

Silk Healthcare Limited

Mapplewell Manor

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 

Overall summary

Mapplewell Manor is a care home which is registered to provide accommodation and personal care for up to 83 people, who may have dementia care needs. The home is purpose built and was registered in 2013. On the day of our inspection there were 81 people living in the home.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected Mapplewell Manor on 2 September 2013 and found that the service was meeting the requirements of the regulations we reviewed at that time.

People told us they were well cared for in this home. People said, "I feel really safe here. No harm can come to

Summary of findings

me here. There's enough staff on duty at weekends and in the nights. I'm very happy here," "The foods all right. It's very nice. The meals are nice" and "The staff are really good I can't fault them."

Relatives told us, "This place has far exceeded my expectations. The quality of service, the comfort and the accommodation is very encouraging. It's a wonderful place for the elderly. Its clean, the staff are good, the food is good quality and the atmosphere is improved by the way most residents enjoy the place.," "The staff are lovely overall, mind you one or two say they will do something for Mum but they don't. There's also so many different staff mum gets confused" and "It's like a five star hotel. The staff are lovely, my [family member's] bedroom and the view is lovely and there aren't too many people."

Prior to the inspection we contacted 15 healthcare professionals to ask them their opinions of the service. We received feedback from GP's, physiotherapists, specialist nurse, social workers, speech and language therapists, chiropodists and Healthwatch Barnsley. We also contacted the commissioners of the service. They all gave us positive feedback about the service. They told us people who used the service were well cared for by staff that were well trained and professional. Healthcare professionals told us they did not have any concerns regarding the care and support provided to people. One healthcare professional told us, "I have been going to Mapplewell Manor for a few years now and have always found the staff to be supportive, caring to the residents needs and very professional. They have always been communicative and put the welfare of the resident as a priority."

Throughout our inspection we observed people were very comfortable and relaxed with the staff who supported them. We saw people living in the care home were free to move around the and had unrestricted access to their bedrooms. We saw staff advising and supporting people in a way that maintained their privacy and dignity.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

There were regular reviews of care for each person who used the service which enabled individual care to be monitored. We saw that recent reviews for people who lived at the care home had been carried out with health and social care professionals, family members and independent advocates.

Two activity workers were employed. This meant a varied activity programme was available to people who used the service. We saw people participated in a range of daily activities many of which were meaningful and promoted their independence in and outside the service. There were adequate numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities.

People were encouraged to maintain a healthy lifestyle which included being provided with nutritious meals and being supported to attend healthcare appointments.

Staff said the training provided them with the skills and knowledge they needed to do their jobs. Care staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

Staff said that communication in the home was good and they always felt able to make suggestions. There was a quarterly meeting for all staff and monthly meetings for groups of staff, for example, senior care workers and ancillary staff. Minutes of these meetings showed this was an opportunity to share ideas and make suggestions as well as a forum to give information.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were systems in place to make sure people were protected from abuse and avoidable harm.

Staff had training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

There were regular audits and checks to ensure the care home was maintained to a safe and comfortable level.

Appropriate arrangements were in place for the safe administration of medicines.

There were effective recruitment and selection procedures in place.

Good



Is the service effective?

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff had processes in place to identify where people required referrals to other professionals so that people received care to meet their health needs.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Good



Is the service caring?

The service was caring.

We saw that staff respected people's privacy and dignity and knew people's preferences well.

Staff were caring in their approach and interactions with people. They assisted people with patience and offered prompting and encouragement where required.

Relatives and friends were encouraged to visit at any time and they said they were made to feel very welcome during their visits.

Good



Is the service responsive?

The service was responsive.

People's care plans were kept under review and appropriately amended in response to changes in their needs.

Staff understood people's preferences and their abilities. A varied activity programme took into account people's personal hobbies and interests.

People and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable and communicated well with people who used the service, staff and outside professionals.

Staff were well supported by regular training, formal supervision and annual appraisals.

There were systems in place to monitor the service offered and plan on-going improvements.

The service had a full range of policies and procedures available to staff.

Good



Mapplewell Manor

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 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 9 February 2015 and was unannounced. Two adult social care inspectors and an expert by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

Before our inspection we reviewed the Provider Information Record (PIR) and previous inspection reports.

The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service.

We also contacted commissioners of the service and received feedback from two GP’s, six specialist nurses and physiotherapists, Barnsley local authority contracting and commissioning team and one social work team manager. This information was reviewed and used to assist with our inspection.

During the visit, we spoke with 11 people who used the service, 8 relatives, the registered manager, the regional manager, the company auditor and 10 members of staff.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included five people’s care records, seven staff records and records relating to the management of the home.

Is the service safe?

Our findings

Everyone we spoke with who used the service said they felt safe living in the home and relatives were equally confident their loved ones were safe and well cared for. One person said, “I feel safe here. No ones hurt me”. A relative told us, “It’s safe and secure here. The staff follow procedures. My [family member] has had lots of falls but it was no ones fault”. Another relative said, “It’s safe here. It got to a point where my wife and I couldn’t manage [family member] at home and we know they’re safe here.”

Unit manager’s and senior care worker’s undertook all aspects of the homes medication management and administration. Each unit was responsible for obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of people’s medicines. The home was in the process of working with local GP practices in order to use ‘electronic prescribing services’.

On the day we visited we found there was not an accurate record of the number of medicines prescribed to be given ‘when required’ (PRN) in stock, in one medicine trolley. This was because the current medication administration record (MAR) sheet recorded only the current months stock. We also found the MAR sheet of one person’s PRN medication contained a signature that the drug had been administered, but the stock numbers were unchanged from when they were received. We noted there was a ‘medication instruction form’ which offered guidance for staff in relation to administration of PRN medicines. We found some ‘medication instruction forms’ were outdated and did not have up-to-date advice or a review date. The service should maintain up to date protocols for the administration of medicines prescribed ‘when required’. These issues were dealt with by the registered manager before the end of the inspection. The registered manager and senior staff carried out a full audit of medicines so that the number of medicines in the trolley matched the current stock. The ‘medication instruction forms’ were reviewed and updated.

We saw medicines at the home were stored in medicine trolleys on each unit. When the trolleys were not in use they were kept secured to the wall in the medical rooms, the temperature controlled refrigerator or the locked metal Controlled Drug (CD) cabinet. The room temperature was

19 degrees centigrade and the refrigerator records showed it was working within normal limits. Medical, phlebotomy and glucose monitoring equipment were also stored in the medical rooms.

There was a photographic record and details of each person who was receiving medication which included any allergies and their Medication Administration Record.

Senior care workers were responsible for medicines. Senior care workers told us they had completed training in the safe administration of medicines and we saw evidence of this through the training records we looked at.

We observed a senior care worker administering the lunch time medicines. We saw the senior care worker administer medicines safely. Senior staff spoken with were well trained in medication management, knowledgeable about the medicines they administered and knew how to deal safely and appropriately with any problems encountered.

We found safeguarding vulnerable adults and whistleblowing policies and procedures in place, including access for staff to South Yorkshire’s local joint working protocols to ensure consistency in line with multi agency working. Staff told us and records confirmed all staff had received safeguarding vulnerable adults and whistleblowing training. Whistleblowing is one way in which a worker can report suspected wrong doing at work, by telling their manager or someone they trust about their concerns. This meant staff were aware of how to report any unsafe practice.

Staff were able to tell us how they would respond to allegations or incidents of abuse and the lines of reporting in the organisation. Staff spoken with were confident the manager would take any concerns seriously and report them to relevant bodies. They also knew the external authorities they could report this to, should they feel action was not taken by the organisation or if they felt uncomfortable raising concerns within the service. The manager had reported any incidents that were potentially safeguarding concerns to us and the local authority in line with expected safeguarding practice and protocols in order to keep people safe.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed money for some people. We saw the financial records kept for each person, which showed any money paid into or out of their account. The

Is the service safe?

record was signed by the person who used the service or their advocate and senior staff at the home. Money held for people was checked by the company auditor a minimum of four times per year. The auditor and administration staff told us these checks were carried out unannounced. This meant the service was taking action in order to keep people's finances safely and securely.

We looked at five people's care records. There were individual risk assessments in place for people who used the service in relation to their support and care. These were reviewed and amended in response to their needs. Relatives told us they had been invited to be involved in discussions about their loved ones care, support and risk assessments. This was confirmed and recorded as having taken place in the care plans we checked. Risk assessments were designed to ensure that any identified risks were minimised, whilst still allowing independence, to ensure people's safety.

Staff spoken with were confident about reporting incidents and aware of the process of reporting them to the unit manager's. Staff told us they had recently undertaken fire evacuation training, and understood the various fire escapes and assembly points.

We looked at the system for recruiting staff. The seven staff files we viewed contained all the required information and checks. Staff spoken with told us they had provided

reference details and had a Disclosure and Barring Service (DBS) check prior to starting their role. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home.

The registered manager confirmed to us that no members of staff were allowed to commence working with people until their DBS check had been received. The registered manager was aware that if a person's DBS check was returned unclear, the provider must carry out a risk assessment to show that they had considered the results of the DBS check and all other information they had about the person before making the decision to employ the person or not. We saw evidence that this had taken place.

There were 81 people living in the home. In total there were five senior care workers, ten care workers and two activities workers on duty. There were also two administrators, a café assistant and ancillary staff working in the laundry, kitchen and throughout the home. We saw people received care in a timely manner. People and relatives we spoke with told us there were always enough staff on duty to provide assistance and support. Staff said that the home was very busy but felt there were enough staff so that people were safe.

Is the service effective?

Our findings

Staff we spoke with told us they had received formal one to one supervision with their line manager three times per year. Staff said they also had a yearly appraisal.

Most staff were very experienced in care and had NVQ's (National Vocational Qualifications). Those who had not were in the process of doing so. All staff had undertaken their mandatory training. This included training in a wide range of topics, for example, fire safety, safeguarding, food hygiene, dementia awareness, moving and handling and health and safety. Additional training had also been provided to staff in such things as care planning, medication and record keeping. The unit manager 's also told us they were about to undertake their Level 5 managers training. Staff told us they were encouraged to learn and felt free to ask for advice and guidance from their unit managers or the home manager.

Staff told us they had been provided with an induction which was over a sixteen week period. During the induction they had received training in all mandatory subjects and also spent time with other staff learning about the service and getting to know the people who used the service. They told us they were able to do this until they felt confident enough to work on their own. In the staff files we checked we saw a completed copy of the 'Common Induction Standards' booklet. Staff we interviewed told us that the home had a good atmosphere and that most people worked well together and cooperatively. A unit manager said, "staff give 110% commitment."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager had recently applied for a number of people to have a DoLS authorisation in place due to recent changes in the legislation. We saw that MCA assessments had been completed which had then required 'best interest meetings.' These meetings were held with appropriate healthcare professionals to make decisions

regarding such things as using bed rails, using the stand hoist and administration of covert medicines. This showed the manager understood the requirements of the MCA and where relevant the specific requirements of the DoLS.

Staff said they had received MCA and DoLS training. The training matrix showed 100% of staff had completed the training. Staff were clear about the importance of ensuring decisions were made in the best interests of people and correct procedures were followed. However most care worker's when asked were unsure of the implications for them when caring for someone who had a DoLS in place. One care worker told us, "I haven't a clue." We fed this back to the registered manager and regional manager. They said they would look into providing further training in this topic.

The home was clean and tidy with modern furnishings. The lounge and dining rooms were light and airy. We asked some people if we could look in their bedrooms and we found they were comfortable and made homely with peoples' personal belongings. One person said, "My bedroom is beautiful and I've got lots of friends."

The laundry service was considered very good by most people who said even when under pressure as in recent weeks, there was always a good supply of bedding. People's personal effects were labelled and there were no concerns about the service they received. Two relatives spoken with told us their family member's clothes had gone missing from the laundry. We spoke with the registered manager about this. She said she would look into this and establish why this had happened.

When we asked people about the meals served they told us, "I mostly like my food but its deteriorated in the last twelve months," "The food is fresh and very adequate and there's loads to drink" and "The food's ok. I get choice over what to eat." One person told us they choose to eat their meals in their own room. The person said their meal was often cold. We asked the person if we could speak to the registered manager about this and they said yes. The registered manager said she would look into why this person's food was being served cold.

The home had a 'Food Standards 5 Star' rating. The spacious and self-contained kitchen was equipped to a high specification. The kitchen was organised into zones for

Is the service effective?

preparation and serving. All the store cupboards and fridge freezers were in pristine condition. The chef who was highly experienced in the catering industry, had the equivalent of NVQ Level 3 in Catering and Hospitality.

We saw a four week menu that offered variety and choice. People were supported to make their food choices by care staff, aided if necessary by pictures of the chef's meals. Special diets were adapted from the set menus so that everyone had the same choice of food.

We observed part of the lunchtime meal served in all three dining rooms. In the ground floor and first floor dining rooms there was no music playing and the mood was observed to be quiet and leisurely. The staff moved efficiently around people who used the service, checking what they each wanted to eat, serving dessert and chatting amiably with people. People who used the service enjoyed their food and the ambience. There were cold drinks, plus cups and saucers for tea or coffee available after the meal. The tables were set with linen napkins and clean ironed table clothes. A number of people preferred to eat in their rooms and we saw staff taking their meal to them on a tray. Staff were also available to assist people to eat either in the dining room or in their own room. When we went to the top floor lunch was largely over. Music was playing and the ambience in the dining room was more lively. Staff were lively and engaged with people with enthusiastic, light hearted banter, which was appreciated by people who used the service.

The manager told us the care plans had recently changed so that they provided a clear pen picture of each person.

We saw people's needs were assessed and records demonstrated that care was planned appropriately. Sections of each care plan included information about the person's preferred priorities of care and their assessed needs in relation to medication, mobility, nutrition, safety, communication, health, activities and everyday living.

People were referred to healthcare professionals in order to maintain good health and to ensure that they received suitable healthcare support. For example we saw people were referred to GPs, opticians, speech and language therapist (SALT) and diabetic nurses. One healthcare professional told us, "On a number of occasions a member of staff has rung to discuss if referrals would be appropriate for a number of residents they are concerned about. We have then been able to discuss this and advise on what nutritional care can be provided by care home staff and when the input would be appropriate. I was impressed by this and it is something we appreciate as it is using initiative and making sure that referrals into our service are appropriate."

The registered manager told us there were no people who were at significant risk of malnutrition. She said they were able to contact the dietician and SALT for advice about any concerns they may have. Records confirmed that people were weighed each month or more frequently if there were any concerns about their health or food intake. The regional manager told us the tissue viability nurse visited the service regularly and no one in the home was being treated for pressure ulcers. This meant people received effective, safe and appropriate care that met their needs.

Is the service caring?

Our findings

People who used the service made a lot of positive comments about the staff and the care they provided. People told us, “These girls are like angels. I’ve never heard a bad word about them either,” “Sometimes I’ll ask staff for something, they say they’ll fetch it but they never come back,” “The staff are all right. They’re quite pleasant” and “Sometimes I don’t get the same person looking after me. I get annoyed about that.”

People said the care and support they received from staff was good. They told us, “It’s perfect. I’ve got lots of friends I was lonely before living in my own flat. The staff here are really good. I can’t fault them.”

Relatives said, “The staff are good and treat residents with dignity and whilst I have no complaints about male staff, sometimes I guess it can be awkward with personal things,” “Mum does not get enough 1-1 time with staff. They find the time to do the paperwork and all the other things like toileting but wish they would do more of this,” “The staff are excellent at caring for mum. Even the cleaners act like carers. The care given is consistently good. There is little staff turnover here and that says a lot. The staff are on top of things here,” “The staff speak to [family member] whenever they go past They know everyone by name and they’re always speaking to people. The quality of care is lovely. You know I’ve never heard a raised voice in here” and “I’ve noticed, and not just with my family member but with other residents too, how staff try to keep people independent for as long as they can.”

The staff we spoke with told us they enjoyed being a care worker. We observed that staff were considerate, friendly and helpful to everyone they met and with each other. During our observations, we saw staff were kind and caring when they interacted with people who used the service, who in turn responded positively. Staff demonstrated familiarity and knowledge of people’s preferences, likes and dislikes. We witnessed a lot of shared laughter and friendly, appropriate banter between staff and people at the home. We saw two members of staff moving a person using a hoist. They did so very carefully and spoke reassuringly with the person throughout. The person appeared in no pain or distress.

We did not see or hear staff discussing any personal information openly or compromising privacy and we saw

staff treated people with respect. A privacy and dignity statement was included in the ‘service user handbook’ to inform people how their dignity should be promoted and upheld by staff. Staff told us that the issue of privacy, dignity, confidentiality and choice was discussed at training events and at staff meetings that were held. They were able to describe how they maintained people’s privacy and dignity and how important this was for people.

Staff explained how people’s choices and opinions were sought when providing personal care. For instance, a person with visual and hearing problems was helped to choose what to wear by laying out their clothing options. Staff then described what they were so they could be helped to dress appropriately for their planned days activities. One relative said, “What I particularly like about the home is that they assess residents to quietly check what they are capable of. They don’t try and do everything for residents but try to give them independence. For example they try and let mum dress and undress herself.”

People had their religious needs and preferences met. For example, one person chose to attend a nearby church with their relative. Other people chose to attend a service conducted at the home.

Care plans seen contained information about the person’s preferred name and identified the person’s usual routine and how they would like their care and support to be delivered. The records included information about individuals’ specific needs and we saw examples where records had been reviewed and updated to reflect people’s wishes. Examples of these wishes included meal choices and choosing the social activities they wanted be involved in.

Some people who used the service said they were aware they had a care plan and that they were involved in discussions about their care and support. Relatives we spoke with also said they had been invited to ‘care plan meetings’. This consultation was confirmed and recorded as having taken place in the care plans we checked.

One person who used the service had been placed on the end of life pathway. This is a care plan which details the person’s wishes and needs in regard to their last days. We saw an end of life care plan had been completed for them which included information and support from a range of healthcare professionals. Their preferred priorities of care during their last days were recorded. We were told by the

Is the service caring?

unit manager that after providing care as prescribed in their care plans the person's health had improved and they had been taken off their end of life pathway and were now being cared for as per their original care plans. Staff we spoke with were very proud that the care they had provided had improved the person's health and that the person was now feeling much better.

The registered manager said that visiting times were flexible but people were asked to avoid mealtimes if possible. The registered manager also said visiting times may be extended across the 24 hour period under certain circumstances and with the agreement of and the consent of the person using the service. Two relatives we spoke with said they visited every week, at various times and were always made to feel welcome.

Is the service responsive?

Our findings

People who used the service told us the home was flexible in meeting their needs and they were able to make choices about their lives. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. People told us the staff in the home listened to them and respected the choices and the decisions they made.

We observed staff taking time to involve people in conversation. They adapted the way they communicated with people so they were able to understand them. Staff sat down next to people and asked them how they were feeling and if there was anything they needed. Throughout the home there was a positive atmosphere and we saw good interactions between staff and people who used the service.

Care records confirmed people had been involved in discussions and reviews of their care. We saw a 'resident's profile' in each care record which detailed their life history, family and preferences. We saw there were individual personal support plans which reflected people's interests. We found people's care plans and risk assessments had been regularly reviewed and updated.

Some people chose to be involved in discussions about their care and others chose not to. We saw that family members had been asked to contribute to the care plans. Some relatives had given information about what they believed was best for their loved one. Where people and relatives had been involved in the planning of care this was recorded.

People's personal preferences and interests were recorded in care plans and support was being provided in accordance with people's wishes. We looked at their daily notes records and we saw examples where they had been supported to participate in these interests.

All staff were included in the daily handovers which took place at the beginning of each shift. The home was divided into three units and staff worked on an allocated unit each day. The senior member of staff 'handed over' to staff, giving them information about how each person was, if there were any changes to their care and for example if they had any appointments they needed to attend. This information was recorded and passed to the manager for

them to check if any further action needed to be taken. Staff told us this was very useful and that they also arranged what additional specific tasks they would all be responsible for during the shift.

There were two activity workers in post. The activity worker we spoke with was keen to find exciting and meaningful ways of involving people, as active participants in a varied regular programme. We saw the activity worker working with people and they were bubbly, enthusiastic and looked well prepared with resources. The activity worker told us they were part of a local group of staff from different organisations involved in providing activity programmes for different audiences. The home had two mini bus's so outings to places of interest could be arranged.

We saw people involved in singing, playing musical instruments, games and quizzes. People told us, "I'm aware of the activities put on for residents. There is a notice board in the communal area that tells me what's on. Tonight for example there's a Valentines Day meal at 5.00. I thought about going but I don't think it's quite me," "The entertainments great. We have these lovely singers and someone comes into play the piano. We have exercise sessions too where they throw the balls to us while we are sitting in our chairs and [activity worker] massages my bad shoulder," "It gets boring here" and "We do lots of trips especially in the summer. We go on bus outings. I've been to Meadowhall, Yorkshire Sculpture Park and the Potting Shed."

Two relatives told us, "We visit regularly and we're encouraged to join in with activities and get together." This meant people's wellbeing was promoted by taking account of their activity and social needs.

Healthcare professionals told us they felt the staff at the home were responsive to people's needs. They said staff were always willing to listen to ideas to improve people's care and they acted promptly on suggestions made, such as referrals to other professionals.

The registered manager told us there were on average four 'resident and relative meetings' per year. Some people and relatives said they enjoyed attending meetings and others said they "were not interested". Everyone we spoke with agreed that they were able to go to staff in the home if they had any worries or concerns. One relative told us, "I went to a relatives meeting with staff two weeks ago. It was very good. The manager chaired it. She was encouraging and

Is the service responsive?

tried to involve us in discussion. At the meeting they talked about fire alarm procedures and how they used a sheet to slide residents down the stairs. The Home want me to join their committee but I don't know."

Two relatives spoken with said staff were not as quick as they would like in responding to call bells. Another relative said, "There are no delays in staff responding to the call bell." The registered manager said the call bell system allowed them to monitor responses to the call bell. She said she would obtain a report from the system to see if there were any issues that needed to be addressed.

There was a clear complaints system in place and we saw any matters were recorded and responded to. People we

spoke with told us they knew how to make a complaint if they wished to. One person said "I've got no complaints. Another person said, "I like it here. I've got no complaints. Its perfect."

The registered manager told us there had been three complaints reported to them in the last 12 months. All three had been investigated and resolved. The complaints policy/procedure was on display in the home and included in the 'service user handbook' which each person had a copy of. The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them and included time scales for responses.

Is the service well-led?

Our findings

During our inspection we found the atmosphere in the home was lively and friendly. We saw many positive interactions between the staff on duty, visitors and people who lived in the home. The staff we spoke with told us they enjoyed working at the home and said they were proud of the service and the care provided. One person who used the service said, "This place has far exceeded my expectations. The quality of service, the comfort and the accommodation is very encouraging. It's a wonderful place for the elderly. Its clean, the staff are good, the food's good quality and the atmosphere is improved by the way most residents enjoy the place. It transmits. This Home provides a very high proportion of my life satisfaction. Its so rewarding to feel at home in someone else's home." Another person said, "The Home is better than I expected. I'd wholly recommend this place. I was looking for peace, tranquillity and I've found it."

Relatives we spoke with told us, "We looked at quite a few homes and some were like being back in the 50's. But then we saw this one. Its not like any other care home and not like a care home at all. It's easily the best home we've seen" and "I'd rate this home as outstanding. Through my professional life I've got to know a lot about standards. If I had to identify one thing in which they could improve it would be the amount of 1-1 time with individual residents. The unit manager on this floor is fantastic, knowledgeable and so aware. She quickly picks up on things and gets on top of them."

The service was well led by a manager who was registered with CQC. The registered manager was supported by a senior staff, a regional manager, the provider and their representatives. Everyone asked said the registered manager was approachable and competent. The manager was described by staff as "brilliant," "easily approachable" and "lovely." All staff spoken with were confident that any concerns raised were dealt with appropriately. One person who used the service said, "I know who the manager is and she is very good. She speaks to us individually and asks us what we would like to do. Nothing is too much trouble".

Relatives told us they found the registered manager and other staff very approachable. One relative said: "As a regular visitor I see things, different situations but no matter what, staff never look anguished." Another said: "This is a really lovely place. The staff are so kind and

excellent. I can't think of any way in which this home needs to improve. I could not have found a better home anywhere near here. I brought my sister here a while back and you know what she said "I'm going to book myself a holiday here."

Staff told us, and duty rotas for the care home confirmed, there was always a senior member of staff on each shift. The senior member of staff allocated workloads at the beginning of each shift which ensured that all staff knew their role and responsibilities for the day. The senior member of staff was responsible for ensuring that care was provided to an appropriate standard. They also offered support and guidance to less experienced staff.

Staff told us they felt well supported and were never asked to undertake any tasks they did not feel confident with. The programme of training and formal supervision showed that competency was monitored and training was arranged to make sure staff had the up to date skills they needed to support people.

Staff said that communication throughout the service was good and they always felt able to make suggestions. There were meetings for people who used the service, relatives and staff. Minutes of these meetings showed this was an opportunity to share ideas and make suggestions as well as a forum to give information. This meant people who used the service, relatives and staff were able to influence the running of the service and make comments and suggestions about any changes. One change that had been made from listening to people was the main meal of the day was served later in the day. People who used the service said they preferred this and it meant if they were out at lunchtime they didn't miss their main meal.

There were various regular health and safety checks carried out to make sure the care home building was maintained to a safe standard for those people using the service, staff and visitors.

The registered manager and regional manager carried out monthly audits including auditing care records, medicines, staffing, complaints and safeguarding. This enabled them to monitor practice and plan on going improvements. We saw that feedback from these audits were included on the staff meeting agenda. This meant that any shortfalls identified could be discussed with staff and action plans put in place to address any issues.

Is the service well-led?

All incidents and accidents which occurred were recorded and monitored by the registered manager. We saw that where a person had a number of incidents, action had been taken in partnership with other health and social care professionals in order to reduce further risk of incidents occurring. This showed the service had taken action to make sure this individual received effective support and treatment to meet their needs and maintain their well-being.

People who used the service, relatives and staff were asked for their views about their care and support and these were acted on. We saw evidence the provider carried out annual satisfaction surveys. The regional manager told us surveys for 2015 were going to be improved so that more valuable information could be gathered from people.

The home had policies and procedures in place which covered all aspects of the service. The policies and

procedures were comprehensive and had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The managers' said they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and our information confirmed this. They said they had an oversight of all incidents and reviewed these on a regular basis with referrals and notifications passed on to relevant organisations where required. They said they planned in the future to use this regular review to identify any themes or trends that may require addressing.