Parfen Limited

Sunnyside Residential Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out this inspection on 30 March 2015. The inspection was unannounced. The last inspection was carried out on 8 April 2014 and the service was found to be meeting all regulatory requirements inspected.

Sunnyside provides residential care for up to 27 older people and is situated about two miles away from Bolton town centre. At the time of the inspection the home was full with 27 people currently using the service.

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

The building was secure and the communal areas clutter free. This enabled people with restricted mobility to move around safely.

We saw that some people were able to leave the home alone, to pursue their own interests. This was risk assessed on an individual basis, to help ensure people were able to do this safely.

Summary of findings

People who used the service had personal emergency evacuation plans (PEEPs) to ensure staff were aware of their level of need in case of an emergency evacuation. These documents were reviewed and updated on a monthly basis.

The service recruited staff in a robust manner, ensuring they had application forms, references and Disclosure and Barring Service (DBS) checks in place. This helped ensure people were suitable to work with vulnerable people. We saw that there were sufficient numbers of staff to attend to the needs of the people who used the service.

Safeguarding procedures were in place and staff we spoke with demonstrated an awareness of safeguarding issues. They knew how to follow the procedures and who to report to should the need arise.

Systems were in place for the safe ordering, administering, storing and disposal of medicines.

We observed a mealtime at the home and saw that the food at the home was good and nutritious and people were given choices. However, the meal time experience could have been improved with more attention to detail. There were no condiments placed on the tables, some people were seated in poor positions and staff missed some opportunities to provide assistance when required.

Initial training was given to staff on induction and further training was on-going to help keep their skills and knowledge up to date.

We saw that care plans included a range of personal and health information. There were risk assessments and monitoring charts for issues such as turning, nutrition and weight. All those we looked at were complete and up to date.

Consent was recorded within care plans where required and verbal consent was gained by staff for all interventions and assistance offered.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times. There is also direction on how to assist someone in the decision making process. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

There was no one at the home who was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation, but the manager was aware of how to refer for authorisation should the need arise.

People told us they were looked after with kindness. We observed staff throughout the day offering care in a friendly and caring way, using verbal communication, touch and body language to ensure they communicated effectively with people.

We saw that people were encouraged, as far as they were able, to be involved in the planning and delivery of their care and support. Relatives were also included in this process, subject to the agreement of the person who used the service.

Staff were able to give examples of how they respected people's privacy and dignity. We saw evidence of this throughout the day.

We saw that the service sought informal feedback regularly via chats with people who used the service and their families. Formal feedback was obtained via an annual survey.

People told us they were given choices about their daily lives, such as what time they wanted to rise and retire and whether they wanted a bath or shower.

We looked at five care plans and saw they were person centred and reflected people's individual preferences and wishes.

A range of activities were on offer at the home. These included a monthly communion service, exercises, music for health, parties, bingo and pampering sessions.

There was an up to date complaints policy and log. We saw that no recent complaints had been received by the service, but people reported they were confident any concerns would be followed up appropriately. We saw some compliments, in the form of cards, received by the service.

We found that the provider had been failing to send in statutory notifications as required by the Care Quality Commission (CQC). Following this being discussed with

Summary of findings

the registered manager the notifications were forwarded and systems were put in place to ensure that notifications would be forwarded appropriately in future. Due to the prompt action by the service we will be following this up outside the inspection process.

People who used the service and their relatives told us the registered manager and all the staff were approachable.

Staff felt the registered manager was supportive and they were able to call the registered manager or deputy manager at any time, for support and advice.

The service had a stable staff group, most of who had been employed at the home for a significant length of time.

A number of audits and checks were carried out at the home to help ensure continual improvement to service delivery.

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. The building was secure and people with restricted mobility were able to move around safely.

Some people went out of the home alone, but this was subject to a risk assessment being completed, to help ensure their safety.

People who used the service had been assessed for their level of need in case of emergency evacuation. These documents were reviewed and updated on a monthly basis.

The service recruited staff safely and there were sufficient numbers of staff on duty to meet people's needs.

Safeguarding procedures were in place and staff were aware of how to follow these if the need should arise.

Systems were in place for the safe ordering, administering, storing and disposal of medicines.

Is the service effective?

Requires improvement

The service was not always effective. The food at the home was good and nutritious and people were given choices. However, the meal time experience could have been improved with more attention to detail on the tables, about where people were seated and staff giving assistance when required.

Initial training was given to staff on induction and further training was on-going to help keep their skills and knowledge up to date.

Care plans included a range of personal and health information, as well as risk assessments and monitoring charts. All those we looked at were complete and up to date.

Consent was recorded where required and verbal consent gained for all interventions.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People told us they were looked after with kindness. We observed staff throughout the day offering care in a friendly and caring way.

We saw that people were encouraged, as far as they were able, to be involved in the planning and delivery of their care and support.

We saw that people's dignity and privacy was respected by staff throughout the day.

Summary of findings

Feedback was regularly sought informally via chats with people who used the service and their families and more formally via an annual survey.

Is the service responsive?

Good

The service was responsive. People told us they were given choices about their daily lives.

Care plans were person centred and reflected people's individual preferences and wishes.

A range of activities were on offer at the home, including a monthly communion service, exercises, music for health, parties, bingo and pampering sessions.

There was an up to date complaints policy and log. No recent complaints had been received by the service, but people reported they were confident any concerns would be followed up appropriately. We saw compliments received by the service.

Is the service well-led?

Requires improvement

The service was not always well led. We saw that notifications had not been being sent in as required by the Care Quality Commission (CQC). This was addressed immediately by the registered manager.

People who used the service and their relatives told us the registered manager and all the staff were approachable.

Staff felt the registered manager was supportive and they were able to call the registered manager or deputy manager at any time, for support and advice.

The service had a stable staff group, most of who had been employed at the home for a significant length of time.

A number of audits and checks were carried out at the home to help ensure continual improvement to service delivery.

Sunnyside Residential Home

Detailed findings

Background to this inspection

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

The unannounced inspection took place on 30 March 2015. The inspection team consisted of a CQC adult social care inspector and an expert 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.

We did not ask the service to complete a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, prior to the inspection as this inspection was not originally planned for this date. We reviewed information we held about the home in the form of notifications received from the service.

Before our inspection we contacted Bolton local authority commissioning team to find out if they had any concerns about the service. We also contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care.

We also contacted three specialist social care professionals, who use the service regularly, to ascertain their views on the service and whether they had any concerns.

One the day of the inspection we spoke with four people who used the service, three relatives, one professional visitor and four members of staff, including the registered manager. We looked at records held by the service, including five care plans, menus, training records and audits.

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 could not talk with us.

Good

Is the service safe?

Our findings

We spoke with four people who used the service. One person told us, “I feel safe in here. There's people to help me. I'm glad I came here”. A second person said, “I feel safe here and happy There's plenty of space to move around comfortably”. A third person told us, “I feel safe because people are always around me. I have a buzzer in my room. I'd use it if I needed help. They [staff] are quick to come and look after me”. A fourth person commented, “I've been here two years and I feel safe in here. Staff know how to move people safely”.

We spoke with four relatives. One told us, “[My relative] is safe here. The staff are careful when moving people around. It’s a clean home and [my relative] can move around safely”. Another said, “[My relative] is safe here because staff are around all of the time”. A third said, “[My relative] is safe here because there's always a member of staff watching; [my relative] can't verbally communicate so they watch for [my relative’s] needs”.

There was a visiting health professional at the home and we asked them about safety issues. They said, **“**I think this is a safe environment. There is a locked entrance which only staff can open”.

When we arrived at the home the front door was locked and we had to ring the bell to be admitted. This was to prevent uninvited people entering the building. Some people who used the service were able to go out alone, subject to appropriate risk assessments within their files. Staff would let them out, but the door was locked to ensure everyone’s safety and security. We saw that there was a secure garden for people who used the service to utilise during the summer months if they wished to.

People were accommodated in single rooms, some with en-suite facilities. We saw that a number of rooms had been decorated to the taste of the people who used the service. People had facilitated to choose their own wallpaper and paint and the process of redecoration was on-going with the plan that all rooms would soon be completed. Carpets were gradually being replaced by laminate type flooring which was more practical for people who used the service and the staff and minimised the risk of odours. All rooms were connected to a call bell system.

We observed how staff assisted people to move around the home throughout the day. We saw that they were careful to move people safely with regard to current manual handling techniques.

We saw that there were policies, procedures and checks regarding moving and handling, health and safety, fire instructions and equipment and safe evacuation procedures. Each person who used the service had a personal emergency evacuation plan (PEEP) in their care records, indicating the level of assistance they would require in the event of an emergency. The PEEPs were reviewed on a monthly basis to ensure they were up to date. The sheets were to be copied and kept in a central file in the office, for easy access.

There were weekly fire alarm tests and the home’s lift was checked on a three monthly basis to ensure it was working correctly. There was a health and safety file with information about all equipment used, dates of checks and services. This was complete and up to date.

The home was clean and tidy and the corridors were clutter free, allowing people who used the service safe access around the building. All the people we spoke with were complimentary about the cleanliness of the home at all times. The home had an infection control policy and kept a file with guidance for staff on outbreaks and how to manage them

We looked at the service’s recruitment procedure and saw that staff were recruited safely. Each new member of staff was required to complete an application form, produce references and they were then subject to a Disclosure and Barring Service (DBS) check to help ensure their suitability to work with vulnerable people. Most staff had worked at the home for a number of years.

We saw that there were sufficient staff on duty to attend to people’s needs. When people required assistance staff assisted them promptly. We looked at recent rotas and this confirmed that there were sufficient numbers of staff on duty.

One person who used the services told us, “There's enough staff here. I don't have to wait for help”. Another said, “There's enough staff to help people. I don't think people wait long for help”. A third told us, “Usually when I need a member of staff there's someone to help me and they

Good

Is the service safe?

normally respond quickly when I ask for help". A fourth person said, "There's usually enough staff. Occasionally at night time staff may need to accompany a resident to hospital and they may be short staffed then".

When we asked relatives about staffing levels, one told us, "Staffing levels are good. [My relative] doesn't wait for attention and I've never had to wait to get help". A second relative said, "There seems to be adequate staff. I've never seen them short staffed, there's always a member of staff in the lounge. You don't have to wait for attention here".

The service had policies on safeguarding vulnerable adults and guidance for staff on recognising and reporting suspected abuse. We saw that these procedures had been followed in the past where required. We saw from training records that all staff had undertaken safeguarding training. A new training system had been purchased by the home for use in future. The registered manager explained that this helped keep knowledge fresh and current. We spoke with two members of care staff, the deputy and the registered manager about safeguarding. All had a good understanding of the issues and were confident of the reporting mechanisms.

There was also a whistle blowing policy at the home. Staff told us they would not hesitate to report any poor practice they might witness and were confident it would be dealt with promptly and efficiently.

There were systems in place at the home for the safe ordering, administering, storage and disposal of medicines. We saw some of the medicines being administered and saw that these were given safely; staff, who had undertaken training in medication administration, checked the names on the individual medicine labels against the names on the medication administration records (MAR) and ensured these were correct and matching. They then watched the person take the medicine. Refusals of medicines were recorded appropriately and the treatment room, where medicines were stored, was kept locked.

The medication policy included guidance around the use of controlled drugs, which are some prescription medicines subject to control under Misuse of Drugs legislation. We saw these were safely stored and required two signatures for administration. There was no one requiring covert medication at the time of the inspection. Covert medication is a way of giving medication in or on food or in a drink.

We saw that the local pharmacy checked and reported on medicine systems at the home on a six monthly basis. Advice had been given, such as the service acquiring a new fridge thermometer to ensure medicines that needed to be kept in the fridge were stored at the correct temperature. This had been promptly addressed by the service.

One person who used the service said, "I take tablets for my arthritis but I don't know what my other tablets are for. I just take them when they give them to me. Staff bring my medicines at more or less the same time in the mornings. Staff do notice when I'm in pain and offer me tablets if they think I need them". Another told us, "I know most of my medicines and what they are for. I'm on them four times a day. Staff always give them to me on time". A third person said, "I've been in hospital recently. Staff make sure I get my nebuliser when I need it. I'm confident that they give me the correct medication".

A relative told us, "[My relative] gets their medication on time and I'm very confident that they would get a doctor if I thought [my relative] needed one".

Requires improvement

Is the service effective?

Our findings

We asked people who used the service if they were given good nutritious food and drinks and if their weight was monitored. One person said, “The food is good. I've no complaints. We're offered enough drinks and I like the dinners. I think I'm weighed about once a month”. Another person said, “It's good food here. I'm not fussy in my choice of food, I get plenty to eat. I don't know if they check my weight”. Another told us, “The food is very good. You would find it hard to be hungry in here. I have a kettle, tea bags and a small fridge for milk and can make my own drinks but staff will always make me a drink if I want one”.

We asked relatives the same question. One said, “[My relative] gets enough to eat and drink and I think the food is nutritious. I don't know if [my relative]'s weighed regularly”. Another commented, “

Staff bring drinks and biscuits and [my relative] doesn't seem to have deteriorated in their eating. Staff tell me [my relative] eats quite well”. A third person told us, “[My relative] likes the food and is definitely well nourished”.

We saw that the service had appropriate policies regarding food safety and preparation and staff had undertaken training in this area. Kitchen staff and carers were aware of people’s dietary needs and preferences.

We observed one mealtime on the day of the inspection. We saw that tables were not set with glasses for water, though a drink of tea or coffee was supplied after the meal. There were no condiments such as salt, pepper and mayonnaise on the tables. The tablecloths were dark in colour and some people commented that they found them drab. We saw that two people were placed facing a wall and one kept trying to turn round to see what was happening in the room.

There were no menus on the tables, but staff gave each person the choices verbally and this worked well as people were able to choose what they wanted. We were shown the home’s menus and saw that the food was plain but balanced and nutritious. The registered manager explained that discussions had been held with people who used the service and plain foods had been their choice. We observed some people having difficulty with their food and, although staff assisted some people, there were occasions when staff failed to notice and assist people.

We discussed mealtimes with the registered manager. They told us that one of the people who used the service sometimes picked up condiments and put them in their pocket, so they had stopped putting these on the table. Following a discussion they agreed to place them on the tables at meal times and remove them immediately afterwards. They also agreed to supply water for people to drink with their meals and to purchase brighter table cloths. Staff were asked to change where people sat at mealtimes to ensure people were not sitting opposite a wall.

We asked staff about their induction process. Most staff had been at the home for a significant length of time, but said they had undertaken mandatory training and shadowing as part of their induction. Staff told us they were always able to ask for help or advice from more experienced staff members if they needed it.

We looked at the training records and saw that staff had undertaken a range of mandatory and extra training. We spoke with two members of care staff who demonstrated a good understanding of their roles and responsibilities. We saw that staff had begun to undertake training in dementia care which would help staff be better equipped to assist people at the home who were living with dementia conditions. A relative we spoke with said, “I think the staff are well trained. I've seen staff qualifications on the notice board and [staff] wearing NVQ (National Vocational Qualification) badges”.

We looked at five care plans and saw they included a range of personal and health information. We saw turning charts for some people and monitoring charts, for issues such as weights and falls, for those people who required this monitoring. We saw that any issues identified, such as sudden weight loss, were followed up with relevant professional input and actions implemented. Appropriate risk assessments were in evidence in people’s care records and were updated on a monthly basis. Accidents and incidents were recorded appropriately. Recording of professional interventions, such as visits from GPs and district nurses, was complete and up to date. A health professional who was visiting on the day said, “Staff are really good at asking us for early intervention treatment”.

Requires improvement

Is the service effective?

We saw that care plans were updated monthly and comments, instructions and guidance for staff included. We spoke with staff who told us they regularly checked people's care plans to ensure they were following the correct, up to date guidance for each person.

We asked people if they felt the support given was appropriate and if they had seen their care plans. One relative said, "[My relative] is well looked after medically. Staff keep an eye on [my relative's] health. [My relative] has got a care plan but I haven't asked to see it recently". Another relative said, "[My relative's] care plan is done and I've seen it".

The home had policies regarding medical emergencies and transfers and we saw that there were transfer forms within people's care files. These forms included all relevant information to help ensure people were given the correct treatment and kept as safe and supported as possible in the event of a hospital admission.

We saw that staff sought verbal consent when offering assistance or care interventions. Care plans evidenced that written consent was sought for issues such as medication administration.

We saw that the service had a policy relating to the management of people who pose a risk of harm to themselves or others. The guidance within the policy instructed staff to use the minimum of restraint and offered techniques to use that may avoid any restraint at all.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA), which sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times. Staff had completed training in MCA and demonstrated an understanding of the principles of the act, the process of decision making and the meaning of best interests. There was an MCA file kept in the office which included easy read guidance on all aspects of MCA. Staff we spoke with were aware of this file and told us they found it extremely helpful.

There was no one in the home on the day of the inspection that was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. DoLS are part of the Mental Capacity Act 2005 and aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager was in regular communication with the local authority and was aware of when and how to apply for an authorisation.

Good

Is the service caring?

Our findings

We spoke with three health and social care professionals prior to our visit. One told us, "I recently arranged for the admittance of a [person] and completed the review a couple of weeks ago. I have nothing but the highest regard for the way they [the home staff] assisted as we needed to move the person urgently. This was the first time I have placed anyone there and I will be doing so again due to the support they provided on that day".A visiting professional on the day of the visit commented, "I think staff are very caring. If you ask for help they will help you".

We asked people who used the service if the staff were caring. One person told us, "The staff are kind and caring. They do all sorts of things for us. They always try to help. They have a very hard job here". Another person said, "I think staff are kind. If I wanted anything they'd be there for me". A third commented, "The staff are patient, kind and caring. Staff are also kind to my visitors. I feel I can confide in certain members of staff".

We spoke with relatives about the staff and one said, "It's a small home with a family atmosphere.

I am very confident in the kindness of the staff and care of my relative. Even family pets are made welcome. I'm made very welcome when I visit; I can come any time night or day to visit my relative". Another said," Nothing is too much trouble for the staff. I feel they really do care about my relative. They go the extra mile for them and for us". A third relative told us, "Staff know and respect my [relative]. [My relative] likes the staff and has a good laugh with them". A fourth relative said, "Residents appear happy. They are allowed to safely follow their own pursuits and walk about if they want to".

We observed staff throughout the day of the visit and saw that they offered care and support in a kind and patient manner. Staff had a friendly manner with people who used the service and their visitors and there was a relaxed and cheerful atmosphere all day.

We saw that staff often used touch as an aid to communication and we saw them putting themselves on the level of the person and focusing on their face when talking to them. Staff at every level made the effort to speak to visitors to the service and make them welcome, offering a chair and a drink and asking how they were.

A person who used the service said, "My family are always made welcome when they visit me".

One relative told us, "I'm made welcome when I visit. Staff will always answer any questions I have. I feel I can talk to any of the staff".

We saw, within the five care plans we looked at, that people who used the service were encouraged to participate in reviews of support. Staff told us that, even if people who used the service were confused, they were still encouraged to participate as much as they were able. Relatives were also included in care planning and delivery of support, where the person who used the service wished them to be. Relatives reported that they were kept updated with any changes to their loved ones' health, support needs or well-being.

We saw staff respecting people's dignity and privacy. They knocked on people's doors before entering their bedrooms and we saw one person, who had spilt some food on their clothes, being encouraged discreetly to change.

We spoke with two care staff who were able to give good examples of how they respected dignity and privacy. One staff member explained how they ensured people's towels and clothes were already set out when they were being bathed. This helped them be ready to cover the person up and dress them as quickly as possible to ensure their dignity was preserved.

A person who used the service said, "They always knock on my door before coming in. They respect my privacy". Another told us, "Staff knock on my door and always respect my privacy and dignity". A visiting relative told us, "Staff do respect people's dignity and privacy".

We saw that feedback was encouraged via an annual survey and more informally via regular chats between staff and people who used the service and their visitors. It was clear on the day of the inspection that relatives were on friendly terms with the staff and registered manager and felt comfortable to pop in to the office to discuss any concerns or just have a chat with the registered manager and staff.

Professional visitors were also encouraged to leave comments. A feedback form, dated September 2014, from a health professional said, "Fantastic care and always a lot of fun".

Good

Is the service responsive?

Our findings

The home had appropriate policies in place which included a policy around service user rights to choose in areas such as self-medication, GP and religious beliefs.

We asked if people felt the service was responsive to people's needs. A relative said, "Staff picked up immediately that [my relative] didn't seem themselves yesterday. They tell us if they have any concerns about [my relative]".

We asked people about choices at the home. One person said, "I can choose when I want to get up. I don't need any help with this. I always have a member of staff with me when I have a bath. I have a bath or shower every other day. Staff ask me if I want one". Another person said, "Staff come and get me up but I could get up when I wanted. I have a choice of clothes. I always have a bath, I prefer a bath. Staff ask me when I want a bath". Another told us, "I can choose my own clothes I want to wear. My clothes are well kept and cared for by staff".

We asked a relative about choices and they told us, "[My relative] does have choices in their daily life. I've seen staff asking them things. I brought a list in of [my relative's] needs and likes and dislikes to help them form the care plan. They don't just assume things about [my relative's] wants".

We saw that care plans were person centred and reflected people's individual needs and preferences. There was guidance for staff around people's particular strengths and difficulties and directions to encourage in certain areas. For example, one person had reoccurring urinary tract infections (UTIs) and staff were directed to encourage fluids. We saw that people's personal goals and aspirations were documented within their care records.

We saw that some people were able to go out alone and access the community. Risk assessments were in place for these activities. One person told us, "I go on the bus into town to a day centre which I like. I spend the day there. My bus pass is running out and staff are trying to get me a new one".

There were a number of activities on offer within the home, including a monthly exercise session, monthly communion service, regular bingo, music for health, pedicures and entertainment. The home put on parties for anyone's birthday or for special occasions throughout the year, such as Halloween, Easter and Christmas. We saw that people were encouraged to follow their own hobbies, for example, one lady was knitting, one person was watching a quiz on TV and staff gave regular support with these activities.

One person said, "We play bingo and I've got my knitting which I like doing". Another told us, "We have a man come once a month and he plays songs. I like that. We go out and sit in the garden in summer". A third person commented, "Sometimes staff sing with us. I like watching TV in the lounge. My daughter takes me out and I enjoy that". A fourth person said, "I like to sit and have a smoke in the smoking room and read, I'm happy reading. I've resisted playing bingo. A staff member brings me her local newspaper every day from home. The staff get me my weekend papers which last me several days".

A relative said, "They have pampering sessions, art and craft activities, ball games and skittles. [My relative] loves playing games. [My relative] loves participating and joining in activities". Another relative said, "[My relative] seems to enjoy the music and movement and skittles and bingo. They also have someone coming in who does exercises with the residents. [My relative] is a 'joiner' and likes this kind of thing".

The service had an appropriate complaints procedure in place. There were no recent complaints, but the service had followed up complaints appropriately in the past.

We asked people who used the service if they would know how to pursue a complaint if the need arose. One person said, "Touch wood I haven't had any complaints but if I had to I wouldn't be at all worried about doing so". Another person told us, "I've been here a year and I've no complaints", and a third said, "If I had a complaint I'd tell the staff or my daughter. I'm confident they would do something about it".

One relative told us, "I know the owner and the manager and they would sort out any problems. The staff really do listen and act on what I tell them".

We saw compliment cards received by the registered manager of the service. One was from a person who had used the service and subsequently moved on. It said, "The care, love and support that you yourself and all your exceptional staff gave me has given me 12 months that I will treasure for the rest of my life".

Requires improvement

Is the service well-led?

Our findings

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

We found that the provider had been failing to send in statutory notifications as required by CQC. Following this being discussed with the registered manager the notifications were forwarded and systems were put in place to ensure that notifications would be forwarded appropriately in future. Due to the prompt action by the service we will be following this up outside the inspection process.

We asked people who used the service if they felt the staff and the registered manager were approachable. One person said, "The owner is a nice person and I know all the staff and the manager well. I'm happy with the care and the facilities". Another told us, "The manager is good and her management is well structured. I'm well satisfied with my care here. We get spoiled here".

We spoke with some visiting relatives about the approachability of the registered manager. One relative told us, "The manager would always keep me informed and involve me in [my relative's] care. The manager promised me that she would move my relative to a downstairs room when one was available. She gave [my relative] this room as soon as it was available". A second relative said, "I think the manager manages the home well. She helps out everywhere; I've even seen her decorating rooms. Her heart is fully for the residents, she goes above and beyond the call of duty". Another relative said, "The manager leads a good team here. Everybody seems to know what they are doing".

Staff told us there was an open door policy at the home. One staff member said, "The management have always got time to listen and take on board what you are saying. We can talk about anything, anytime". Another told us, "The management are very approachable and very supportive for anything at all".

We spoke with a visiting health professional who told us, "From what I've seen it's a stable, friendly and well trained staff. I know the senior staff quite well. The manager seems to be always on 'the shop floor'. She seems to know both residents and her staff very well".

There was evidence that either the registered manager, or the deputy were on call at all times. Staff we spoke with told us they were able to ring for advice or assistance at any time.

There was a stable staff group at the home with many of the staff having been employed there for a significant number of years. Staff and people who used the service told us this made it feel very secure.

Handovers were done at the end of each shift and any issues or concerns about people who used the service passed on to the next staff member. Staff said they also used handovers to pass on positive information, such as activities that the person had participated in that day.

We saw that a room check was completed on a daily basis by the responsible staff member, checked twice weekly by the deputy manager and a monthly check carried out by the registered manager. These checks highlighted any requirements for the room, such as furniture or carpets to be replaced. Once identified these issues were addressed in a timely manner.

We saw there was a daily care chart for each person who used the service which was completed by staff. This included things like personal care, checking of pressure areas, oral care and cleaning of the person's room. If any interventions or assistance had been refused, this was noted. We saw that these charts were complete and up to date.

Fire equipment was regularly checked and maintained and electrical testing was up to date. People's personal evacuation plans were reviewed monthly to ensure they were current and a weekly check was carried out on escape routes to ensure staff were aware of how to manage an emergency evacuation should the need arise.