Akari Care Limited

St Peters Court

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 unannounced inspection took place on 1 March 2016. We last inspected St Peters Court in June 2014 when we found the service was meeting the regulations that we inspected.

St Peters Court provides residential care for up to 40 people, some of whom are living with dementia. At the time of our inspection there were 32 people living at the service.

The service 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.

Staff at the service managed people's medicines safely and kept them stored in appropriate arrangements. The provider had just introduced a new electronic means of managing medicines at the service, which included automatic ordering and the use of scanning equipment to record when people had taken their medicines.

People told us they felt safe and that their belongings were protected too. Staff were able to explain their safeguarding responsibilities and there were procedures in place to support them, should they need to contact professionals in relation to this.

Emergency procedures were in place and monitored by staff at the service. Accidents and incidents were recorded and checked for any learning to try and ensure the same accident did not happen again.

People told us there were enough staff at the service to support them and we confirmed this through viewing staff rotas and from our own observations. Call bells were answered within acceptable timescales and staff were able to sit and talk with people in an unhurried manner.

The premises was well maintained, suitably designed for people's needs and kept clean and tidy. Fresh flowers were displayed throughout the service with fruit available for people to eat.

People enjoyed the food and refreshments that were prepared and staff helped those that needed support to ensure their nutritional and hydration needs were met. On the day of the inspection, people that wanted one, enjoyed a '99' ice cream from an ice-cream van that called.

Staff received suitable training to help them support people appropriately. They told us they were well supported and received regular supervision and appraisal from their line manager. Safe recruitment practices were in place to ensure that suitable staff were employed at the service. Once employed, new staff completed a planned induction programme.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. DoLS applications to the local authority had been made for them to authorise in line with legal requirements.

All of the people we talked with, and their relatives spoke highly of the staff and how well they cared for them. Relatives told us they always felt welcome. Staff had good relationships with people, they responded with a gentle and kind manner when people were distressed. For example, those that were living with dementia. Healthcare professionals reported that the staff were caring.

Staff respected people's privacy. They knocked on the door and waited for permission before entering people's bedrooms. They spoke to people with respect and addressed them politely.

People and their relatives told us they knew how to complain and would feel comfortable in doing so. People were able to make choices and participated in a wide range of activities. Staff encouraged and supported everyone to maintain social and family links.

A range of audits and monitoring tools were used to assess the quality of the service provided. Representatives from the provider organisation regularly visited the home and provided detailed feedback on their observations. Actions identified to improve the service had been carried out and signed off when completed.

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.

People told us they felt safe at the home. Staff had undertaken safeguarding training, and were able to describe to us how they would respond to any concerns.

There were enough staff to meet people's needs and safe recruitment procedures had been followed.

Medicines were managed appropriately and the service was clean and tidy throughout.

Is the service effective?

Good

The service was effective.

Staff received induction and regular training and told us they were supported by their line manager.

The registered manager and staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

A range of suitable food and refreshments were available throughout the day and people where supported to eat and drink where necessary.

Is the service caring?

Good

The service was caring

Staff and people enjoyed positive relationships with one another and there was laughter and light hearted banter heard throughout our inspection.

People were involved in their care and their privacy, dignity and independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care records were detailed and also documented people's likes and dislikes so staff could provide personalised care and support.

There was a complaints procedure in place and people knew how to complain.

People participated in a wide range of activities. They told us they were able to make choices about how their care was delivered.

Is the service well-led?

Good

The service was well led.

The registered manager carried out a number of audits and checks to monitor all aspects of the service.

Staff told us that they enjoyed working at the service and morale was good.

The provider submitted notifications to us in line with their responsibilities and legal requirements.

St Peters Court

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 1 March 2016 and was unannounced. The inspection was carried out by one adult social care inspector 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.

In advance of our inspection, we reviewed information we held about the service, including the notifications we had received from the provider about incidents, deaths and serious injuries. We contacted the local authority commissioners for the service, the local authority safeguarding team and the local Healthwatch. We did not receive any information of concern from these organisations. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services.

We placed posters on display within the service to let people and visitors know that we were inspecting. The posters also included contact numbers and who to get in touch with if they wanted to speak with us after the inspection or privately.

On the day of our inspection we spoke with a GP and a community nurse who were visiting the service.

During this inspection we carried out observations using 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 spoke with 16 people who used the service and 11 family members. We also spoke with the registered manager, the deputy manager, one senior care staff member, seven care staff, the administrator, the activity coordinator, two kitchen staff and two domestics and laundry staff and one volunteer. We observed how staff interacted with people and looked at a range of care records which included the care and medicine

records for six of the 32 people who used the service and recruitment records for six staff.

We looked at staff rotas, maintenance records, health and safety records and information, quality assurance checks, complaints and compliments and handover information.

During the inspection we asked the provider to send us additional information. For example, a copy of their medicines policy and training information. They did this within the agreed timescales.

Good

Is the service safe?

Our findings

People we spoke with did not raise any concerns about safety in the service. They told us they felt happy and safe living at St Peters Court. One person said, "I'm safe here." Another person told us, "I'm never unsafe here, I feel comfortable and all my belongings are safe too." A third person said, "It's a roof over my head and the staff are canny [nice]. I am quite satisfied. It's a nice place." One family member told us an ex-employee of the home had recommended it for their relative. Another family member told us, "My Dad is treated like a member of the family here. He gets really good care." We observed staff going about their daily work and had no concerns about people's safety. Healthcare professionals we spoke with also reported they had no concerns about people's safety in the service.

Staff had undertaken training in identifying and responding to safeguarding concerns. They were able to describe the different types of abuse, and how they would respond if they had any concerns that people were at risk. All of the staff we spoke with told us they would report concerns to their manager. The registered manager was aware of their responsibility to share any concerns with the local authority. Records showed safeguarding concerns had been reported promptly to the relevant safeguarding teams. This meant that people were protected from abuse and staff knew what to do if they had any concerns.

Accidents and incidents were monitored and analysed to determine if action could be taken to reduce the likelihood of reoccurrence. Accident and incident records included detailed information including body maps where people had sustained an injury. The registered manager had reviewed all of the accidents records to ensure staff had responded appropriately. Accident and incident information was collated and reviewed on a monthly basis. Analysis included the times of accidents, whether they had been observed, and where in the home they had occurred. Action had been taken to reduce the risk of accidents reoccurring, for example we saw a referral had been made to one person's GP when they had fallen multiple times.

Risks that people were exposed to in their daily lives had been appropriately assessed and documentation was in place for staff to refer to about how to manage and mitigate these risks. These risk assessments were regularly reviewed and amended when people's needs changed. We found from viewing care records people were routinely assessed against a range of potential risks, such as falls, mobility and skin damage. Environmental risks within the home had also been addressed. For example, utilities were serviced regularly and health and safety checks were carried out on a weekly basis. We spoke with the registered manager about pets they had in the service and asked if a risk assessment had been completed. The registered manager said that they had not completed any, but would do this immediately.

Equipment checks were up to date, including checks on fire apparatus. Emergency procedures were in place and documented what staff should do in a crisis. For example, if a fire occurred or there was flooding. The staff we spoke with were confident they knew what to do if an emergency situation arose and one staff member was able to give us an example of how fire drills were conducted. We noted that window restrictors were all in place. The registered manager explained that they had just employed a new maintenance person who was awaiting employment checks to be completed. They told us that currently they were using a

maintenance person from another of the provider's services to complete the equipment and other building checks. This meant that the provider had taken measures to continually protect people from risks associated with defective equipment and had emergency procedures that staff knew how to follow.

The premises and garden area was well maintained and also clean and tidy with no odours. There were freshly cut flowers on display throughout the service and we observed one person admiring them.

The laundry area was very clean. We spoke to the staff member working in this area, and they said, "We don't have a separate entrance for the dirty laundry but it comes in bagged and goes straight into the washroom. When it's all done and dried it comes in here [separate room for clean clothes] and gets put on the shelves till I get it out. We have very little losses or missing clothes. The families bring in some lovely things and you get to know who has what, but nearly everything is labelled." The registered manager told us that they were testing the use of iron on labelling for people's clothing to help ensure that no clothing went to the wrong person.

We visited the kitchen area later in the day and found it to be clean and tidy. We also noted the service had received a 5 star food hygiene rating from the local environmental health officers. This rating is the highest rating on offer and meant that the service reached a very good standard of hygiene in food preparation areas.

People had no concerns about the staffing levels at the service. One person said, "I think there is enough staff. They [staff] are always flying here there and everywhere, working away, but they are always about to help if you need them." Another person said, "I try not to bother them [care staff], but if I need them to come, they always do." A relative said, "I come at all times and there always seems enough staff." The registered manager told us they had a system to assess people's needs and dependency levels which was used to devise the staffing rota. We looked at staffing rota's and found them to be consistent and set at levels which would ensure that people's needs were met. We also observed that people who requested support to use the toilet were offered help within a few minutes of the request and call bells (which rang rarely) were responded to within acceptable timescales.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to staff starting work at the service and to help ensure that staff were suitable to work with vulnerable people. These checks included Disclosure and Barring service checks (DBS) and obtaining references. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

We viewed medicine administration records (MAR) at the service. We found the records were complete with no gaps and all medicines had been available for people to take. Where medicine was not given, a reason was recorded. Medicines were stored safely and securely. Damaged or unused medicines were recorded and returned to the pharmacist safely. On the day of the inspection, the service had just started to use an electronic system (Well Pad) of managing the medicines which replaced the use of MAR's and meant that medicines would be electronically ordered and monitored. We observed staff using this system to scan people's medicines as they gave them out in all areas of the service. Staff managed very well, although they admitted it was a little slower than the old system because it was new and one said, "I am a little nervous, but I will get quicker and better with use."

The registered manager explained how the system worked and showed us reports which could be pulled off daily to show any errors that may have occurred. They said, "It's good as I will be able to look and see if there

is something wrong straightaway and then put it right."

Good

Is the service effective?

Our findings

Staff were well supported. One staff member said, "I am quite supported, I can talk to the manager or other carers. The manager's door is always open." Another staff member said, "I feel really well supported." They went on to say, "The manager is extremely supportive, the lasses [care staff] are very knowledgeable and give information about the residents." Another staff member commented, "Definitely feel well supported."

Staff told us they went through an induction when they started working at the service, which included shadowing more experienced staff. One member of care staff said, "We have to work through an induction programme. It's good and helps you to better understand what the work is all about."

People and their relatives told us they felt staff had the training and skills to suitably support them with their care needs. All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. The registered manager provided us with information which showed that staff had completed training in a variety of necessary areas. This included safeguarding, health and safety, first aid and moving and handling. Most staff had also completed training in dementia care. A healthcare professional told us they felt staff were well trained and were competent in their care work.

All of the staff we spoke with told us they received enough training to prepare them for their role. Staff told us they discussed their training needs and their performance within supervision sessions with senior staff. Supervisions records showed these meetings were planned regularly, with discussions to encouraged staff to reflect upon their practice and the care they provided. Appraisals were due to be completed and were held yearly. These included discussions on staff development and performance and staff were supported to develop their skills and knowledge through these sessions and throughout the year.

Healthcare professionals that we spoke with thought that the communication within the home was effective. One said, "No problems there. They are good here." Relatives also confirmed that communication within the home was timely and they were kept in touch with any changes that may have occurred in relation to their family members.

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. We saw examples of best interest decisions which had been made for people and best interest checklists which staff had completed.

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 procedure for this in care homes and hospitals are called the Deprivation of Livery Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the principles and had made relevant applications to the

local authority for some people who were using the service.

People described how staff would always ask for their permission before completing any personal care or support for them and staff confirmed they did. One person said, "I don't think staff would ever do anything you did not want to be done, they are too nice." A relative said, "I have heard staff ask [relatives name] for their permission before they do things. For example, they needed to get their clothes changed after an accident. I waited outside and I heard the girl [care staff] saying, 'Is that all right [name of person], can I take that off – is that ok?' I am happy that the staff would always ask permission first."

People and their relatives thought the food was good. Comments included, "The food is very good, in fact I have put on weight since I came in here"; "The food is grand, it's the reason I'm here"; "The food is good; well we get fed all day, we graze on biscuits and cake and it's a wonder we can eat at mealtimes" and "It's always hot and tasty."

Where people required support to eat their meals, this was given. A staff member said, "A lot of people can feed themselves, but sometimes people struggle a bit and you give them a hand, cutting up stuff or prompting." During lunchtime observations we heard the following comments from staff, "Would you like this"; "Do you want that cut up"; "Can you manage that"; "Would you find a spoon easier?" and "Would you like help with that?" For dessert, most people chose peaches and cream. This was followed by lots of laughter and joking. One staff member explained, "It's because its slices, you can't stop them sliding round the bowl!"

We spoke with kitchen staff, including the cook. They were dedicated to providing good quality food to people. We saw kitchen staff were involved with serving people their meals and conversation took place about the food and whether people liked it or not. One member of kitchen staff told us, "They [people] like their roasts. I think that is their favourite."

People who preferred or required to have meals in their bedroom were taken them on trays with doyleys and napkins but we noticed they were not covered. This meant that food was not fully protected from the risks associated with not following best practice in food hygiene procedures. We mentioned this to the registered manager who said that they would ensure that this was rectified.

From people's care records we saw that people who had particular nutritional needs, had those needs met. We also noted that where people were at risk of malnutrition or who had particular concerns with food; they had been referred to more specialist teams or healthcare professionals to assist with this. One person had input into their care from the speech and language therapy team (SALT) to support them with swallowing difficulties they had. We were able to check that the person had made some improvements from notes recorded by care staff.

We observed jugs of juice and water throughout the communal areas of the service. People's bedrooms were also seen to have refreshments available for use. There were bowls of fruit in several areas and other snacks available for people to use, including bowls of crisps and biscuits. There was also a 'snack station' with chocolate snacks and sweets. Within this area was a 'drinks' trolley with wine and a decanter of either port or sherry. There were also various types of beer available. Staff told us that some people enjoyed having a drink with their meal or sometimes on an evening or during entertainment or events. One person told us, "I sometimes have a glass of sherry, but not too often."

During the inspection we noted that people who were living with dementia were brought to the dining room well in advance of the lunch being served and then some sat waiting for over 40 minutes. We discussed this

with the registered manager who agreed to look into these timings as she agreed that this was too long for people to sit and wait for their meal.

People were supported to maintain their healthcare needs. One person told us staff had supported them to attend hospital appointments. People's care records confirmed they had regular input from a range of health professionals including, GPs, district nurses and podiatrists. Relatives told us staff recognised when people's needs changed. One relative told us that staff had recognised when their family member's health had declined and had arranged for their local GP to visit them while also keeping them up to date. They said, "I am confident that the staff here would act straight away if they thought someone was unwell." We spoke to a visiting GP and a community nurse and both said that they had no concerns with the service and they were confident staff would act immediately if they felt someone needed additional medical support. The community nurse said, "They [care staff] know when someone's not right."

The premises had been adapted. For example, doors were wide enough to allow wheelchair access, lifts were operational and hoists were available for those people who required this support. The outside area was accessible with seating areas for people to use in warmer weather. A new section of the garden was in the process of being updated and the whole garden was secure with a new fence having been erected.

People who were living with dementia had memory boxes located outside of their bedroom. One person recognised that it supported them to remember and said, "It helps me a lot." The service had dementia friendly signage, with photographs as well as names on bedroom doors. There were memory provoking local pictures on the walls, of towns and landmarks i.e. coal mines and docks. This all meant that the provider had considered the needs of people living with dementia when they made changes to the service.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring, patient, friendly and treated them well. Comments from people included, "I am very pleased, it's very pleasant and the girls are very nice"; "I couldn't ask for better"; "It's nice, it's good" and "The lasses are lovely. You could not want any better really." A relative said, "The care is really good, the staff are good, we couldn't be happier." Another relative said, "This place is exemplary, I cannot praise it enough. I have had several relatives in here and (relative) has just been here a month and is settling in well."

A care worker brought a person a cup of tea. The conversation started with, "Nice cup of tea [person's name]?" The person thanked the staff and the staff said, "You're very welcome." This was then followed with a conversation about how the person was and what they were going to do that day. The conversation was not rushed and although the staff member knew we wanted to see them, they had their priorities correct. We heard another care worker showing genuine interest as they talked with one person about their family. They asked how their son was doing at work and reminisced about the person's husband. The person was clearly happy talking with the staff member as they shared information.

One relative told us, "My relative is in here and it's lovely, she came in for respite and stayed. We think it is very good, there are a lot of us and we come in often. We have got used to the staff now and we talk to them and they talk to us. If we all come and there are lots of us, we all go up to the garden room. We sometimes bring our lunches and we have a bit of a party, it's nice." We observed meaningful conversations between care staff, people and their families. 'Chatter' was constant as was banter and laughter.

Relatives told us they were made to feel at home when they were visiting their family members. One relative said, "This home is excellent, the staff make you so welcome. I can visit any time and I know [relative's name] is well looked after." We saw from compliments records that relatives had provided feedback on how staff had made them feel welcome.

People who needed support at meal times received support in a respectful way. People were not hurried and their dignity was maintained at all times. Food spillages were wiped up immediately and not left on faces or clothing. Staff had ensured that dining tables were well laid out with care taken to check that this included the use of table clothes, condiments and napkins. We saw staff knocked on people's doors before they entered and were mindful of protecting people's privacy. This showed that staff were aware of maintaining people's rights to privacy and the need to promote people's dignity.

During the inspection, an Ice cream van called at the service. Staff told us that it was arranged to come every Tuesday. Staff went out to the van and brought back in a '99' ice cream cone to everyone who wanted one.

In the reception area of the home and at various other places, there was a large range of information. This included information on services in the community, information about benefits, advice on dementia and how to make funeral arrangements. This meant the registered manager ensured that information was available to support people in a variety of different ways, which may have been helpful to them.

People were encouraged and supported to attend church services if they so wished. One person explained that they preferred to go with a relative to their local church. Another person told us they enjoyed meeting friends when they went to church. Displayed on notice boards was information pertaining to a range of religious services from various faith groups, including catholic and church of England.

Staff said they would offer prompts and encouragement and we observed examples of this during the inspection. For example, two people at lunch were encouraged to eat independently when prompted and we saw one person was encouraged to help put their empty cup on the tea trolley. People who were independently mobile were free to move around the service and were able to sit where they wished. People were supported to maintain their independence. One person started to collect the dessert bowls together and a member of care staff said, "Oh thank you, that's a great help."

Information about advocacy services was available within the reception area of the service. At the time of the inspection we were told that no one living at the service was using an advocate. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Good

Is the service responsive?

Our findings

People told us they were happy with the way staff met their needs. One person said, "Staff know what I like and how I like it. If I want to stay in bed I can, but if I want to get up sooner I can do that too." Relatives told us staff responded to people's needs well, one said, "I have experience of working with old people and it's not easy, but the staff here are very good and respond well."

Relatives said they felt involved in their family member's care. One relative said, "We are involved in all the care planning and they tell us straight away if something is wrong." Another relative said, "We did the care plans."

People's needs were re-evaluated on a monthly basis, or whenever there was a change in their planned care. Assessments had been completed monthly, and staff had recorded detailed information about how people had responded to their planned care and whether there had been any changes noted. We saw where people's care needs had changed, care plans were re-written to reflect these needs. For example, when one person's prescribed medicines had been discontinued, their medicines care plan had been re-written on the same day notification had been received from the person's GP to stop the medicines. This showed care records were updated in a timely way to reflect people's changing needs. We noted that records were kept in cabinets which were lockable but had not always been locked during the inspection. We brought this to the attention of the registered manager and she said she would ensure that they were locked at all times when not in use in the future.

People's records showed that they were treated as individuals. Examples included a one sheet document which was very person centred and detailed 'information important to person' and also 'what those that know the person say about them'. One person's was recorded as being "very outgoing" and "loves dancing." Another person was recorded as "loves classical music." In other information we saw examples of how staff helped people to maintain routines they liked. In one person's records it was noted that they liked to be warmer during the night with a double duvet and with staff checking every two hours. We were able to confirm that their routines were in place, by checking bedrooms and looking at night monitoring sheets. This all showed that people's care was person centred and tailored to the individual.

Staff had a good understanding of how to manage people's behaviours that could be perceived as challenging. They were able to describe the specific strategies they used, which were individual for each person. One care staff member was seen holding the hand of one person who had become upset. The staff member appeared to show an understanding of the person and within minutes, the person had stopped crying and had started to sing.

People told us they had activities and interests to be involved with. One person enjoyed making Lego models. They said, "I do it to keep my hands going. The manager and I get along and she's got me lots of things."

We noted that the activity coordinator had their lunch with the people living at the service and participated

in lengthy conversations with the people around them. This meant that social interaction was treated with importance at the service and this posed another opportunity for this to take place.

We spoke with the activities coordinator who showed us their plan of activities and all the resources they had at hand. They were very positive and enthusiastic about providing people with meaningful and interactive activities. They showed us a reminiscence shoe box that they were developing with people, which included items that brought back personal memories. For example, one person had items from the place they worked and pictures of their family.

There was a list of activities on the notice board which was quite varied and included trips, exercises, games and outside entertainment which had been booked. There were photographs on display around the service as well as artwork that people had made. One of the lounge areas had a wall of photographs of people who had been on trips or participated in the entertainment. We noted there were hats, scarves, boa's and bags on a rack in the foyer for people to use or dress up in.

On the day of the inspection, the activities coordinator helped people participate in floor 'basketball'. There was an old film playing quietly and music in other areas. One visitor had brought in a little dog. They said, "He is (the dog) no bother, everyone loves him, the staff take him upstairs to visit everyone and they love him." A relative said, "The activities are so good."

There was a hairdressing salon decorated as you would find on the high street with the hairdresser coming in weekly. A relative said, "I've spent many an hour waiting for (relative) in there, they go for the crack [chat]."

People were offered choice in everyday matters such as deciding what to eat or do for the day. Over lunch time, we heard people being offered choices in the meals they had. During observations we saw people being given a choice of taking their medicines and overheard one person refusing and the staff respecting that decision. People were asked what type of refreshment they wanted during the morning and afternoon times. Staff supported people to move from room to room when they wanted if they needed additional help. This all showed that people were able to make their own decisions about their daily activities and what they had to eat and drink.

The provider had a complaints policy and information displayed around the service about how people could complain if they so wished. There had been only one complaint made in January and this had been dealt with effectively by the registered manager. One person told us, "If I wanted to complain, I would. The staff are so good though, I have no need to." A relative told us, "[Registered manager's name] would take any complaint anyone made very seriously indeed. I have never had to make a complaint, because whenever anything has been needed, they have just got it sorted straight away – no worries on that score."

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. The registered manager had over 18 years' experience of involvement in care with older people. She was dedicated to the people living at the service and said she wanted to provide them with good, quality care.

People seemed to know the registered manager and those that were able, remembered her name. She appeared to be well liked by the people who lived at the service and the relatives/visitors that called at the service. One person said, "I have lived here a while and she [registered manager] has always been nice." Another person said, "Oh, [registered manager name], she always pops to say hello, lovely girl." A member of care staff said, "It's a great place to work. We can be busy, but there is enough of us. It's a happy place this and you can always go to the manager." Another said, "It's great to come to work, I enjoy it."

From our observations during our inspection, we found that the culture within the service appeared to be one of openness and honesty and patience. From discussions with the registered manager it was clear that this culture was embraced by them and continued throughout the staff team. We heard a staff member apologise for forgetting to bring someone a cup of tea and made no excuses but went straightaway to get it. Unknown to a member of care, we overheard them talking to one person who was deciding whether they wanted to wear their cardigan or not. The staff member was also being called by another person. The staff member remained calm and in a pleasant tone asked the person calling if they could wait. They said, "Just one second and I will be with you [person's name]." Both people were supported in a timely manner.

Within the reception area were notice boards. The registered manager had placed the results of recent audits, surveys and feedback from people and relatives. This included comments on food and cleanliness for example. We noted that where the scores were lower, action plans had been put in place and an explanation on what the staff were going to do to improve those areas. People and relatives confirmed they were asked their opinion. One relative said, "We did a feedback form last week." An IPad was also in the reception area for people and visitors to leave reviews about the service if they so wished. Regular meetings were held with people and relatives and also with staff. We saw the minutes, and noted that a range of topic areas had been discussed. For people and relatives, these included updates on the service and conversations about activities offered and the meals presented by kitchen staff. One person told us that a food that had been on the menu was not on it now after people said they did not like it. One relative told us, "Meetings do take place, but to be honest I get to know everything I need from just visiting. The staff keep me well informed and I don't feel I need to go. Although I know I would be welcome." This meant that people and relatives were offered opportunities to feedback to staff and help make changes to the service provided.

The registered manager confirmed that the staff team supported each other very well. One staff member told us, "We are a good team and look after each other." The registered manager had set up a reward system for staff called 'The extra mile club'. This was a certificate awarded to staff on a monthly basis for doing additional work for the service and the people living there. We saw that the award for January had been given to a staff member for coming in on their day off to provide support at a funeral. As we were looking at

the award a relative commented, "That just shows how good the staff are here, not everyone would do that on their day off."

During the inspection the registered manager demonstrated the quality reports that she could obtain from the new electronic process used by the provider for management of medicines. The daily report showed, for example, how many medicines were left to be administered (scanned), how many low stock items there were and how many missing entries were registered. Although it was new to the registered manager, she was keen to use the documentation to improve the quality of the medicines management.

Other quality assurance audits were in place which consisted of a range of monthly and weekly checks to keep people safe and ensure they received good quality care. These included checks on the building and environment and accidents which had occurred. The accidents were analysed to check for any emerging trends. We noted that where issues had been identified, actions were put in place. For example, one person had experienced a number of falls and when we checked their records, we found that they had been referred to the specialist falls team for input into their care.

During the inspection we confirmed that the registered manager had sent us notifications which were required under the Care Quality Commission (Registration) Regulations 2009. Notifications are changes, events or incidents that the provider is legally obliged to send us without delay. The registered manager told us they would be sending us the outcome of recent deprivation of liberty requests once a decision had been made by the local authority. They knew this was required no matter what the outcome. This meant the registered manager was aware of their legal responsibilities.