Calderdale Metropolitan Borough Council

Ferney Lee Services for Older People

Inspection report

Ferney Lee Road
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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 25 January 2017 and was unannounced.

We inspected this service in January 2016 and rated it 'Inadequate' and in 'Special Measures'. We took enforcement action and when we went back to inspect on 28 June 2016 we rated the service as 'Requires Improvement' and it remained in 'Special Measures'. This was because although we found some improvements had been made, there remained three regulatory breaches which related to staffing, safe care and treatment and good governance. We told the provider they must improve. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

Ferney Lee provides accommodation and personal care for up to 31 older people, some of who are living with dementia. Accommodation is provided in single bedrooms over two floors. Ferney Lee offers a mixture of placements which includes permanent places, intermediate care, transitional, emergency and respite care. There were 20 people using the service when we visited. Accommodation is provided over two floors and the intermediate care is provided on a separate unit. There are communal areas throughout the home including lounges, dining rooms, a large central kitchen and separate smaller kitchens.

The home does not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager left in September 2016. An interim manager had been appointed and they were present at this inspection.

It was clear from our observations and feedback from staff and people who used the service that significant improvements had been made since our last inspection in June 2016.

Changes had been made to the way medicines were managed which meant people now received their medicines safely and when they needed them. Where possible, people were encouraged and supported to manage their own medicines.

Staffing levels had stabilised and were kept under constant review and adjusted according to people's dependencies and needs. We saw there were enough staff to support people without rushing them and staff had time to sit and chat with people.

There were better systems in place to monitor accidents and incidents and make sure people were kept safe. We saw risks to people were assessed and managed well, keeping them safe while at the same time maximising their independence. People told us they felt safe. Staff had a good understanding of safeguarding procedures and we saw incidents had been reported, dealt with and referred to the local authority safeguarding team.

The service was clean, comfortably furnished and well maintained.

Safe staff recruitment processes were in place with thorough checks being completed before new staff began working at the home. New staff completed an induction and those who had no previous care experience also completed the Care Certificate. Staff had received training updates and further training was booked. Systems were in place to ensure staff received regular supervision and appraisal.

The manager was meeting the legislative requirements of the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS].

People told us they enjoyed the food and we saw people were provided with a range of food and drinks during the inspection. Mealtimes were sociable, pleasant occasions with staff available to provide people with the support they needed.

People told us they were happy with the care they received and praised the staff who were said to be kind and very good. People were involved in planning their care and we saw care records were personalised and centred on what people could do for themselves and how they preferred any support to be given. People we spoke with had no concerns but knew who to speak with if they had any issues and had confidence these would be addressed.

Staff knew people well, were patient and kind in their interactions and took time to engage with people. People's privacy and dignity was respected and their independence promoted.

People told us there was plenty for them to do. A range of activities were advertised and we saw people enjoyed participating in activities during the inspection.

It was clear the interim manager provided strong and supportive leadership. Staff spoke positively about the management of the service and told us things were better organised. Recent survey results showed people were satisfied with the service provided. The regulatory breaches identified at the previous inspection had been addressed. Quality audits systems were effective and showed where issues had been identified action had been taken to ensure improvements were made and sustained.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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.

Safe and effective medicine systems were in place which ensured people received their medicines when they needed them.

Staffing levels were monitored and adjusted according to people's dependencies which ensured there were sufficient staff on duty to meet people's needs in a timely manner and keep them safe. Safe staff recruitment processes ensured new staff's suitability to work in the care service.

Risks to people's health, safety and welfare were assessed and mitigated. Safeguarding incidents were recognised, dealt with and reported appropriately.

Effective systems were in place to keep the premises clean, secure and well maintained.

Is the service effective?

Good

The service was effective.

Staff had received the training and support they required to fulfil their roles and meet people's needs

The service was meeting the requirements of the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS].

People's nutritional needs were met and the mealtime experience had improved.

People's healthcare needs were assessed and people had access to a range of health professionals.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind and caring and this was confirmed through our observations.

People's privacy, dignity and human rights were respected and maintained by staff.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and reflected people's preferences and needs.

A range of activities were provided on both an individual and group basis. We saw people enjoying activities on the day of the inspection.

A system was in place to record, investigate and respond to complaints.

Is the service well-led?

Good

The service was well-led.

The regulatory breaches identified at the previous inspection had been addressed. Effective quality assurance systems were in place to continuously improve the quality of the service.

The interim manager provided strong and effective leadership which ensured people who used the service received high quality care.

Ferney Lee Services for Older People

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 25 January 2017 and was unannounced. The inspection was carried out by an inspector, a specialist professional advisor who was a nurse and an Expert by Experience with experience of services for older people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We spent time observing the care and support delivered in communal areas. We spoke with nine people who were living at the home, the residential team leader, two care workers, the cook, the dining assistant, the activities co-ordinator, the interim manager and the operations manager. We also spoke with a community matron and a social worker who regularly visit the service.

We looked at three people's care records in depth, two staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw

people's bedrooms and communal areas.

Good

Is the service safe?

Our findings

At our last inspection we found medicines were not managed safely. At this inspection we found significant improvements had been made.

People told us they received their medicines when they needed them. One person said, "Staff know what they are doing, they give me my medication on time." We saw, where it was safe to do so, people were encouraged and supported to administer their own medicines. One person told us, "I manage my own medication with staff support, so I can do it safely when I go home." We saw another person in their bedroom applying prescribed cream to their legs and they said, "I do it myself, that way I can take my time you see."

We observed a senior care worker administering the morning medicines on one of the units. We saw the medication administration records [MAR] were complete and contained no gaps in signatures. We checked the stock balances of some boxed medicines and found these corresponded with the amounts recorded on the MAR sheet. We asked the senior care worker about the safe handling of medicines to ensure people received the correct medication. Answers given demonstrated medicines were given in a competent manner by well trained staff. For example, one person was prescribed an antibiotic which meant one of their other medicines had to be withheld. This was recorded in the person's care plan and steps had been taken to ensure all those administering medicines were aware of the instruction. Our discussions with the care worker showed they had an indepth knowledge of all the medicines they were administering.

We saw all as necessary [PRN] medicines were supported by written instructions which described situations and presentations where PRN medicines could be given. The MARs recorded the effect of the PRN medicine and where a variable dose was prescribed what dose had been given.

We looked at the provider's medicines policy, which complied with current legislation and best practice in the administration of medicines. Storage cupboards were secure, clean and well organised. The controlled drugs cupboard provided appropriate storage for the amount and type of items in use. Medicine fridge and room temperatures were taken daily and recorded. The treatment room was locked when not in use.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date.
We saw evidence people were referred to their doctor when issues in relation to their medication arose. Annotations of changes to medicines in care plans and on MAR sheets were signed by care staff.

At our last inspection we found there were not enough staff. At this inspection staffing levels had improved and effective systems were in place to monitor and adjust the numbers of staff according to people's

dependencies. The staffing levels on nights had stabilised and the manager told us there were now always three staff on night duty. This was confirmed by the duty rotas we reviewed. Some people we spoke with felt more staff would be welcome but raised no concerns about their care. One person said, "When I need staff I raise my hand for them to see me or I press the buzzer, they come in 2 to 3 minutes." Another person said, "Sometimes you have to wait a while before someone takes you to the toilet, otherwise on the whole staff very sociable, very approachable." A further person said, "We could do with more staff, it varies really – it doesn't concern me much at the moment"

Staff we spoke with said they felt there were enough staff. One staff member said, "Yes I think we have enough [staff]. They'll put more on if we need them." Another staff member said, "We're busy but we have time to sit and chat to people which is important." We saw staff were available to people and worked well together as a team. For example, if one staff member was leaving a communal area we saw they communicated with colleagues to make sure people were not left unattended.

Safe recruitment procedures were in place. We looked at two staff files and saw checks had been completed before new staff started work. This included two written references and a criminal record check through the Disclosure and Barring Service [DBS]. Any gaps in employment were checked. Interview notes were recorded and when all documentation had been reviewed a decision was made about employment. This meant staff were suitably checked and should be safe to work with vulnerable adults.

Improvements had been made to the recording, monitoring and auditing of accidents and incidents. The manager told us when an accident or incident report was completed it was sent directly to them so they could check the appropriate action had been taken and instigate any follow up action if needed. We saw accident and incident reports were well completed and showed the action taken in response to any suspected injuries. The manager showed us the weekly audits they completed which provided detailed information about the accidents and incidents which had occurred over this period and looked at any trends or themes. We saw where issues had been identified there was a record to show the action taken. For example, we saw one staff member had received supervision in relation to one incident report.

People told us they felt safe. Staff we spoke with had a good understanding of safeguarding and knew the procedures to follow if abuse had occurred or was suspected. They confirmed they had received safeguarding training which they said was updated regularly and this was confirmed in the training records we reviewed. Staff were aware of whistleblowing procedures and knew how to raise concerns with external agencies, although they had confidence that any concerns they raised within the service would be dealt with appropriately. We saw safeguarding records were well recorded and showed incidents had been dealt with appropriately which included referrals to the local authority safeguarding team and notifications to the Care Quality Commission.

We found risk assessments were highly specific to people's individual needs. For example, risk assessments had been completed where people's untoward behaviours may be a risk to themselves or others. We saw care plans identified the risks and gave direction to staff to protect others from harm. The home had a policy of not physically restraining people who may be about to behave in a way that would affect others but staff were given direction such as giving the person space and talking calmly to settle them. Our review of care plans showed this approach was effective. We saw all identified risks were regularly reviewed and these reviews were not simply a reiteration of past assessments but were a thorough reflection of people's current needs. We saw where identified risks required addition professional support this was accessed without delay. For example, we saw one person had been identified as being at risk from choking. The care plan recorded the need and the timely referral to a speech and language therapist [SALT]. Whilst the SALT had not yet seen the person the care plan recorded the need for the person to have a pureed diet and to be

carefully observed whilst eating. Our observation throughout the day showed staff delivered one-to-one care to this person during mealtimes and when having a drink.

We conducted a tour of the building, looking in bedrooms, toilets, bathrooms and communal areas. We found the environment to be safe, well maintained and clean. Fire exits were not obstructed, radiators were covered and carpets were well-fitted causing no trip hazards. Upper floor windows were restricted to limit the opening to 100mm as recommended in guidance issued by the Health and Safety Executive.

Good

Is the service effective?

Our findings

We spoke with two staff who had been recruited since our previous inspection in June 2016. They both described their induction as thorough and said they had completed a period of shadowing before working alone. The manager confirmed new staff without previous care experience completed the Care Certificate. The Care Certificate is a set of standards for social care and health workers launched in March 2015. Staff records we reviewed provided evidence of induction as well as certificates of any training gained prior to employment.

Staff training was up to date and was being refreshed as needed and the training plan confirmed this. The manager said, "Training has improved but there was a backlog of training needs when I joined the service." We saw plans were in place to ensure a proactive approach to training with a clear link to yearly appraisals. Staff we spoke with said they thought the training provided was good. Two staff told us they were attending moving and handling training updates the day after our inspection.

We saw staff were engaged in regular supervision meetings and this was confirmed in the records we reviewed. There was clear evidence of when supervision occurred on a group basis and when it was delivered individually. Staff we spoke with confirmed supervision took place and in addition the value they placed on the process. One member of staff said, "We have nothing to fear about our supervisions; if we have done something incorrectly the manager helps us to develop the skills we need, it is a very positive process".

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty 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 saw three people had DoLS authorisations in place, one of which was awaiting the outcome of a renewal application by the supervisory body. Where conditions were attached to the authorisation these were being met. One person was having their medicines administered covertly. The care records for this decision were well recorded and complied with the needs of the MCA and good clinical practice. The decision to give this person their medicines covertly was under regular review and the outcome of the review was recorded in detail. We spoke with the manager about the use of restraint which included the use of bed-rails. They said bed-rails were not used and the risks of falling from bed were managed by other means.

Care records clearly showed where people's friends or relatives had lasting powers of attorney. Our observations and review of care plans clearly showed staff understood consent and ensured this was not

only recorded but carried out in practice. We observed staff communicated with people well and very clearly throughout the inspection. They gave people options and spoke with them face to face so people could hear and understand what was being asked of them. We saw staff explained and gained consent from people before providing any assistance.

People told us they enjoyed the food. One person said, "The food here, without exception, has been first class, varied, interesting and thoroughly enjoyable. My appreciation is to the catering staff, five star all round!" Another person said, "Food is well cooked, very presentable, it's like being served in a hotel, I even gained weight slightly." A further person said, "The food makes you feel like you are at home."

We found improvements had been made in the mealtime experience for people. We observed breakfast and lunch and found there was a relaxed and calm atmosphere. Tables were nicely laid with cloths, napkins and condiments. In the morning we saw people came through to the dining room as they got up and were asked what they would like to eat and offered a choice of foods. Two people sat together chatting, while another person sat reading a newspaper while they ate their breakfast. Milk jugs and sugar bowls were on the tables and people were brought their own pot of tea.This enabled those who were able to help themselves. The dining assistant was present throughout offering assistance where needed, topping up the teapots, checking people had had enough to eat and chatting with them. There was no rush and everything was done at each person's own pace.

The menu for the day was displayed in the dining room and offered two choices for each course. We spoke with the cook who told us other alternatives were available if people did not like either of the choices. The cook had a good knowledge of people's likes and dislikes and there was a list displayed in the kitchen which reflected people's preferences as well as any special dietary needs. We saw communication between care staff and the kitchen staff was good and ensured people's needs were met. For example, one person had been prescribed a medicine which meant they could not have any dairy products. This medicine was prescribed for a short time period. The cook and dining assistant were fully aware of this and had sourced rice milk for the person so they could continue to have the cereal they enjoyed for breakfast. We heard staff asking the person at breakfast time what they thought of the rice milk and the person said it was not the same as their usual milk but was nice. We spoke with this person and they told us, "Since I've been on this antibiotic, staff know exactly what food I have to avoid, to give the antibiotics a better chance of working." We saw people's weight was monitored and where people required their food and fluid intake monitoring we saw these records were well completed.

People told us they had access to healthcare services when they needed them. One person said, "What I have noticed is that I have seen the GP quicker here than I did when I was home, at home it took me up to three weeks before I could see my GP, but here, with staff help, I get to see the GP in three days." Another person told us, "I remember I wasn't very well recently and I told night staff who said they will write it in a book for the day staff and the nurse to see. The next day the nurse came and took my blood for testing and they found out that I was anaemic – I was happy I got help."

Care records showed people had been seen by a variety of health care professionals including GPs, hospital consultants, community nurses, speech and language therapists, dieticians and dentists. We saw how the actions of staff had led to early and effective referrals to other healthcare professionals. For example, one person had experienced a decline in their mental health, in particular their mood and periods of anxiety. Staff had spoken with their GP who had asked for support from the community mental health team. Records showed this early intervention had resulted in a change in medication which was currently being evaluated. We saw where healthcare professionals had given advice their recommendations had been included in people's care plans. We met with a visiting community matron who spoke positively about the working

relationships they had with the care staff and manager.

Good

Is the service caring?

Our findings

People we spoke with praised the staff. Two people told us they thought the home was, 'a great place' and said the staff were all, 'very good'. One person spoke fondly about a staff member who had been their key worker for over three years. They said they liked all the staff but made the following comment about their keyworker, 'She's grand, I wish they were all as good as her. Nothing's too much trouble."

There was a happy and cheerful atmosphere. One person told us, "The home environment is very positive and likely to make everyone feel much better." Another person said, "The atmosphere in the home is very good." A further person said, "It's a good place to live in."

We saw staff spoke and interacted with people in a calm and friendly manner. They took every opportunity to engage with people and paid particular attention to people who chose to remain in their rooms. We saw staff were patient with people, listened to what they were saying and allowed people to do things at their own pace. Where people were sat down staff sat, knelt or crouched next to them so they spoke with them at eye level, rather than standing over them. One person said, "Staff are very patient in this home, they've got a lot to put up with from all of us, and they do it the best way they can." Another person told us, "It's like being in a five star hotel, with great staff. When the hospital told me I was coming here for the second time, I was elated, I even have the same room, which is so convenient for me. I've met so many different people here and it's been like a life saver"

We saw staff were positive with people and encouraged them to be independent. For example, we saw staff walking alongside a person who was mobilising with a frame. We heard staff chatting with them, saying how well they were doing and encouraging them by showing them how close they were to their chair. We saw this spurred the person on when they were flagging. Another person told us, "Staff taught me everything I need to know about coping with my fear of falling and taking my medicines, they have succeeded in all, I know what to expect when I go home."

People were treated with respect and their privacy, dignity and human rights were maintained. Three of the staff were Dignity Champions and had been issued with certificates by the National Dignity Council. The certificates showed the champions had pledged to: Act as a role model by upholding the ten dignity do's, challenge disrespectful behaviour and to influence the way the service was delivered. We spoke with one of the Dignity Champions who described how they supported staff and was committed to upholding the dignity values.

We saw staff knocked on people's bedroom doors before entering. One person told us, "Staff knock at your door to ask you if you need anything." We saw staff asked people's permission and provided clear explanations before and when assisting people with medicines and personal care. This showed people were treated with respect and were provided with the opportunity to refuse or consent to their care and or treatment.

We spoke with the manager about the Equality Act 2010 and in particular how the service ensured people

were not treated unfairly because of any characteristics that are protected under the legislation. We spoke about the protected characteristics of disability, race, religion and sexual orientation. Our discussion demonstrated the manager had a thorough understanding of how they needed to act to ensure discrimination was not a feature of the service.

People told us they were supported to keep in contact with friends and family. The home had Wi-Fi available for people to keep in touch via the Internet. One person said, "I've got my own phone, staff help me to use it to call my two sons and daughter, they help me charge it up as well." Another person said, "I don't have family visiting me, I have spoken to staff about helping me reconnect with my best friend I have since lost contact with, staff seemed keen to help me."

We asked the manager if any people were without relatives or friends who could support them with decision making. Whilst there was no one currently in this position, the manager was able to describe the actions they would take to secure advocacy if the need arose.

Care planning demonstrated people were supported at the end of their life to have a private, comfortable, dignified and pain-free death surrounded by their chosen family. Some people had 'Do Not Attempt Cardio-Pulmonary Resuscitation' [DNACPR] forms in place. These had been completed appropriately and, where they were able, people had given their consent to this. Staff were able to explain the process for completing DNACPR forms and what the policy was in relation to acquiring consent for this. Staff knew which people were subject to a DNACPR to ensure they would know what to do in the event of cardiac arrest.

Good

Is the service responsive?

Our findings

Prior to admission people were assessed to ensure the service could adequately meet their individual needs. Risk assessments carried out on admission to the service were used to create care plans covering, mobilisation, toileting, nutrition, communication, mood, sleeping and personal hygiene. Care plans recorded what the person could do for themselves and where the person required support there was detailed information about how that support should be provided. For example, where people required a hoist to safely move from one location to another, the plan showed the number of staff required and any special needs thereafter, such as the positioning of a table or access to a call-bell.

We saw care plan reviews were detailed and where changes were identified the care plan was updated. One staff member told us about the person they were keyworker for and described how they had completed this person's care plan review with them. This was confirmed by the person when we spoke with them. The staff member clearly knew the person well and had established a good rapport with them. All the people we spoke with told us they were involved in planning their care and many knew about their keyworkers. One person said, "My key worker is [name of care worker], she is very good." Another person said, "I don't really need a lot of help from staff, but if I do I know which member of staff to discuss my care with, just don't remember the name, but I know her."

We saw people were involved in different activities with staff throughout our inspection. The activity co-ordinator held a quiz with a group of people which they clearly enjoyed. It generated a lot of discussion between people and we saw care staff gave one to one support to some people to ensure they could participate fully. Staff described the person-centred approach they had to activities which responded to people's individual requirements and how they felt that day. For example, we saw one person gained comfort from doll therapy. We saw them cradling a doll, smiling and speaking softly to it. Staff helped the person change the doll's clothes when they became stained after the person had given the doll some food. This was done sensitively and kindly. Another person told us they had a vegetable patch outside and were growing vegetables to be used in the kitchen for their meals. We saw this person went outside with a staff member to check how the patch was progressing. The person told us they loved to be outside as they used to have a job growing produce and worked outside most of the time.

People we spoke with told us there was plenty going on and described some of the activities they had participated in. One person said, "I like going out for coffee and taking nature walks with staff." Another person said, "I like playing bingo, the coffee mornings and armchair exercises. I recently had a walk around, and I liked it. I am so happy I am using a walking frame now and no longer a wheelchair, I can go anywhere I want." A further person told us, "I can't do much because of my mobility, I like to read, write and do puzzles. My [relative] visits often and we do some things together, recently I attended my [relative's] 50th birthday event. Staff organised a wheelchair for me, it was a nice change of scene."

We spoke with the activities co-ordinator who also worked as a domestic. They told us they enjoyed having two roles and gained satisfaction from both jobs. They had a good understanding of the type of activities people enjoyed and provided these on an individual and group basis. Activities included weekly coffee

mornings, bingo, quizzes, Play Your Cards Right, reminiscence, pot plant and flower arranging and music. We saw an activity planner for the week was displayed in the service. This was in large print with pictures so everyone could see it clearly. They told us about the arrangements they had made to celebrate national Dignity in Action Day on 1 February 2017. This included afternoon tea with a musical entertainer and a visit from children from the local high school who were coming to discuss what dignity means.

People we spoke with raised no concerns and told us they knew who to speak with if they were unhappy with anything. One person said, "If I am concerned about something, I speak to the manager, she is in there [pointing to the direction of the office], or I speak to anyone else." Another person told us, "I raised a concern about the bathroom being too cold sometimes and as an early riser, I was struggling with following the routine – but it's sorted now." A further person said, "I am very outspoken, I can speak to the manager, she is doing very well, I will be very sorry to leave here."

The manager told us the service had a complaints procedure, which was provided to people and their relatives. Staff were aware of the complaints procedure and described how they would address any issues people raised in line with them. We looked at the complaints register and found the small number of complaints recorded had been responded to in an appropriate way. The complaints register recorded the investigation into the complaint and actions to prevent reoccurrences.

Good

Is the service well-led?

Our findings

At our last inspection although quality assurance systems were in place we found these were not always effective as audits had not identified or addressed issues we found. At this inspection we saw effective auditing was embedded and ensured continuous improvement and concluded this was a contributing factor to the significant positive changes we found at the service.

We saw medicines were audited effectively and this was evidenced in the improvements we found in the way medicines were managed. The manager conducted audits of medicine administration records [MARs], stock control mechanisms and carried out observational audits of care staff's medicine practice.

Robust systems were in place to monitor accidents, incidents and safeguarding. We saw accidents and incidents were analysed weekly and records showed any themes or trends identified as well as action taken to address any concerns. We saw monthly falls audits which considered the number of staff on duty as well as the time and location of the fall and any injury. This information was then analysed to determine any patterns. Safeguarding incidents were audited monthly and contained a detailed analysis.

We saw records of other audits which were carried out regularly to monitor, assess and make improvements where needed. These included health and safety, infection control and care plans. We saw where issues had been identified actions had been taken to resolve the issue. For example, the infection control audit had identified stains on the walls in one of the showers and the surfaces had been deep cleaned to remove the stains.

Records showed staffing levels were regularly monitored, reviewed and adjusted according to people's dependencies. The manager had worked alongside individual staff including the night staff observing their practice and recording those observations. We saw staff had been praised for the way they had worked.

We saw observational audits had been carried out at different mealtimes to gauge what the mealtime experience was like for people who used the service. The records reflected positive feedback as well as any areas where improvements were needed and the actions taken to put these in place.

We found the service had notified the Care Quality Commission of events such as safeguarding incidents, as required. We saw the rating for the service from the last inspection report was displayed in the home as required.

There was strong and effective leadership even though there was no registered manager. The registered manager left the service in September 2016. An interim manager had been appointed and they were present at this inspection.

People we spoke with knew who the manager was and spoke highly of them. One person said, "The manager has been very approachable and has been good to me." We saw the manager knew all the people using the service by name, their background history and current needs and circumstances.

Staff also spoke positively about the manager and told us they felt valued. One staff member told us, "[The manager's] great, listens to what you have to say and encourages you." Another staff member described the manager as 'very approachable' and said, "We've got a good team here now. [The manager's] very good, encourages us to put forward suggestions and listens." All the staff we spoke with said they would have no hesitation in recommending the home as a good place to work and would also be happy for a loved one to be cared for at the service.

The manager was visible around the service actively observing and monitoring staff to ensure standards were maintained. We saw the manager spoke with staff in a supportive manner. For example, the manager spoke very warmly of individual staff members telling us of their strengths and explaining to us how valuable they were in their specific role. On one occasion we overheard the manager say to a staff member who had just been using a hoist, "You are doing a good job and don't forget to wash your hands."

The manager had established good working relationships with staff and had a clear focus of how the service was run and delivered. We saw minutes from regular meetings held with staff. The manager ensured permanent night staff were fully engaged in meetings and came into the home during the night to speak with staff rather than having night staff coming into work during their sleep time. We spoke with a social worker who visited at least once a week. They told us they had seen improvements in the service in recent months and felt the service was better organised. They told us the staff were 'lovely' and worked well together as a team and they thought the care provided to people was very good.

The manager told us residents and relatives meetings were held every three months. We saw minutes of the last meeting held in October 2016 which showed a range of topics were discussed including meals, activities, gardening and how people would like their rooms decorating. People we spoke with knew about the meetings and some told us of their involvement. One person said, "Staff tell you if there is one [a meeting], I like staying in my room most of the time though." Another person said, "Staff come around to tell you about anything new happening, I go to meetings and staff ask you a lot of questions about meals, activities and the lot." A further person said, "Yes I do attend meetings, they let us discuss different things."

Satisfaction surveys forms were available in the reception area so people could complete these at any time. We looked at recent surveys completed by people who used the service in November 2016 which showed a high level of satisfaction. One survey stated, "Ferney Lee to me is a real rest home. The staff, cleaners and all nursing staff are excellent in all their work. If you asked for the least little thing it was dealt with immediately. I came in feeling very low. I went home a new woman."