Springfield Retirement Home Limited

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Inspection report

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Morecambe
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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

This unannounced inspection took place on 09 & 16 November 2015.

Springfield Retirement Home provides care and accommodation for up to 15 people. The home is situated in the Bare area of Morecambe. It is close to a number of community facilities and amenities. The Promenade and Happy Mount Park are within easy reach. Accommodation is provided over two floors and there is a stair lift available. There were thirteen people living at the home on the day of inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 service was last inspected 08 September 2014. We identified no concerns at this inspection and found the provider was meeting all standards that we assessed.

At this inspection, people who lived at the home spoke highly about the quality of service provision on offer. Feedback from relatives and visitors was also positive.

People were safe. People told us they felt safe and secure. Suitable arrangements were in place to protect people from the risk of abuse. Staff were trained to be able to identify abuse and were aware of processes for reporting it.

The registered manager had suitable systems in place to ensure medicines were administered and stored safely.

Robust recruitment procedures were in place to ensure staff were correctly vetted before being employed. Staff retention was good and people said they benefited from staff who knew them well.

The registered manager had a training and development plan to ensure staff were equipped with the necessary skills to enable them to carry out effective care. When people's health needs changed, additional training was provided by the registered manager.

People had a detailed care plan in place which described their support needs and personal wishes. We saw plans had been reviewed by senior members of staff in conjunction with the staff team. Managers were given administrative time to update plans at regular intervals. People who lived at the home, relatives and health professionals were involved in the developing and reviewing of care plans wherever appropriate.

People who lived at the home, family members and health professionals we spoke with were confident people's health needs were met in a timely manner and referrals to health practitioners were made when appropriate. Families were kept informed of any changes to people's health needs.

Suitable systems were in place to ensure people received adequate nutrition and hydration. People who lived at the home said the food was good. Weights of people who lived at the home were closely monitored and records kept. Any concerns were relayed to health professionals for further interventions. People at risk of malnourishment were supported discreetly and gently at meal times.

People who lived at the home praised the registered manager and the staff team, stating they were all caring and hardworking. During the course of the inspection, we observed numerous positive interactions between staff and people who lived at the home. The atmosphere within the home was light hearted and we observed people laughing and joking throughout the inspection.

Staff felt supported within their role and praised the knowledge and dedication of the registered manager. Praise for the registered manager was also received by family members and people who lived at the home.

The registered manager had audit systems in place to ensure premises were suitably maintained. As part of quality assurance processes the registered manager also monitored complaints and residents feedback. The registered manager had a system in place for recording and investigating complaints. However there had been no recorded complaints.

Staff were positive about their work and confirmed they were supported by the manager. Staff described teamwork as "Good." Both staff and people who lived at the home described the home as a good place to live.

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?

Good

The service was safe.

People who lived at the home told us they felt safe. Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding and reporting abuse.

The provider had robust recruitment procedures in place.

The provider had suitable arrangements in place for storing, administering, recording and monitoring of people's medicines.

Staffing levels were conducive to people's needs. People who lived at the home and relatives all spoke positively about staffing levels.

Is the service effective?

Good

The service was effective.

The registered manager had appropriate systems in place to ensure staff had access to ongoing training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate.

People spoke positively of the food provided at the home. Records demonstrated that people's nutritional needs were met.

Is the service caring?

Good

Staff were caring.

People who lived at the home were positive about the staff who worked there. We observed people laughing and joking with staff. People referred to staff and the registered manager in fond terms.

Staff had a good understanding of each person who lived at the home. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's care needs were kept under review and staff responded quickly when people's needs changed.

Summary of findings

A variety of in-house activities were provided for people who lived at the home. Most people who lived at the home stated they were happy with the activities on offer.

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Is the service well-led?

Good

The service was well led.

Staff turnover at the home was low. This contributed to effective service delivery.

People who lived at the home and relatives spoke positively about the management team, the staff and the support provided.

The registered manager had a range of audits in place to ensure the smooth running of the home. Any actions identified were remedied in a timely manner.

Springfield Retirement Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health & Social Care Act 2008 as part of our regulatory functions and to check whether the provider is meeting the legal requirements and regulations associated with the Heath & 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 09 & 16 November 2015. The first day was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with four staff members at the home. This included the registered manager, and three staff responsible for delivering care.

We spoke with seven people who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of the people who lived at the home.

We also spoke with three relatives and one health care professional to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files belonging to people who lived at the home and recruitment files relating to four staff members. We also viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

We looked around the home in both communal and private areas to assess the environment to ensure it was conducive to meeting the needs of the people who lived there.

Good

Is the service safe?

Our findings

People who lived at the home and relatives all offered positive feedback about the safety of the home. One person who lived at the home told us, "I feel safe living here."

One relative we spoke with also stated, "I'm more than happy with the service, [relative] is much safer here than they were at home." Another relative said, "[Relative] feels safe and secure at the home."

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home. There were five staff members on duty throughout the day of the inspection; this included the registered manager, two senior members of staff and two care staff. On the day of inspection care staff were also accountable for cleaning and cooking meals. The registered manager explained the cook was on their day off so care staff carried out cooking alongside other duties.

During our observations we saw staff were responsive to the needs of people they supported, providing care and support to people in a timely manner.

People who lived at the home were complimentary about staffing levels. One person said, "I have never had to ask for help. But I know if I did, staff would come straight away." A visiting health professional was also complimentary about staffing levels at the home, stating there always appeared to be sufficient numbers of staff on duty.

We spoke with staff members about staffing levels at the home. All staff we spoke with were happy with staffing levels. One staff member described the staffing levels as, "brilliant." Another staff member said, "If we need extra staff on shift it's not a problem. [Registered manager] will sort it."

The registered manager said retention of staff at the home was good and this contributed to the effectiveness of care provision. Two staff members confirmed that cover for absent staff was always provided within the staff team and agency staff were not used. The registered manager acknowledged the need for consistency and said they would step in and work shifts if no one from the staff team could cover. This consistency of staffing promotes safety as people are cared for by staff who know them and their needs.

On the day of inspection staffing levels allowed people's needs to be met in a timely manner and we observed staff responding to requests appropriately. Staff responded patiently and did not rush people when carrying out tasks. We observed one person using a stair lift, the member of staff stayed with the person talking to them and offering support during the whole process. The person was not rushed. We observed another person asking a member of staff to find them a handkerchief, staff responded straightaway.

We spoke with staff and the registered manager to ascertain what systems were in place for provision of staffing in an emergency. Management support was offered at all times by an on call system. Staff praised the on call system and were confident if people's health needs deteriorated or if for any reason extra staffing was required management would help. One staff member said, "If anyone needs to go to hospital, we can just ring the on call, whoever is on call will come in or will meet the person at the hospital." Another staff member described a situation in which a person was at the end of life. Extra staffing was brought in to meet the person's needs and to relieve the pressure of the other members of staff.

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four files relating to staff at the home. Staff records demonstrated the provider had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The provider retained comprehensive records relating to each staff member which demonstrated full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work, one of which was the last employer.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health care. This process allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with

Good

Is the service safe?

vulnerable adults. We spoke with one member of staff who was currently completing their induction at the home. They confirmed they had been unable to commence work without their DBS check being completed.

People who lived at the home were safeguarded from abuse as the provider had systems in place to ensure people were kept safe. The registered manager had a detailed policy in place which identified different types of abuse and how to report it. The policy also signposted staff to agencies that would be able to respond to safeguarding concerns should a staff member not be able to speak to the registered provider. Staff had a good awareness of types of abuse that may occur and were fully conversant with procedures to follow if they suspected someone was being abused. One staff member said, "I would go to the registered manager straight away and report it, if I thought someone was being abused."

Staff had confidence in the registered manager and trusted they would act appropriately if safeguarding concerns were relayed to them. One staff member said, "[Registered manager] is thorough."

Staff were also aware of their rights and responsibilities should they decide to whistle blow. One staff member said, "I would report it myself if the registered manager did not do anything about it." The member of staff went on to confirm the registered provider had a policy in place, which they could refer to for assistance. We looked at the policy and noted staff had signed the policy to declare they had read the information.

Training records for staff illustrated staff received training in safeguarding and this was refreshed regularly. One staff member said, "I have done it once, maybe twice this year."

The registered manager said people were safe as they (the registered provider) knew their limitations about the types of people who they could provide a suitable service to. We looked at how the registered manager assessed and managed the risks for people who lived at the home. Within each care plan file we looked at, the provider had a range of risk assessments to manage risk. When people were at risk of pressure ulcers or falls, detailed risk assessments were in place for staff to refer to. This helped ensure individual risks to people were minimised. The registered manager said people's needs were re-assessed on an ongoing basis and if it was ever thought the registered provider could no longer meet their needs they would commence discussions to find more suitable provision.

We looked at how medicines were managed within the home. The registered provider had a suitable system in place for ordering medicines and had management systems in place to ensure medicines ordered were accurate. Two senior managers booked medicines into the home to ensure there were no errors within the order. The registered manager kept a copy of all medicines requests made to the pharmacy and all prescriptions received in order to have an audit trail of all medicines booked into the home.

Medicine record sheets (MAR) were electronic and supplied by the pharmacy. Whenever a person's medicines changed the registered provider ensured a new MAR sheet was supplied. Electronic MAR sheets provide staff with legible and accurate information relating to the medicines and reduce the risk of error.

Medicines were stored securely within a locked trolley away from communal areas. Storing medicines safely helps prevent mishandling and misuse The trolley was brought into the communal area when in use. Tablets were blister packed by the pharmacy ready for administration. Creams and liquids were in original bottles. Each bottle and cream opened were labelled with an "opened date" so staff could ensure medicines were not out of date. PRN medicines were kept in original boxes and were measured out by staff prior to administration. PRN medicines are prescribed to be used on an "as and when basis."

Controlled drugs were kept in a separate controlled drug cabinet to meet legislative requirements. We checked the systems in place for administering and storing controlled drugs to ensure they met the requirements of the law. We also spot checked one controlled drug to ensure the stock numbers matched the numbers recorded in the controlled drug record. The registered manager said they carried out weekly audits of all controlled drugs and carried out a stock check weekly.

We noted some medicines were to be stored in the fridge. The registered provider had a secure tin within a fridge in the kitchen. We noted regular fridge temperature checks were taken to ensure the optimal temperature was maintained to keep the medicines safe.

Good

Is the service safe?

We observed medicines being administered to three people. Medicines were administered to one person at a time and staff observed people taking their medicines before signing for it. Staff requested consent from people prior to administering medicines and understood people had a right to refuse these. We observed the staff member asking one person if they would like their PRN medicines. They asked the person if they were in pain and if they would like any pain relief. The person declined and the staff member respectfully accepted their choice.

The registered provider had systems in place to ensure that one person was accountable for medicines each shift. Staff confirmed only senior members of staff administered medicines .We were informed there were appropriate numbers of staff available to ensure a staff member trained in medicines was available each shift.

During the course of the inspection we undertook a visual inspection of the home. We did this to ensure it was adequately cleaned and appropriately maintained. The home was free from odours and was clean and tidy. Equipment was appropriately stored away from communal areas to prevent any risk of slips trips and falls.

We noted sinks had thermostatic valves on them to prevent people from scalding. We checked the water temperature in several bedrooms and one bathroom and noted the water temperature was comfortable to touch. We saw evidence in the bathroom that frequent water temperature checks were taken and recorded by staff. Staff took the temperature of bath water and recorded it prior to a person having a bath. This ensured water was of an optimal temperature to prevent scalding. We looked at windows and noted restrictors were fitted. We identified one window without a restrictor. We spoke to the registered manager about the possibility of people trying to leave the building through the window and referred them to Health and Safety Executive guidance about falls from windows. The registered manager agreed to have a restrictor fitted immediately.

Equipment used was appropriately serviced and in order. We noted patient hoists and fire alarms had been serviced within the past twelve months. There were also maintenance records which showed gas safety and electrical compliance tests had been carried out and certification was up to date.

The provider ensured people's safety at the home by carrying out regular risk assessments of the environment and activities undertaken within the environment. We noted risk assessments were in place for the chairlift, usage of hazardous chemicals, working in the kitchen and the laundry. The registered provider also had records in place which showed the outcome of visits from the Fire and Rescue Service.

The registered manager kept a central record of all accidents and incidents that occurred for staff and people who lived at the home. This allowed the registered manager to assess all accidents and incidents to look for emerging patterns. Records completed were comprehensive and up to date. We noted staff members on shift at the time of the accident were responsible for completing the forms. We spoke with the registered manager about accidents and incidents and they told us they reviewed accidents and incident logs after every incident to look for any emerging themes or for any concerns which require actioning. We noted following a serious injury taking place the registered manager had notified the appropriate authorities and taken the correct action.

Good

Is the service effective?

Our findings

People we spoke with were complimentary about the service provision. One person who lived at the home said, “The staff look after me.” Another person said, “Staff look after me, they look after my pain. As soon as anything is wrong they get my doctor.” And, “I have lived in a few homes but this is the best.”

A relative of a person who lived at the home was assured their relative’s needs were met by the provider. They said, “I don’t need to worry when I am not here. They always phone me if they have any concerns.” Another relative said, “The care is second to none.”

A health professional we spoke with also had no concerns about care and were confident the registered provider could effectively meet people’s health needs. The health professional explained they visited the home frequently and had good relationships with the staff team.

Individual care files showed health care needs were monitored and action taken to ensure optimal health was maintained. Care records we viewed demonstrated a variety of assessments were in place to assess people’s nutritional needs, fluid needs, tissue viability and mobility needs. Assessments were reviewed monthly and outcomes were recorded after each reassessment. Changes in assessed need informed the individuals care plan.

We observed one person who experienced intermittent pain being approached by staff. Staff enquired after the person and asked the person if they would like some pain relief. The staff member reminded the person about the importance of having regular pain relief to manage the pain. This showed staff understood the need to respond to and manage people’s pain.

People who lived at the home had regular appointments with general practitioners, dentists, chiropody and opticians. Daily records documented all health professionals input. People who lived at the home, relatives and health professionals all agreed staff were proactive in managing people’s health and referring people in a timely manner. The registered manager said they had good relationships with the GP’s and district nurses and referred to them whenever they had 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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered manager to assess their knowledge of DoLS. The registered manager told us all staff including themselves, had completed DoLS training. The registered manager had a good understanding of DoLs and said restrictions were not put in place for people who lived at the home. Whilst undertaking the inspection we observed no restrictions in place to limit people’s freedom. People were able to mobilise freely throughout the building if they wished.

We spoke with one person who lived at the home, they told us they didn’t get to leave the building as they often wished. We spoke with the registered manager about this and they confirmed should the person request to leave the home they would not restrict the person. They were not aware of the individual being dissatisfied as they had not showed any signs of wanting to leave but agreed to speak to the person to discuss further.

The MCA provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. In situations where the act should be, and is not, implemented then people are denied rights to which they are legally entitled. The registered manager showed a good understanding of the MCA and explained all staff had recently undertaken training in this area.

We noted one person lacked mental capacity. Within their file we noted this had been assessed and it was documented the person could not make decisions on a day to day basis. We noted the registered provider therefore conferred with the person’s family members and health professionals when making significant decisions on behalf of this person.

All the staff we spoke with confirmed they had received MCA training. When asked, one staff member said,

Good

Is the service effective?

"Sometimes people can't make choices for themselves. In these cases we need to refer to the persons care plan and we need to speak to people who know them to make the decision."

We asked people who lived at the home about the foods on offer. People who lived at the home were happy with food provided. Food was described as good. One person said, "I have had to cut down since I moved in here. My clothes are all nipping in at the sides. I've put some weight on!" One relative commented on the high standard of food and said, "I have been there when they have served the Sunday roast. It looks fabulous! My [relative] has put weight on."

On the first day of inspection we noted there was a menu displayed in the living room on a whiteboard. The menu only displayed one meal but we observed people being offered alternative foods if they did not like the main cooked meal. People told us there was always something available for them to eat.

Breakfast was flexible and people could have this served in their bedrooms if they wished. People were also served a hot lunch, a light tea and a supper.

We observed one person sitting alone in the lounge for their lunchtime meal. They were supported by one staff member. The person told the staff member they could not face the meal offered and the staff member responded immediately by offering an alternative. Staff provided the person with gentle support to eat their meal and was very discreet. We spoke with the staff member afterwards and they explained this person was at risk of weight loss so required careful monitoring. They explained they kept a record of dietary intake. We noted records were kept in the kitchen of people's food and fluid intake if they were at risk of malnourishment or dehydration. These records were completed on a daily basis.

On the second day of inspection we observed lunch being served. Lunch was a relaxed affair. The dining tables were set with tablecloths and fabric napkins in napkin holders. There were condiments on the table for people to use. Drinks were served with the meal and people were offered the option of having more food if they wanted it. Staff asked permission before taking peoples plates away.

We noted a selection of drinks were offered throughout the day in between mealtimes. One relative told us people were often offered milky coffee or tea and biscuits during the afternoon.

We noted from one person's care records three people had opted to sit together over lunch. We overheard one staff member reminding another staff member these people had chosen to sit together and enjoyed each other's company over lunch. This showed us the registered provider encouraged and supported natural friendships in the home.

We noted the registered provider kept a record of people's weights and people were weighed either weekly or monthly depending on people's assessed needs. When people had experienced sudden weight loss we noted they were referred to the dietician and their weights were taken weekly. This ensured peoples weights were monitored and actions taken when appropriate.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. The registered manager maintained a training grid to identify what skills each staff member had and what training was required for staff. The registered manager said they carried out audits of the training grid to ensure all staff received refresher training and to ensure staff had received all training relevant to the service. We noted staff had been offered a variety of training including safeguarding training, moving and handling training, diet and nutrition, first aid training and mental capacity act training. The registered manager said they had just provided some end of life care training to staff. This was provided to equip staff with skills to manage people at the end of life and to support people to provide a dignified death to people using the service.

All the staff we spoke with were happy about the training delivered by the registered provider. One staff member said, "[Registered Manager] makes sure we are all trained up." Another staff member said, "[Registered Manager] takes training seriously."

We spoke to staff about supervision. Staff confirmed they received regular supervision from the registered manager. One staff member said they were offered formal supervision approximately twice a year but explained they could approach either the registered manager or any of the seniors for support. Staff said the registered manager had an open door policy for all staff. One staff member said, "We don't have to wait for [registered manager] and supervision we can go to them whenever." The registered manager said they took supervision seriously and noted it was important for the smooth running of the organisation.

Good

Is the service caring?

Our findings

One person who lived at the home told us, “The staff are all very kind. They work hard but still get time to sit with us.” And, “We get good care and attention.” Another person said, “I want to make it clear to you. The staff are so attentive to us.”

Relatives we spoke with also said the care was good and staff were caring. One relative said, “They [the staff] are very, very caring. They are always very concerned and very kind.” Another relative said, “The service is brilliant.”

We observed many positive interactions throughout the inspection between staff and people who lived at the home. There was a light hearted and warm feeling throughout the home. People who lived at the home looked happy and contented. We overheard a conversation between one person who lived at the home and a staff member. The person was finding it difficult to carry out the task she was participating in. The person called herself a nuisance and the staff replied saying, “You are not a nuisance. You are a treasure.” The staff member then used appropriate touch to reassure the person.

Two people who lived at the home described the home as similar to an extended family. One person said, “I like it here, we are like a family.”

Staff retention was good at the home, four of the staff on duty had worked there for a significant time and knew the individuals well. Staff took time away from direct care to spend time with people who lived at the home. People who lived at the home described the staff as fun and one person said, “We do have some laughs.” We noted staff sometimes entertained the people living at the home by singing. It was noted staff were sometimes referred to as, “The Springettes” by people who lived at the home.

Staff were respectful and were aware to respect people’s privacy if they requested it. Staff also were aware of the need to protect people’s dignity. We noted on one occasion a person’s top had slipped down and was exposing their underwear strap. A staff member went over and moved their top to cover the strap. Both actions were done discreetly to protect the person’s dignity.

We also observed staff knocking on doors before entering rooms. Bedroom doors had locks upon them. The registered manager told us people had the option to have their own keys and locks if they wanted. Some people preferred not to have a key but liked their room doors locked by staff when they were not in their rooms.

Privacy and dignity was also addressed within people’s care plans. One person’s file documented the person was a proud lady and took great pride in their appearance. Staff were requested to ensure this person was clean and tidy at all times to protect the person’s dignity. We noted on the days of inspection this person was well kempt.

People were asked about their preferences for privacy and staff were aware of people’s preferences. Staff were aware of which people liked their own space and privacy and respected this. People were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed atmosphere where people could come and go as they wished. One person told us, “I can go off to my room if I want.”

We spoke with one member of staff who told us they were completing a period of induction. They advised us that as part of the induction they were given time to read peoples care plan files. The staff member said, “We sought consent from the people before I read the files.” This showed us staff were respectful of people’s right to privacy and respected confidentiality.

We observed staff laughing and joking with people and people looked comfortable in the presence of staff. We overheard one person joking with a staff member and said, “Its good here, you take me as you find me!”

A staff member told us family and visitors were encouraged to come to the home. Everyone who currently lived at the home had families who had regular contact. A relative we spoke with confirmed visitors were welcomed to the home whenever they wished to visit. They said they visited regularly and staff made them welcome at all times. Staff supported people to have privacy when visitors attended. People were offered the opportunity to spend time with visitors in the separate lounge or within their bedrooms.

The registered manager said people who lived at the home had access to advocacy services if they so wished. We noted an advocacy poster on display at the home for reference.

Good

Is the service responsive?

Our findings

Two people we spoke with praised the service and the way people were treated as individuals. One person said, “They [the staff] understand that we are all different” Another person said, “They ask me what I like, I know I can ask for things and I know they will respond.”

We spoke with a relative who said, “[Registered Manager] asked the family all about my [relative] before they moved in. I was asked to write all about all their idiosyncrasies so they could understand them.”

On the first day of inspection, we noted one person coming downstairs in the late morning. One staff member explained this person enjoyed a lie in and left this person in bed to sleep. Support for this person was delayed until they wished to get up.

We looked at care records belonging to three people who lived at the home. We noted families were involved in care planning for their relatives when appropriate. Care records showed detailed information surrounding people’s likes and preferences and there was evidence people were involved in contributing to care plans and care delivery. People who were deemed as having capacity had signed care plans to state they were happy with them.

The registered manager carried out a detailed pre-assessment of each person before they moved into the home. The registered manager acknowledged the importance of accurate pre-admission assessment and said, “We know our limits.” At the pre-admission stage people were asked about their health, medicines, and religion and personal preferences.

Care plans were detailed, up to date and documented a number of areas including activities of daily living, allergies, medicines, homely remedies. They also detailed people’s own abilities as a means to promote independence, wherever possible. Care plans also included personal preferences, interests, employment history and cultural need. Care plan records were evaluated monthly by senior staff with input from other members of staff and health professionals.

It was evident from observations made during the course of the inspection that staff knew people well. We overheard members of staff talking to people about their families, hobbies and interests. One person was experiencing a period of confusion. Staff spoke with the person gently and calmly and provided the person with information to reassure them. Staff did not leave the person until they were confident the person was content and feeling assured.

Feedback in regards to activities at the home was positive. Four people told us activities took place. One person said, “I do activities, the girls [staff] make things fun, they entertain us.” Another person said, "We do activities, dominoes, quizzes, and hangman. I like to join in.” And, “Activities usually happen in the afternoon.”

Care records documented activities took place daily. The week prior to our visit staff had organised bingo, skittles, quizzes, dominoes and a film session. The home had also had a visit from a nearby church that had provided communion to people who lived at the home. Information was recorded both in people’s files and an activities file when activities took place. Staff were also able to describe different activities they encouraged people to take part in. A new member of staff said the home provided the best range of activities they had ever seen.

We spoke with one relative who said people were routinely offered non-alcoholic wine and chocolates and sweets in the afternoon. The relative said a musician visited the home every fortnight to sing for the people who lived at the home. The registered manager said people lived at the home were reported to thoroughly enjoy the activity. We saw evidence people were asked to give feedback on activities sessions and were asked if they would like to see any improvements at residents meetings.

People who lived at the home were encouraged to take part in everyday household activities if they so wished. One person told us they liked to put their own clothes away. The registered manager said one person liked to be involved in the kitchen and liked to lay tables. Another person liked to fold napkins. This demonstrated people were encouraged to retain independence wherever possible.

There were no other organised activities available on the days we visited. We asked the registered manager about planned activities for the day and they confirmed no activities were planned on the day the hairdresser visited. The registered manager said they did not have an activities

Good

Is the service responsive?

timetable on display. They did not have structured activities as it depended on people's preferences on the day. We spoke about the benefits of having a formal activities plan in place for people who lived at the home.

We noted a copy of the complaints procedure was displayed in the hall of the home. This was a main thoroughfare of the home so was readily accessible to people who lived at the home and visitors.

We asked people who lived at the home, if they had any complaints. Every person we spoke with said they had no complaints about the service. One person said, "I've lived here three years and I've never had to complain." Another person said, "I've no complaints. I would soon tell them if I was unhappy. There's no point in suffering in silence." The relative we spoke with confirmed they had no complaints and never had to complain. They said, "I've no need to complain. Any queries, I just ask, they [the staff] are very approachable." This showed us people were not afraid to complain and were confident to speak with management about any concerns.

The registered manager kept a complaints file to store all records of complaints. They said due to the size of the home, support was individualised and any comments were acted upon straight away before they became a concern or formal complaints. We noted complaints were routinely discussed as an agenda item at each residents meeting.

Good

Is the service well-led?

Our findings

All of the people who lived at the home spoke positively about the management of the home and the effectiveness of the registered manager. One person said, "If I had to mark it [the home] I would almost give it full marks. The only reason I wouldn't give it full marks is because it's not my home. You couldn't beat my own home." Another person referred to the registered manager as, "Honey." They said, "I call her that because she is sweet and soft, just like honey." Another person who lived at the home said, "Staff all get on together."

Staff also praised the effectiveness of the registered manager. One staff member said, "[Registered Manager] is brilliant. She will help you when she can. She is a good boss."

The registered manager told us they regularly participated in direct care. This enabled them to see what was happening on a day to day basis and to ensure the effectiveness of the service provision. The registered manager worked one shift a fortnight providing direct care. Staff commended the registered manager for their readiness to become involved in hands on care. They said this contributed to good morale and overall effectiveness of the home.

The registered manager said that whilst carrying out hands on care they were also able to carry out an effective audit of systems and processes in place. We noted the registered manager carried out frequent audits of staff practice to ensure they were providing safe and effective care.

All staff described the teamwork as good. One staff member described the team as similar to, "one big family."

Staff said they could approach the manager with any concerns and they were confident they would be listened to. People who lived at the home were aware of who was in charge and who to go to when they had concerns. One staff described the manager as a, "good manager," and another person described the registered manager as, "approachable." All the staff we spoke with told us they had a great deal of job satisfaction from working at the home.

The positive culture described by staff had bearing upon staff retention as retention at the home was good. One person who lived at the home said, "One good thing is, they don't keep changing staff. We get used to the same staff."

The registered manager told us formal team meetings did not occur on a frequent basis. They said team meetings were usually held twice a year and usually when a relevant piece of legislation had been introduced. We noted from records the registered manager had facilitated two team meetings within a six month period since July 2015.

Communications about the organisation of the home tended to be completed informally whilst on shift. The registered manager worked hands on, which enabled them to communicate effectively and efficiently with staff members in a timely manner. Staff confirmed formal meetings took place whenever deemed necessary by the manager and they felt confident they were supported by the manager with the current arrangements. The staff team also had a communication book which was used to signpost staff to relevant information as and when required.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. Records maintained by the registered manager demonstrated equipment was appropriately maintained and serviced in a timely manner.

The registered manager also had a range of quality assurance systems in place. These included health and safety audits, medication, staff training and as well as checks on infection control and legionella.

We noted the registered provider carried out regular residents meetings. These meetings were documented and recorded. The meetings were chaired by either a senior member of the staff team or the registered manager. The registered manager said it was important the chair of the group changed frequently as it gave people the opportunity to talk to differing staff about any concerns they may have. We noted the residents meetings permitted people the opportunity to give feedback about the running of the home. People were encouraged to contribute to the development of the fixed menu plan and to give feedback on the activities on offer. Comments recorded from people at the residents meeting held in May 2015, included, "Staff make you feel like nothing is too much trouble." And, "They are grand girls."