# Four Seasons (No 11) Limited

# Highfield Hall

## 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

We carried out a comprehensive inspection of Highfield Hall on 18 and 19 July 2018. The first day was unannounced.

Highfield Hall is registered to provide accommodation, nursing and personal care for up to 75 people. This includes older people, younger adults, people with mental ill health and people living with dementia. Accommodation is provided over two floors. There are three separate units; a nursing unit, a residential unit and a unit specifically for people living with dementia. At the time of our inspection there were 66 people living at the home.

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and we looked at both during this inspection.

At the last inspection on 7, 8 and 12 June 2017, we found two breaches of the regulations. These related to appropriate action not always being taken to manage people's risks and a lack of sufficient staff on duty to meet people's needs. Following our inspection, the provider sent us an action plan and told us that all actions would be completed by 25 September 2017.
At this inspection we found that improvements had been made and the provider was meeting all regulations reviewed.

Most people who lived at the home and their relatives were happy with staffing levels. They told us staff provided them with support when they needed it.

Records showed that staff had been recruited safely and the staff we spoke with understood how to protect people from abuse or the risk of abuse.

Staff received an effective induction and appropriate training. People who lived at the service and their relatives felt that staff had the knowledge and skills to meet their needs

People told us the staff who supported them were caring and respected their right to privacy and dignity. They told us staff encouraged them to be as independent as they could be and we saw evidence of this during the inspection.

People received appropriate support with nutrition and hydration and their healthcare needs were met. Referrals were made to community healthcare professionals to ensure that people received appropriate support.

We received mixed  feedback about the meals available at the home. We discussed this with the registered manager, who provided evidence to show that concerns expressed about the meals at the home were being

addressed and improvements were being made.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us that they received care that reflected their individual needs and preferences and we saw evidence of this. Staff told us they knew people well and gave examples of people's routines and how people liked to be supported.

People were supported to take part in activities and events. They told us they were happy with the activities that were available at the home.

Staff communicated effectively with people. They supported people sensitively and did not rush them when providing care. People's communication needs were identified and appropriate support was provided.

None of the people living at the home that we spoke with had made a complaint but told us they would feel able to. One person's relatives told us they had raised concerns and were not happy with the response they had received.

The registered manager regularly sought feedback from people living at the home and their relatives about the support they received. We saw evidence that she used the feedback received to develop and improve the service.

We received mixed feedback about how the service was being managed. However, most people felt it was being managed well.

Staff felt well supported by the registered manager and felt she was approachable and supportive.

A variety of audits and checks were completed regularly by the registered manager and the regional manager. We found that the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the home.

## 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.

The registered manager followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people who lived at the home.

There were appropriate policies and practices in place for the safe administration of medicines.

People's risks were managed appropriately. People at risk of falling received appropriate support and their care documentation was updated appropriately.

Most people who lived at the service and their relatives felt staffing levels were appropriate to meet people's needs.

### Is the service effective?

Good

The service was effective.

People's capacity to make decisions about their care had been assessed in line with the Mental Capacity Act 2005. Applications had been submitted to the local authority where people needed to be deprived of their liberty to keep them safe.

Staff received an appropriate induction, effective training and regular supervision. Most people felt that staff had the knowledge and skills to meet their needs.

People were supported appropriately with their healthcare, nutrition and hydration needs. They were referred appropriately to community healthcare professionals.

### Is the service caring?

Good

The service was caring.

People liked the staff who supported them. They told us staff were caring and kind. We observed staff treating people with patience and respect.

People told us staff respected their right to privacy and dignity. WE saw staff involving people in everyday decisions about their care.

People told us they were encouraged to be independent. Staff told us they encouraged people to do what they could for themselves, when it was safe for them to do so.

## Is the service responsive?

Good

The service was responsive.

People received care that reflected their needs and preferences. Staff knew the people they supported well.

People were encouraged and supported to take part in a variety of activities at the home. They told us they were happy with the activities available.

People's needs and risks were reviewed regularly and care records were updated to reflect any changes. This meant that staff had up to date information to enable them to meet people's needs effectively.

## Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. Most people who lived at the home, relatives and staff felt the home was managed well.

Regular staff meetings took place and staff felt able to raise any concerns with the registered manager.

The registered manager regularly audited and reviewed many aspects of the service. The audits completed were effective in ensuring that appropriate levels of care and safety were being maintained at the home.

# Highfield Hall

**Detailed findings**

## Background to this inspection

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

The inspection took place on 18 and 19 July 2018 and the first day was unannounced. The inspection was carried out by one adult social care inspector, one specialist advisor and two experts 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. The specialist advisor was a nurse.

Before the inspection we reviewed the information we held about the service, including previous inspection reports, complaints, safeguarding concerns and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted five community healthcare professionals who were involved with the service for their comments, including community nurses and a podiatrist. We also contacted Lancashire County Council contracts team, Rochdale Borough Council care management team and Healthwatch Lancashire for feedback about the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with sixteen people who lived at the service and five people's visiting relatives. We also spoke with five care staff, two nurses, a member of the domestic staff, an activities co-ordinator, the registered manager and the regional manager. We looked in detail at the care records of four people who lived at the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

Good

# Is the service safe?

## Our findings

At the last inspection in June 2017, we found that people's risks had not always been managed appropriately. Some people's care plans and risk assessments had not been updated appropriately following falls and when people had fallen repeatedly, they had not been referred to their GP or the local falls team for review.

At this inspection we found that improvements had been made. We found that risk assessments were in place including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly. Information about any changes in people's risks or needs was communicated between staff during shift changes. This meant that staff were able to support people effectively. We found that records had been kept in relation to accidents that had taken place at the service and appropriate action had been taken to manage people's risks, including referrals to their GPs and the local falls team. Sensor mats were also in place to alert staff if people who were at a high risk of falls tried to move independently. A falls register was kept and was analysed monthly by the registered manager to identify any patterns or trends and to ensure that appropriate action had been taken. In addition, a monthly falls audit was completed which checked that appropriate action had been taken and care plans and risk assessments had been updated appropriately. This helped to ensure that people's risk of falling was managed appropriately. One relative told us, "[Relative] is a falls risk, she can't stand. Risks are managed appropriately".

At the last inspection in June 2017, we found that the provider did not always have sufficient staff on duty to meet the needs of people living at the home. When we reviewed staff rotas we found that the staffing levels set by the service had not always been met.

At this inspection we found that the necessary improvements had been made. Thirteen of the sixteen people living at the home that we spoke with felt that there were enough staff available to meet their needs. Comments included, "I feel there are enough staff. Sometimes I wait for support when I use the buzzer but it's not an issue. I don't wait too long when I have to wait", "Yes, there are enough staff. They come when I need them", "The staff always come quickly, I don't have to wait" and "The staff are always around when needed". Four of the five people's visitors we spoke with also felt that there were enough staff on duty to meet people's needs. Comments included, "There are enough staff on the unit. Sometimes they're very busy but it doesn't feel short staffed", "Staffing is fine most of the time. Sometimes they're very busy". One relative raised concerns about the lack of staff availability in the evening. We discussed this with the registered manager who advised that many people often wanted to return to their rooms at the same time after their evening meal. She explained that there were not enough staff to support everyone at the same time, so sometimes people had to wait to be supported back to their rooms. The registered manager advised that no concerns had been expressed about staffing levels during residents and relatives meetings or through the regular feedback received. We saw evidence of this in the records we reviewed.

We reviewed the staffing rotas for each of the three units for three weeks, including the week of our

inspection. We found that the staffing levels set by the service had been met on all occasions. Staff told us that they covered each other's leave when they could and agency staff were not often needed. This meant that people were supported by staff who knew them and were familiar with their needs and risks. One staff member commented, "There's enough staff to run the unit. It affects us when people ring in sick but the rotas are run very well. Generally there's enough people on, we don't often use agency staff".

People we spoke with told us they felt safe at the home. Comments included, "I feel safe and happy" and "I feel safe with the staff. I'm not worried about anything". Relatives also felt that people received safe care. One relative commented, "It's absolutely safe here".

We looked at how people's medicines were being managed at the home. A medicines policy was available which included information about administration, storage, disposal, refusals and errors. We found that temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised. All staff who administered medicines had completed training in medicines management and their competence to administer medicines safely had been assessed. We noted that some staff had not had their competence assessed since 2016. We discussed this with the registered manager who assured us these would be updated shortly after the inspection.

We observed a member of staff administering people's medicines on the first day of our inspection and found that this was done in a safe and sensitive way. We reviewed people's Medication Administration Records (MARs) and found that staff had signed to demonstrate when people had received their medicines or had documented why medicines had not been administered. A photograph of the person and their allergies were included on their MARs. This helped to reduce the risk of medication errors. Records showed that medicines audits were completed weekly and monthly by the registered manager and compliance levels were high. We saw evidence that action had been taken where improvement were needed.

We looked at the arrangements in place for protecting people from the risks associated with poor infection prevention and control. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We found that the standard of hygiene at the service was high. People living at the home told us it was always clean. One person commented, "My clothes and bedding are always clean". Relatives were also happy with standards of hygiene at the home. One relative commented, "Usually the bedding and washing is done every day". We noted that the service had been given a Food Hygiene Rating Score of 5 (Very good) in January 2018. People told us staff supported them regularly with their personal hygiene needs. One person commented, "I have a wash every morning and a bath once a week". Relatives commented, "[Relative] is always kept clean and comfortable. Staff try to shave him every morning unless he doesn't want one" and "[Relative] is always clean and presentable".

The staff we spoke with understood how to safeguard adults at risk. A safeguarding policy was available and records showed that staff had completed safeguarding training. Four safeguarding concerns had been raised about the service in the previous 12 months. Following investigation by the local safeguarding authority, two concerns had been substantiated, one partly substantiated and one unsubstantiated. We saw evidence that the registered manager had acted upon the recommendations made following the investigations and lessons learned had been shared with staff during supervision sessions.

The service had a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff. One staff member commented, "A whistle blowing policy is in place. I know how to report poor care".

We found that records were managed appropriately at the home. People's care records were stored on each unit in a locked cupboard, with the keys held by the person in charge. Staff members' personal information was stored securely in locked cabinets and was only accessible to authorised staff.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained. These checks helped to ensure that staff employed were suitable to provide care and support to people living at the home.

Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use, including portable appliances, hoists, the call bell system and the lift. Checks on the safety of the home environment had been completed, including gas and electrical safety checks. Fire safety and legionella checks had also been completed. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. This helped to ensure that people were living in a safe environment.

Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency. This included the number of staff they would need support from, any equipment required and the evacuation procedure. There was a business continuity plan in place, which provided guidance for staff in the event that the service experienced a loss of amenities including gas, electricity, water, heating or telecommunications. This helped to ensure that people continued to receive support if the service experienced difficulties.

Good

# Is the service effective?

## Our findings

Most people living at the home and their relatives were happy with the care they received and felt staff had the knowledge and skills to meet their needs. Comments included, "I'm getting good care", "I think it's lovely here", "I'm perfectly happy, they look after me" and "A lot of them do their best. A lot are very good. One or two don't have much experience". One person told us they were unhappy with some aspects of their care. We discussed this with the registered manager who addressed this during the inspection. Most relatives we spoke with were also happy with the care provided. They told us, "I'm very happy with [relative's] care. The girls on the nursing unit are amazing. [Relative] is well looked after", "Overall the care is very, very good. The staff are very good and they're on it. They know what they're doing" and "The staff are very helpful. If there are any problems, the staff will always come".

Records showed that staff completed a thorough induction when they joined the service. One staff member commented, "I felt very comfortable and confident after my induction and I did a lot of shadowing (observing other staff)". All staff had completed their mandatory training and we saw evidence that this was updated regularly. Mandatory training included fire safety, health and safety, moving and handling, first aid, safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS), food hygiene and infection control. This helped to ensure that people were supported by staff who had the knowledge and skills to meet their needs safely.

Staff told us they received regular supervision and yearly appraisals. We reviewed some supervision records and noted that they were very detailed. Issues addressed included staff conduct, communication, training, privacy and dignity, fire safety, infection control, safeguarding, accountability and social media. Appraisals involved a review of the staff member's performance and gave staff the opportunity to discuss what they felt they were good at and what needed to be improved. One staff member told us, "Supervisions are good. I can say how I feel and how things are going".

A detailed assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs.

We looked at how people were supported with eating and drinking. Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, monitoring was in place and appropriate referrals had been made to community healthcare professionals. The staff we spoke with was aware of people's dietary requirements. One staff member told us, "Some people are at risk of unrinary tract infections (UTIs). We push fluids and encourage people to have morning and afternoon drinks".

We received mixed feedback about the meals available at the home. Comments included, "The food is very nice as I am quite picky", "I am satisfied with the food", "I'm not keen on the meals, they're not very tasty" and "They [meals] are terrible really". Relatives commented, "If [relative] did not like a meal, they would make her an alternative", "The food's not brilliant. People do have a choice. We have relatives meetings

where the meals are discussed. They do take it on board" and "There have been issues with the meals. They're being addressed since we had a meeting and they are improving". We discussed the feedback we received with the registered manager, who told us she was aware of people's concerns about the meals provided at the home. She explained that catering at the home was provided by an external company and had deteriorated in recent months. She provided evidence that the issue had been discussed at a recent residents and relatives meeting and showed us an action plan that was in place to address the improvements needed.

We saw people having lunch on both days of the inspection. The food looked of a reasonable standard and portions appeared adequate. We found that the atmosphere was relaxed and people were offered choices. Where people needed support, this was provided sensitively by staff and people were given the time they needed to have their meal. We noted that people could have their meals in their room if they wished to.

Each person's care file contained information about their medical history, allergies and any prescribed medicines. People had been referred to and seen by a variety of healthcare professionals, including GPs, community nurses, dietitians, speech and language therapists, podiatrists and opticians. People told us they received medical attention when they needed it. Comments included, "Yes, you see the doctor or nurse quite quickly, they're on the ball with that" and "You see them the next day or that day if possible". One relative commented, "They get the district nurses to change [relative's] dressing as it weeps".

We noted that the service provided a variety of information when people were transferred to hospital. A transfer form was in place which included a summary of people's risks and needs. A copy of their Medicines Administration Record (MAR) was also provided. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

We received feedback from one community health professional who visited the service regularly. They told us people appeared well cared for, staff followed any advice given and the home was always clean and well maintained. They did not have any concerns.

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 make 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards.

We checked whether the service was working within the principles of the MCA. We found that where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Where people needed to be deprived of their liberty to keep them safe, appropriate applications for authorisation had been submitted to the local authority. Records showed that staff had completed MCA training and the staff we spoke with confirmed this. They understood the importance of gaining people's consent and providing additional information when necessary to help people make decisions. We observed staff asking for people's consent before providing care, for example when supporting people with their meal or administering their medicines. Records showed that where people were able to, they had signed to consent to staff providing their care.

We found aids and adaptations available to meet people's needs and enable them to remain as

independent as possible. Bathrooms had been adapted to accommodate people who required support from staff. Hoists and a lift were available and specialised adjustable beds were in place where necessary to help manage people's risks. Where people were at risk of falls, assistive technology such as sensor mats were in place to help manage their risks and keep them safe. We found that the home was decorated to a high standard and people had personalised their rooms to reflect their tastes and make them more homely.

Good

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that staff were kind and caring. Comments included, "The staff are very nice, caring and respectful", "The staff are all very nice", "I like most of them because they help and they're thoughtful", "They are kind and listen to me" and "They look after you really well and help you". Relatives commented, "[Relative] loves the staff", "Everyone seems very nice" and "They [staff] make her feel like their own. They put their arms around her, asking if she's okay, if she needs anything".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of people's routines and how people liked to be supported, such as what they liked to eat and drink and how they liked to spend their time. Another told us, "We really know people we care for. Everyone has journals and memory boxes that we go through, to get to know them as people". Staff felt they had enough time to meet people's individual needs in a caring way.

Communication between staff and people who lived at the home was good and people were involved in decisions about their everyday care. One staff member commented, "I always tell people what I'm going to do and explain what I'm doing". We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. This helped to ensure that communication was effective and that staff were able to meet people's needs. One relative commented, "Staff keep me updated about any changes".

People told us they were encouraged to be independent. One person commented, "They let me try first, if I can't they help me". One relative told us, "[Relative] didn't want to walk. They encouraged her to walk". We observed staff encouraging people to be as independent as possible. One staff member told us, "We encourage people to do what they can for themselves and make sure people who can do things for themselves, do". Another commented, "We encourage people to have a go themselves at doing things and ensure they have the right equipment".

People told us staff respected their right to privacy and dignity. Comments included, "They do treat me with dignity and respect" and "They respect my dignity, they listen to me. It's like home from home". One relative commented, "They are very respectful towards [relative] and me. They're very polite". Another told us, "They use [relative's] chosen name". Staff told us they respected people's right to privacy and dignity. One staff member commented, "We make sure doors are shut and people are covered at all times. We ask people what they want". We observed staff respecting people's privacy and dignity by knocking on their doors, speaking to them respectfully, listening to their choices and using their preferred name.

People's right to confidentiality was protected. One relative told us, "No personal information is discussed in front of others". There was a confidentiality policy in place which documented staff responsibilities, and the importance of confidentiality was included in the staff induction. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors. One staff member told us, "We don't pass information on about people

to other residents and ensure when speaking to staff that no-one overhears".

The service user guide issued to people when they came to live at the home included information about a variety of subjects. These included the provider's visions and values, the types of care and support available, care planning, acting on feedback received from people and involving friends and family in people's care. The registered manager told us the guide could be provided in other formats, such as large print or braille if necessary.

We found that people's relationships were respected and people told us there were no restrictions on visiting. A number of relatives and friends visited during our inspection and we saw that they were made welcome by staff. One person commented, "If your family comes they are welcomed" and one relative told us, "I come when I want to. I stay for lunch sometimes, they find a table where we can sit together". This meant that people could stay in touch with people who were important to them.

Information about local advocacy services was displayed in a number of areas around the home and was included in the service user guide. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

Good

# Is the service responsive?

## Our findings

People told us they received care that reflected their individual needs and preferences. One person commented, "They have an idea what I'm like". Another told us, "Yes, most staff here know me". Relatives commented, "They know [relative] well and how to support him properly. There is some challenging behaviour and staff manage it well" and "The staff know [relative] well now".

People told us they were able to make everyday choices, such as when they went to bed, where they spent their time and what they had at mealtimes. However, one person told us they felt pressured to get up early in the morning. We discussed this with the registered manager who assured us she would remind staff of people's right to choose what time they got up in the morning.

Most people were happy with the activities and events available at the home. Comments included, "I do whatever activities they do. I like dancing and walking and go on coach trips", "I enjoy the signing, they have some good acts on", " I like to sing and I like jigsaws. I went on a trip to Clitheroe" and "I choose not [take part in activities]. They tend to do things I can't be bothered with like flower arranging". One relative commented, "There's all sorts. Pampering, afternoon tea, board games, art classes, singers. There's nothing that's not available". During the inspection we observed people taking part in an art session and afternoon tea.

The care files we reviewed included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff to reflect people's preferences. Care documentation was reviewed regularly and updated when people's risks or needs changed. We noted that information was included about people's religion, ethnic origin and gender. This meant that staff had an awareness of people's diversity and what was important to them, which could help to ensure they were able to meet people's needs.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found that although not all aspects of the Standard were being met, people's communication needs had been assessed and documented and people were receiving appropriate support. The registered manager was not aware of the Standard. She told us she would implement it following our inspection.

We looked at how technology was used to support people living at the service and staff. We found that where people were at risk of falling, sensor mats were in place to monitor their movements and reduce risks. Adjustable beds and pressure relieving equipment were also used to support people and manage their risks. The service used an electronic system to gain feedback from people living at the home and visitors about the care provided. This included fixed feedback devices near the front door and portable hand held devices that could be made accessible to people throughout the home. This helped to ensure that a variety of

people were able to comment on the care provided.

We looked at how the service supported people at the end of their life. A palliative and end of life care policy was in place. We reviewed one person's end of life care plan and found that it was comprehensive, easy to follow and respectfully written. There was a focus on providing support in line with the person's wishes and ensuring the person was supported to be as dignified, pain free and comfortable as possible. One staff member told us, "We ensure people are as comfortable as possible, talk them, hold their hand and make sure they are supported".

A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Records showed that two complaints had been received by the service in the previous 12 months. We found evidence that they had been managed in line with the policy and improvements had been made when the service was found to be at fault. Lessons learned from complaints were shared with staff during staff supervision sessions. People we spoke with had not made a complaint but told us they knew how to complain or raise any concerns and would feel able to. One person's relatives told us they had raised concerns with staff but nothing had been done. We discussed this with the registered manager who provided information about the action that had been taken.

Good

# Is the service well-led?

## Our findings

Most people knew the registered manager, were happy with the way the service was being managed and felt that staff and the registered manager were approachable. Comments included, "I do think it's well managed. It's clean and comfortable", "It's clean and the staff are nice", "[Registered manager] is in and out all the time" and "I know there is a manager in the office. All very nice, no problems". One relative commented, "It always runs smoothly". Another commented, "I'm aware of the manager and the deputy. They're both very approachable". However, one person commented, "They don't seem to get it quite right. They run short of things, food and stuff". We saw evidence that issues relating to food at the home were being addressed.

During our inspection we found that the home was organized and had a relaxed atmosphere. The registered manager was able to provide us with the information we requested quickly and easily and was familiar with the needs of people living at the home. We observed her communicating with people who lived at the home, visitors and staff in a friendly and professional manner.

We noted that it was the service provider's vision, 'To be recognised at all levels for our high standards of professionalism, service and quality of care, provided within appropriate, safe and therapeutic environments'. During our inspection we saw evidence that this vision was promoted by the registered manager and staff at the home. The registered manager informed us that she felt well supported by the regional manager and could contact her if she had any concerns.

Staff told us they were happy working at the home and felt well supported by the registered manager. Comments included, "[Registered manager] is very approachable. She and the deputy provide support when we're short staffed. There's always someone available if you're concerned about anything", "[Registered manager] is very approachable and supports me very well", "I have no issues. I like working here, we're a happy bunch. The home is managed well and everyone is nice" and "She [registered manager] is a great manager. I think she's brilliant. It's very rewarding working here".

Staff told us staff meetings took place regularly and they could raise concerns and make suggestions. This was confirmed in the records we reviewed. One staff member commented, "We have unit and home staff meetings. They're really worth going to". Another told us, "Staff meetings take place a lot. We find them useful and we say what's on our mind". We reviewed the notes of some recent staff meetings. We noted the issues discussed included documentation, laundry, training, activities, the quality of the food, supporting people with baths and showers, improvements to the environment, dignity and respect, encouraging feedback from people and their visitors, infection control and health and safety.

A staff satisfaction survey was completed yearly. We reviewed the results from 2017 and found that staff had expressed a high level of satisfaction with most issues including the management of the home, people's care being a priority and being proud to work at the home. We found evidence that the lowest scoring area, which related to the involvement of the regional manager, was being addressed.

We looked at how the service sought feedback from people living at the home about the support they received. An electronic device was located in the entrance area of the home which enabled people to leave feedback about the care and support provided. In addition, the registered manager told us that weekly surveys were completed with seven people living at the home around a variety of issues, including meals, staff attitude and behaviour, being treated with respect, being listened to and how likely they were to recommend the home to a friend. We reviewed some recent feedback received and noted that people had expressed a high level of satisfaction with all most areas of the service. We noted that some negative feedback had been received about the meals and saw evidence that this issue was being addressed.

We noted that people's views were also sought during regular residents and relatives' meetings. We reviewed the notes of recent meetings and noted that issues discussed included activities, events and meals. We saw evidence that people's feedback and suggestions were sought and acted upon.

The staff we spoke with were clear about their roles and responsibilities, which were addressed during their induction, supervision sessions, staff meetings and regular training updates. One staff member told us, "We have some staff who are new but everyone knows their responsibilities".

We saw evidence that the service worked in partnership with a variety of other agencies. These included community nurses, GPs, podiatrists, opticians, dentists, hospital staff, speech and language therapists, dietitians and social workers. This helped to ensure that people had support from appropriate services and their needs were met.

Records showed that a variety of audits were completed regularly by the registered manager, including those relating to medicines, accidents, infection control, health and safety and the home environment. We saw evidence that action had been taken where shortfalls had been identified. Monthly audits were also completed by the regional manager. This meant that the provider had oversight of the service and could be assured that people were receiving safe, effective care. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the service.

The registered manager told us she had worked hard to make improvements since the last inspection and we saw evidence of this, including the close monitoring of people at risk of falls and their care documentation, and ensuring that staffing levels remained appropriate. She told us that further improvements to the service were planned, including introducing the 'Red Bag Relay' scheme, when people were attending hospital. The scheme involves ensuring that necessary information such as a person's medicines administration record, and personal items such as a change of clothes, go with a person when they attend hospital. Further improvements included additional staff training, increased night visits to monitor care delivery and standards, and improved links with the community.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

We noted that the provider was meeting the requirement to display their rating from the last inspection.