Kapil Care Homes Limited

Carisbrooke Manor

Inspection report

Carisbrooke Manor Lane
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 11 and 12 July 2016 and was unannounced. The last inspection of this service was carried out on 28 April 2014 when no breaches of regulation were found.

Carisbrooke Manor is registered to provide care and support for up to 43 people, some of whom are living with dementia, there were 35 people receiving a service at the time of our inspection. The service is located on the outskirts of Scunthorpe. Accommodation is provided on two floors. There is a car park at the service for visitors to use.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to protect people from abuse and knew they must report concerns or potential abuse immediately to the management team, local authority or to the CQC. This helped to protect people.

Staffing levels provided were adequate to meet people's needs. Staff understood people's needs and the potential risks to their wellbeing. Staff were provided with training in a variety of subjects to help develop and maintain their skills. Supervision and appraisal were undertaken for staff to help support them and identify any further development needs.

People's care records were all being re-written. This work had just commenced because people's care records did not contain enough personalised detail to make sure people's needs were known and could be met. This included reviewing people's information in regard to their mental capacity, deprivation of liberty (DoLS) and best interest. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made. We recommend that this guidance related to best practice is followed and that this work is undertaken as soon as possible.

People's nutritional needs were assessed and monitored. Special diet for diabetics and soft diets for people who may have swallowing difficulties were provided. Staff encouraged and assisted people to eat and drink. Advice was sought from relevant health care professionals to ensure people's nutritional needs were met.

People were supported by staff to make decisions for themselves. Staff communicated with people in a way that could be understood. People who used the service were supported to make their own choices about aspects of their daily lives.

A programmed of activities was provided, which included in-house entertainment, events and outings. Activities were provided to help stimulate people and they were encouraged to maintain their interests.

General maintenance was carried out of the building and service contracts were in place to maintain and service equipment so it remained safe to use.

There was a complaints policy and procedure in place. This was explained to people living with dementia and their relations so they were informed about their rights. People's views were asked for by the staff. Feedback received was acted upon.

A variety of audits were undertaken to monitor the quality of the service. Issues found during our inspection were addressed by the registered manager and operations director. The registered manager had an 'open door' policy and an 'on call' system was operated out of office hours to support people, relatives, visitors and staff.

There was a homely and welcoming atmosphere within the service.

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. Staff knew how to recognise the signs of potential abuse and knew how to report issues. This helped to protect people.

People told us they felt safe living at the service.

Medication systems in operation were monitored to maintain their safety.

The registered manager was proactive in addressing issues of safety to protect people's wellbeing.

Is the service effective?

Good

The service was effective. Staff monitored people's health and wellbeing .

People's mental capacity was assessed to ensure people were not deprived of their liberty unlawfully. Staff were currently re-assessing people's needs regarding this.

People's nutritional needs were monitored to ensure their dietary needs were met.

There were enough skilled and experienced staff provided to meet people's needs. Staff undertook training to maintain and develop their skills.

Is the service caring?

Good

The service was caring. People were treated dignity and respect.

People participated in friendly banter with the staff and staff acted upon what they said.

Staff assisted people with kindness and promoted their independence.

There was a welcoming and caring atmosphere within the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records were generally not detailed enough to ensure people's needs were known and could be met. Changes required to people's medicine was not always undertaken in a timely way. Action was taken to help address this.

Social events and activities were provided.

People were made aware of the complaints procedure, action was taken to address any issues raised.

Is the service well-led?

Good

The service was well led. The home had a registered manager in place. Action was taken immediately to address any issues found.

The ethos of the home was positive; there was an open and transparent culture. People living at the service, their relatives and staff were all asked for their views and these were listened too.

Auditing systems were in place to maintain or improve the quality of the service.

Carisbrooke Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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.

The inspection took place on 11 and 12 July 2016 and was unannounced. It was undertaken by one adult social care inspector.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We contacted the local authority to gain their views. We reviewed all of this information to help us to make a judgment.

We looked at the care records for four people and inspected a range of medication administration records (MAR). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, decisions were made in people's best interests in order to protect people's rights.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us.

We spoke with four people who used the service, with three relatives and two health care professionals. We interviewed three staff and spoke with the registered manager and operations director.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, three staff supervision records and appraisals, staff training records, staff rota, minutes of meetings with staff, residents and relatives, quality assurance audits, complaints

information and maintenance records. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People we spoke with told us they generally felt safe living at the service. A person said, "I trust all of them (the staff)." Another person said, "I feel safe here with the staff. I have nothing to worry about."

Relatives we spoke with told us they felt their relations were safe and this gave them piece of mind. One relative said, "I am able to relax when I leave mum here. When I press the buzzer the staff respond." Another relative said, "(Name) is looked after fine. He is safe here, he has never fallen. I can relax a bit." We spoke with two visiting health care professionals. Both told us they had no concerns to raise. One said, "I have never seen anything to worry me."

We found during our inspection there were effective procedures in place for protecting people from abuse. Staff were knowledgeable about the types of abuse that could occur and were aware of the action they must take to protect people. A member of staff said, "I would report issues straight away." Regular training about safeguarding vulnerable adults was undertaken by staff. We saw there was a whistleblowing policy (telling someone) and procedure in place to inform staff about the action they must take if they suspected abuse may be occurring. This helped to keep people safe from harm.

People had personal evacuation plans in place in the event of a fire. Regular fire safety checks were undertaken on the emergency lighting, fire extinguishers and fire alarm system. Staff were trained in fire safety which helped them prepare for this type of emergency and helped to keep people safe. Medicine management at the service was monitored and action was taken to address any shortfalls found.

Systems were in place to maintain and monitor the safety of the premises. The registered manager and operations director inspected the general environment including people's bedrooms, furniture and fittings. A programme of redecoration was in progress. Checks on the water, gas and electric were undertaken to help maintain people's safety. General maintenance was carried out routinely and service contracts were in place for the laundry and kitchen equipment, hoists and passenger lift which helped to maintain a safe environment.

The registered manager undertook monthly audits of accidents and incidents that occurred. They looked for any patterns and told us how they took corrective action to prevent further incidents from occurring. Help and advice was sought from relevant health care professionals, where necessary, to maintain people's health and wellbeing.

We found when we inspected the kitchen two freezer temperature records had not been completed for 1 to 8 July 2016 along with fridge temperatures that were not recorded, and a gap for kitchen cleaning on 4 July 2016. The registered manager immediately reminded staff of the importance of maintaining these records. they told us further checks of this documentation would be put in place to make sure this would not happen again. This had not caused any ill effects to people using the service.

During our tour of the service we saw hand washing facilities and sanitising hand gel was available for staff

and visitors to use. Staff were provided with gloves and aprons. We noted that a bathroom used by the hair dresser was dusty and hair cuttings were present. We also found the bath hoist was dirty underneath. In another shower room we found the pipes behind the toilet were duty and some high dusting was required. Outside the shower room there were cobwebs at ceiling level. We discussed this with the registered manager who observed the issues and a cleaner was allocated to address these issues straight away. This helped to maintain infection control. We also found one door wedge that was holding open a fire door to a store room, this was immediately removed and discarded to make sure the fire door could work effectively if the fire alarms sounded. The registered manager reminded staff doors were not to be wedged open and a noise activated door guard was ordered to be fitted.

We saw that a general maintenance programme was in place. We found the communal areas were free from obstacles or trip hazards. There was level access provided to the garden and patio areas so people who were unsteady on their feet could access these areas safely.

The registered manager told us how they monitored the staffing levels to ensure there were enough staff on duty with the right skills to support people. During our inspection we saw there was enough staff available to meet people's needs, in a timely way. Staff we spoke with confirmed there were enough staff. One member of staff said, "There are enough staff generally. We have a good team, we cover sickness and absence, so that people are looked after by staff they know." The registered manager informed us bank staff were available and staff from the registered providers other services could undertake shifts, along with herself. This helped to provide continuity of care to people using the service. Recruitment processes at the service were found to be robust. Potential staff completed application forms, attended for interview and references and a police check were undertaken to help the registered manager assess their suitability to work in the care industry.

We looked at the medicine systems in operation. This included how medicines were ordered, stored, administered, recorded and disposed of. People were identified by a photograph on their medication administration record (MAR). Allergies were recorded to inform staff and health care professionals of potential hazards. We observed part of a lunchtime medication round undertaken by a member of staff. The member of staff had completed medicine training which helped them carry this out safely. They were competent in administering medicines and verified people's identity before staying with them until their medicines were taken. We checked random balances of medicines and controlled medicines at the service. We found one balance of one medicine for a person was incorrect by one tablet. This indicated one tablet had not been given but was signed for by staff. The registered manager told us they would remind the staff about the services medication administration procedures. Excess stock of medicine was not found. There was a system in place for returning medicines to the supplying pharmacy. Senior staff undertook on-going medicine counts and regular medicine audits took place which helped staff monitor the safety and effectiveness of the medicine systems in place.

Good

Is the service effective?

Our findings

People we spoke with said the staff looked after them well. One person said, "The food is quite good. I have what I want, when I would like it. There's enough staff, no problem." Another person told us, "The food is okay. I tell them (the staff) what I want. I ask for a bacon sandwich, they (the staff) get it for me. It is alright. I have no complaints at all."

Relatives we spoke with confirmed there were enough staff and they said they were satisfied with the food provided for their relatives. One relative said, "(Name) likes the food. There is enough staff and they know what they are doing." Another relative we spoke with said, "Dad is looked after fine."

The registered manager told us how they reviewed the staffing levels daily to make sure enough staff were on duty. They said the staffing rota was created to make sure people received care from staff who had the right skills to support them.

We observed staff delivering care to people in the communal areas of the service. We saw staff encouraged people to choose what they wanted to do and how they wished to spend their time. We saw that staff encouraged people to do what they could for themselves which promoted their independence and choice.

Records we inspected confirmed staff undertook training in a variety of subjects. This included; safeguarding, moving and handling, first aid, health and safety, infection control, fire prevention and the safe handling of medicine. Training had been changed recently to make sure the 'Care Certificate' was provided for new and existing staff to undertake. The Care certificate is an identified set of standards that health and social care workers adhere to in their daily working. This demonstrated how care workers were supported to understand the fundamentals of care. It assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. A member of staff we spoke with said, "We have lots of training to undertake." We saw regular supervision meetings were in place for all staff along with yearly appraisals. This allowed the registered manager to discuss performance issues or any further training needs with staff.

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.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. We

were informed that 19 applications for DoLS had been made for people who met the criteria and they were awaiting authorisation by the local authority, nine had been granted. The registered manager told us that some staff had completed MCA and DoLS training which enabled them to help protect people's rights. These staff were cascading their knowledge to the other staff at the service. We were informed more training in this area was booked for staff to attend to further develop the staff's understanding.

We saw that where people had been assessed as lacking capacity to consent to their care and make their own decisions, best interest decisions were considered to discuss care options. The registered manager told us relatives and other relevant health care professionals were invited to these meetings to discuss their views and help make decisions. We saw that the service was currently reviewing all the care documentation regarding 'best interest decisions' to ensure people's rights were protected. We noted that for one person's records there was some confusion about the type of power of attorney held by relatives. This was clarified during our inspection to make sure the relatives had the legal right to make decisions about the person's care and welfare. The registered manager confirmed a full review of all the information held about people's DoLS was being reviewed during the reassessments and re-writing of people's care records. We recommend that current good practice guidance is followed and that this should be completed as soon as possible.

Staff were able to describe how they supported people to make their own decisions. Staff we spoke with told us they gave people choice; for example, about what they wanted to wear, what they would like to do, choices of food and where to eat. Where people needed support, relatives held power of attorney for health and wellbeing (Legal authority granted to protect people's rights). Local advocates could be provided to help people raise their views. At present, no one was represented by the Court of Protection who can be appointed to make legal decisions about people's care and welfare. During our inspection, staff we spoke with had not heard of the term 'least restrictive practice', however, they were able to describe how people were given choice and helped to make decisions about their care and support in line with the principles of the Mental Capacity Act 2005 to make sure people's rights were protected.

We saw that people's nutritional needs were assessed on admission and were kept under review, to ensure people's dietary needs were met. The staff understood people's preferences, likes, dislikes and food allergies. Special diets were catered for and advice was sought from relevant health care professionals if people were not eating and had lost weight. This helped to maintain people's wellbeing. We found that the member of staff cooking in the kitchen on the first day of our inspection had not yet undertaken their food hygiene certificate; this course was booked to be undertaken. We were informed that they had received training and supervision from the cook at the service to help develop their cooking skills. We clarified with the local authority environmental health officer if this was acceptable, and we were informed that it was.

During our inspection we observed lunch, the food served looked appetising and nutritious. We saw the food was not served on coloured plates, good practice guidance suggests this may help people living with dementia to see their food better. We saw staff encouraged people to eat and drink in an unhurried manner by using gentle prompting. We discussed the use of coloured crockery with the registered manager who informed us this had been ordered and they were waiting for them to be delivered. We saw people were shown the choices of food available to them. A visitor to the service told us they had never seen this happen before and said this was helpful to give people choice. Showing people the options of food helped people living with dementia to choose what they would like to eat. Different sized portions of food were offered along with second helpings. People chose where they would like to eat, background music was played and there was a sociable atmosphere in the dining rooms.

The care home had a ground and a first floor accessed by a passenger lift to help people gain access to the first floor. We saw pressure relieving equipment and special equipment, such as hoists were in use for

people who had been assessed as requiring this to help maintain their wellbeing. Signage was provided in the communal areas of the service to help people living with dementia to find their way around. People had their photographs on their bedroom door, along with a room number to help remind them where their room was located. A secure patio area was provided with raised flower beds and garden furniture so people could enjoy the outside space. Private grounds surrounded the service with views over countryside. There was a car park for visitors to use.

Good

Is the service caring?

Our findings

People we spoke with said they felt cared for by the staff and said staff were kind. A person said, "All the staff are friendly towards me. I treat them as I would want to be treated." Another person said, "The carers are wonderful, always there for us to talk too. They have a laugh with me." We saw people looked relaxed in the company of staff and we observed friendly banter, which people appeared to enjoy.

Relatives we spoke with told us generally staff had a caring approach. One relative said, "The staff are nice, they seem pretty good with him." Another relative told us, "The staff are very nice, helpful with a good rapport. Nothing is too much trouble."

Two health care professionals we spoke with told us the staff were caring and supported people appropriately. One health care professional said, "The staff are ever so good. They are not unkind."

The registered provider had policies and procedures in place to inform staff about the importance of treating people with dignity and respect and maintaining people's confidentiality. We observed staff treating people with kindness to maintain their dignity. There was a dignity champion in place who promoted this within the service.

We saw that staff spoke with people in the communal areas of the service and took their time to support people living with dementia. We observed staff kneeling down to people's eye level to gain eye contact to aid good communication. Staff asked people how they were and if they needed anything. We saw staff listened to people's responses, where necessary, they re-phrased their questions to help people living with dementia understand what was being said and respond.

People we spoke with told us they were addressed by their preferred names. We saw staff knocked on bedroom doors before entering. Bedroom and bathroom doors were closed when staff were providing personal care, which protected people's privacy. One person using the service said, "The staff knock on my door, even if it is open."

We observed that the staff were attentive and they offered help and assistance to people, where this was required. For example, a person requested a cup of tea, this was provided straight away. Another person who was unsteady on their feet was asked by staff if they were alright to walk or if they would like to sit down. We observed staff providing comfort to people using gentle and appropriate touch, eye contact and smiles, especially when talking to people living with dementia. Staff were observed supporting people in a kind and caring manner and they encouraged people to promote their independence and choice.

Staff told us it was important to deliver individualised care to people in the way they wished to receive it so that people felt cared for and respected. Information was available to staff about people's life histories and social needs.

We found there was a welcoming and homely environment at the service. Staff we spoke with told us they

treated people as they would like to be treated. They told us they enjoyed working at the service and said they would not want to work anywhere else. One member of staff said, "I love working here." The registered manager told us the staff were flexible and covered each other's sickness and absence because they cared for the people living at the service and for their colleagues. Visitors we spoke with told us they were made to feel welcome by the registered manager and staff.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us that the staff were responsive to their needs. One person said, "If I were unwell, they (the staff) would do anything for me. I am not able to walk; one or two staff come to help me." Another person told us, "I fell on the floor, I had to shout and I hurt myself. They (the staff) asked me where it hurt, have you pain anywhere? I did not have to go to hospital. Staff managed this well. If I ask for a doctor they (the staff) get one for me."

Relatives told us the staff responded to people's needs and kept them informed of any issues. One relative told us, "Nothing is too much trouble. They (the staff) have a review with me and my sister present." Another told us, "They (the staff) ring me if there is an issue and keep me well informed. The district nurse comes in twice a week to give mum treatment. I have had meetings regarding the care plans, I have talked through about Mum's needs and I am happy with this."

Health care professionals we spoke with told us the staff kept them informed about changes in people's conditions and asked for advice. One health care professional said, "The staff are knowledgeable about the service user's. When I ring regarding the service user's they (the staff) have followed my advice." The health care professionals confirmed staff responded appropriately to help maintain people's wellbeing.

Before people were admitted to the service an assessment of their needs was undertaken by the registered manager. At this time potential residents, their relatives and relevant health care professionals were able to discuss the care and support needs required. This helped the registered manager to assess if the person's needs could be met by staff at the service. Local authority care plans and hospital discharge letters were gained, where necessary. All of this information was used to start to develop people's care plans and risk assessments. People were encouraged to visit the service to see if they liked it before deciding to move in.

We looked at people's care records. We found that the registered manager had started to re-write people's care records to make them personalised and give a clearer picture of people's care needs and the current risks present to their health and wellbeing. The registered manager had re written five people's records. We inspected two care files that had not been re-written and two that had. The old care files were difficult to follow, information was not personalised and generic documentation was used in places which was confusing. For example; a person who required pressure area care to prevent skin deterioration had care plans and risk assessments in place which told staff to changing the person's position 'regularly' and getting the district nurses input on a 'regular' basis. This was too vague and open to interpretation by staff. The person was on an air mattress, but there was no record of the setting the air mattress should be on to make sure the correct pressure relief was provided by the equipment, to this person. The pressure area care plan was not dated or signed and no body map was in place to say where skin damage was located. This was discussed with the registered manager and operations director. This person's care file was to be re-written immediately to address the issues found.

We found a person had a risk assessment and care plan in place for the use of a bath hoist. The risks associated with this were not detailed enough. It described that the person may slip off the bath hoist due to

soapy water but did not describe how the person could be dried when the bath water had been released from the bath before hoisting the person from the bath to help prevent them from slipping. The number of staff required to be present during bathing was not described. The new care files had some care plans and risk assessments which were not signed or dated so it was not possible to know what people's current needs were and if they were being met. A relative we spoke with raised issues that their relations diet and fluid and turn charts were not always filled in accurately. We discussed the care records with the registered manager and operations manager, they agreed the care records needed to be completed in a person centred, individualised way to reflect people's full and current needs. They assured us that work would be undertaken to correct the issues found, which they had started to undertake already.

We saw that care plan reviews occurred; reviews were not always undertaken monthly. The review information consisted in most cases of the date being recorded and the member of staff's initials being recorded. This was discussed with the registered manager who said that staff would be reminded to write their reviews in more detail to give better information about what had taken place. People and their chosen representatives were involved in the review process. This helped to keep all parties informed.

Another person had a care plan for personal care and physical wellbeing. It was noted a health care professional had prescribed a special pressure relieving cushion for the person to sit on to prevent skin damage because their skin was a little red. The date this occurred was recorded as 'May 16'. It was unclear what date in may this occurred. A review of this person's care was undertaken in June 2016 where it was recorded the risk assessment had been updated regarding bathing. However, this was not present in the person's file. We had to ask the registered manager to find it, it was located in the member of staff's tray, it was discussed this information should be present in the person's care file, the registered manager acted upon this. This person also had a moving and handling assessment that was not dated, so it was unclear what their current needs were. The registered manager said this care file would be immediately re-written.

We found people had a generic personal evacuation plan in place which did not detail people's individual needs in sufficient detail in the two files that had not been re-written. We discussed this with the registered manager and operations director. We found they were not signed or dated so it was not clear if they were still relevant. They were aware of this issue and the re-writing of everyone's care records was being undertaken to help address this. In the re-written care files this information was person centred, detailed, signed and dated to reflect people's needs.

We found that for one person staff had not reported to their GP that the person was not taking one of their prescribed medicine three times a day. In the last month only one signature was present for the person to say this medicine had been administered. There was no reason why this had not been given recorded on the back of the medicine administration record (MAR). We discussed this with the registered manager, operations director and staff responsible for medicine at the service. The registered manager showed us an entry to the person's care plan to say a fax had been sent to the person's GP to ask them to review this medicine. The GP had not reviewed this and when the surgery was contacted they said they had never received the fax requesting the review of this to take place. Whilst this had not adversely affected the person's wellbeing staff had not responded in a timely way to ensure this review took place. The registered manager told us systems would be put in place to address this.

The process of re writing every person's care records had commenced, to make sure they reflected people's full and current needs. The need for this had been identified by the management team prior to our inspection. However, we recommend that this work be undertaken in line with current good practice guidance, as soon as possible, to ensure people's current needs are clearly documented.

Staff told us how they monitored people's condition on a daily basis. They said changes in people's health or needs were discussed at the staff handovers between shifts. We attended a handover and saw information about people's health and wellbeing, emotional state, activities and nutritional needs, as well as information received from visiting health care professionals was discussed. This helped to make sure staff were aware of people's needs. We observed during our inspection that staff prioritised the delivery of care to people.

Equipment was provided to people if they needed this to prevent deterioration in their health. For example, pressure relieving mattresses and cushions were in place for those at risk of developing skin damage due to being immobile or frailty. Walking aids were used to help prevent falls. These were used when people had been assessed as requiring them to help protect their wellbeing.

There was a programme of activities provided at the service. We saw photographs of events that had taken place. There was a Summer Fayre planned. Dominos, card games, arts and crafts and reminiscence therapy had taken place. Concerts were arranged for people to enjoy. Staff took people out to Blyton for an ice cream, to local pub's or on mystery tours through local villages. A person we spoke with said, "I enjoy the activities, especially the outings."

Residents and relatives meetings were held to gain people's views and their feedback was listened to about the activities they wished to be provided. Relatives were invited to social functions and were encouraged to join people living at the service birthday celebrations and Christmas. A newsletter was produced and was sent to people's relatives to enable them to plan their visits around activities.

A complaints procedure was available to people and their relatives. People we spoke with said they had no complaints to raise. Complaints were dealt with appropriately. Staff told us if people wanted to make a complaint they would inform the registered manager who would deal with the issue. A person we spoke said, "I would report complaints I have never had a complaint, I have nothing to complain about." The registered manager addressed any 'niggles' these issues were recorded and acted upon to make sure they did not turn into complaints.

Good

Is the service well-led?

Our findings

During our inspection the people we spoke with and their relatives told us they felt the service was well-led. We received the following comments about the service; "It is spot on, brilliant." "The manager is here day and night." "Residents meetings are held." People and their relatives confirmed they were asked for their opinions about the service. We saw the registered manager and staff were available for people and their relatives to speak with and were asked for their views.

Information was displayed in the reception area about the service to help inform people. The registered manager was supported by the senior staff, operations director and registered provider which made up the management team.

We saw a range of audits were in place to monitor the quality of service provided. These covered; complaints, the premises and environment, health and safety, staff training, recruitment, care files medicine records, infection control and kitchen cleanliness and food preparation. Where issues were found, action plans were put in place to monitor the progress and outcome of the action taken, and immediate action was taken to address issues. For example; when we saw that two freezer temperature records had not been completed for the first to the eighth of July 2016 along with fridge temperatures not recorded, and a gap for kitchen cleaning on the fourth of July 2016 the manager reminded staff of the importance of maintaining these records and told us they would monitor these records on a daily basis to make sure they were filled in correctly in the future.

The registered manager and operations director told us they knew all the care records for people living at the service needed to be rewritten to make them personalised and to make sure they contained all the relevant information required regarding people's care and support. This work was underway.

The registered manager told us that they visited the service at any time of the day or night to observe the quality of service being delivered to people. The operations director spent time at the service talking with people and conducted a review of the service on a regular basis. The registered provider held regular managers meetings for the group where issues and suggestions to improve the services were discussed. The registered manager told us they felt well supported by the management structure in place.

The registered manager provided notifications about accidents and incidents that occurred which helped to keep us informed. The registered manager analysed the accidents and incidents that occurred to identify any trends and corrective action was taken to prevent further issues from occurring.

The service had a 'champion' system in place. This is where named staff promote certain areas of the service. There was a 'dementia', 'dignity', 'end of life' and 'green' champion at the service. The staff had had the responsibility of attending external meetings about these subjects whilst promoting training in these areas to all staff. The 'green' champion made sure the home was run efficiently in regard to saving energy.

The registered manager operated an 'open door' policy, which allowed people, their relatives and visitor's to

speak with them at any time. We saw this worked effectively during our inspection. We saw there were a number of 'thank you' cards' had been received sent from people or their relatives who give positive feedback to the staff at the service for their care and support.

Surveys were sent to people living at the service. They covered food and drink, accommodation, activities, dignity and respect. Health care professionals were also asked for their views. Action plans were created, if necessary, to ensure any issues raised were addressed. We looked at the results of the surveys that had been received; we saw the results were positive.

Resident and relative meetings were held. People we spoke with and their relations confirmed they attended if they wished to air their views. Areas discussed included the menu, care provision, activities and people's suggestions to improve the home or grounds. A recent suggestion made was to grow fruit and vegetables in the raised beds in the garden. This had been undertaken.

We saw regular staff meetings were held, minutes of the meetings were available for staff who were unable to attend. Staff told us the meetings were helpful. They said they could raise issues or make suggestions to help improve the service which were listened to and were acted upon by the management team. A member of staff told us, "The manager listens and acts on what we say, issues would be sorted."

Staff told us they enjoyed working at the service and said they understood the management structure in place. They said the ethos of the service was to provide a homely, welcoming environment for people to enjoy.