to address any highlighted concerns were documented and recorded as appropriate. Management records demonstrated that the home had good links with community based health and social care professionals, in order to promote people's safety and well-being. The registered manager told us that they regularly communicated with local authorities who commission services, GP's and pharmacists. There were also strong links with overseas volunteers who supported and facilitated social activities within the home.

There were systems in place to ensure the provider sought the views of people using the service through annual surveys that were conducted. People and their relatives told us they felt listened to and were provided with opportunities to give feedback on the service provided. Comments included, "The manager and provider do involve residents with improvements", "The manager involves relatives in decisions", "The relative's network is very good", "We have a question and answer session every Monday", and, "I do feel they communicate with me, they are approachable."

We looked at the results for the residents and relative's' survey that was conducted in June 2017. We saw that results from the survey were largely positive. 92 percent of respondents said that they were either very happy or happy with the support they received within the last 12 months and 91 percent said they felt staff understood and considered their needs. The provider also sought feedback from staff to help drive improvements and we saw that the staff survey was conducted in November 2017; however the result of the survey was being analysed at the time of our inspection. There were also systems in place to ensure the provider took account of people and their relative's views through regular meetings. One person told us, "We have regular residents meetings and friends and family meetings. It's a good chance for us to give feedback and also find out what's happening in the home."