Leonard Cheshire Disability

Hydon Hill - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on the 23 August 2017 and was unannounced. Hydon Hill provides long-term nursing care and short stay care for up to 46 people with physical disabilities and nursing needs. The service offers specialist support for those who have experienced a brain injury. At the time of our inspection 39 people were living at the service.

There was a registered manager in post on the day of the inspection. 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.

There was sufficient numbers of staff deployed at the service to meet people's needs and people received care when they needed. People and staff felt there were enough staff. People told us they felt safe at the service and staff had a good understanding about the signs of abuse. Staff were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from potential risks and people felt their risks were well managed.

Recruitment practices were robust and relevant checks had been completed before staff started work. Nurse's professional registration was kept up to date. Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. Staff understood what they needed to do in an emergency. The service had a business contingency plan that identified how the service would function in the event of an emergency.

Staff had received appropriate supervision with their managers including clinical supervision. The staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing and that the training they received was effective.

Staff were up to date with current guidance to support people to make decisions. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this. MCA assessments took place decisions where appropriate were made in people's best interests.

People had sufficient amount to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People told us that they enjoyed the food at the service. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for

assessment or treatment.

Staff involved and treated people with compassion, kindness, dignity and respect. We saw staff treat people in a caring way. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken. People told us that staff treated them well and that they were caring.

People's needs were assessed when they entered the service and on a continuous basis to reflect changes in their needs. Care plans were detailed and provided staff with guidance on how to provide the most appropriate care.

People were encouraged to voice their concerns or complaints about the service. Concerns were used as an opportunity to learn and improve the service.

People had access to activities that were important and relevant to them. There were a range of activities available within the service and outside.

The provider had systems in place to regularly assess and monitor the quality of the care provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive and staff felt valued.

The registered manager had informed the CQC of significant events. Records were accurate and kept securely.

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.

There were sufficient staff at the service to support people's needs and respond to people when they needed care.

People had risk assessments based on their individual care and support needs. Risks to the environment were managed well.

Medicines were administered, stored and disposed of safely. People and relatives felt their medicines were managed well by staff.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

People said they felt safe. There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good

The service was effective.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. Staff received appropriate supervision in relation to their role.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy were respected and promoted.

Staff were caring and considerate towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

The service was organised to meet people's changing needs. People's needs were assessed when they entered the service and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. There were a range of activities available within the service and outside.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

Is the service well-led?

Good

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service.

The management and leadership of the service was described as good and very supportive.	

Hydon Hill - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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

This was an unannounced inspection which took place on the 23 August 2017. The inspection team consisted of three inspectors (one of whom had a nursing background), a pharmacist 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 service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with the registered manager, 17 people, one relative, one visitor and 15 members of staff. We looked at a sample of six care records of people who used the service, medicine administration records and training records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was on the 5 August 2016 where no concerns were identified.

Good

Is the service safe?

Our findings

People and relatives felt there were enough staff at the service. One person told us, "If I press the call bell they come quickly." Another told us, "Staff come quickly when I call but I don't often need to use the call bell as staff come in the room a lot." A third told us, "There are enough staff that I can see. Staff attend to people quickly."

There were sufficient numbers of staff to meet people's needs. We found that staff attended to people's needs without them having to wait. The registered manager informed us that they used agency staff and tried to ensure the same agency staff were used for consistency of care. The registered manager assessed people's dependency regularly and increased the staffing levels where needed. We reviewed the staffing rotas and saw that staffing numbers were always met. Staff said that there were enough staff to support people. One told us, "We have volunteers here as well and I do feel there are enough staff." Another told us, "We have time to spend with people."

People said that they felt safe and well looked after at the service. Comments included, "I feel safe as the carers are around and I can talk to them", "Staff help me feel safe. They look after me and make sure I'm alright", "It's the security of knowing there are lots of staff here. I have never observed staff being unkind to people", "Yes I feel safe, they lock the doors at night", "There's always people around, can always call for help if need be, I have an alarm."

The registered manager ensured that staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "If I saw something happening I would speak to the abuser and tell them that I was going to report it." Another member of staff said, "I would deal with any abuse directly myself to make sure the person was safe. I would call the police if someone was in immediate danger". There were posters around the service to remind people how they could raise their concerns. Safeguarding was also discussed regularly at staff meetings. There was a safeguarding adults policy and staff had received training in safeguarding people.

Assessments were undertaken to identify risks to people. People felt their risks were managed well by staff. One person told us, "I don't have full mobility and staff understand this and support me when I need it." Care plans contained up to date and relevant information concerning the risks associated with movement. There were moving and handling assessments and bed rail risk assessments in care plans. In addition there were sling and wheelchair user guides. These contained detailed information for staff, including photographs to demonstrate correct procedures. The staff we spoke with were knowledgeable about individual people's needs in this regard.

People had call bells specific to their needs and we saw people using them through the day. The environment was clear, well lit; the corridors were wide and fitted with rails to aid with mobility. The flooring was in a good state of repair and free from obstructions. One person told us, "I find it easy to get around in my wheelchair." People had walking aids and wheel chairs to assist them.

Staff understood the risks to people. One member of staff told us that when activities are taking place you have to ensure that this is undertaken safely. They said, "If we play Jenga (a game using large wooden blocks) we put a barrier around so only one person can play at a time and to avoid the blocks landing on people. Another staff member said, "The risk assessments are detailed but we keep in mind people's independence. For example, we have one person here who will occasionally try to get you push their wheelchair but we know they can do it for themselves, so they do it". People with the risks of falling out of bed had their beds fitted with bedrails or their beds were lowered if that was more appropriate. Bedrails were fitted with bumpers to prevent entrapment and there were bedrail assessments and risk of falls assessments in place.

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. One person told us that when they had a fall staff responded quickly to this. They said, "As soon as I pressed the call bell they were there." They told us that staff had encouraged the person to use the call bell more often if they felt unwell. One member of staff told us, "If someone has fallen I would press the alarm to call for the nurse. The person would only be moved once the nurse has checked them over. I would then write it up in the accident report." There was detailed information around how the incident was followed up and what steps had been taken. One person had fallen and increased checks were undertaken by staff to ensure they were safe.

There were appropriate plans in place in the event of an emergency. In the event of an emergency such as a fire each person had a personal evacuation plan (PEEP) which was reviewed regularly by staff. These were left in the reception area and could be accessed quickly and easily if needed. The staff we spoke with about this were able to describe how people would be kept safe should this happen. One staff member said, "The fire doors are meant to give us time to move people if we have to". We noted PEEPS also contained information on how long each person would need to be safely evacuated, either during the day or at night. There was a business continuity plan in the event the building needed to be evacuated. People would need to be evacuated to hospital because of the nature of their conditions.

People were supported to take their medicines as prescribed. One person told us, "I know exactly what medicines I am on. I will go through them with the nurse and would tell them if they have got it wrong." They said that the medicines were never wrong. Another person said, "I feel confident that they (staff) understand my meds."

Nurses were available on each shift to ensure people received their medicines at the times they required them and the right dose. People's medicine administration records (MAR) were signed as appropriate and up to date. All MAR charts had a recent photograph of the person for ease of identification. Staff completed medicine's audits monthly to ensure that people received their medicines as prescribed. Records showed that people received their medicine in a timely manner. Medicines were stored in locked trolley in locked clinic rooms and the keys were kept by authorised staff only.

Medicine that required to be kept in the fridge were stored in the fridge. The temperatures of the fridge and room were taken daily. For those people that were diabetic staff monitored their blood sugar before the administration of insulin. Staff told us (and we confirmed) that they had medication management training annually and medicine competencies. PRN protocols were used when giving 'As necessary medicines.' There was a supply of anticipatory drugs available to people should their conditions deteriorate and for pain relief. Staff used pain assessment charts when administering painkillers. This was particularly important for people that were unable to verbally communicate when they were in pain.

During the inspection we raised with the registered manager that staff were not always recording when

people had been offered PRN medicine. We also raised that there were no body maps to show care staff where topical creams needed to be applied, and staff were not always recording the amounts of certain medicines in stock. They contacted us soon after the inspection with an action plan to show this had been addressed.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for five staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation including full employment histories, professional and character references, interview notes, immigration status and professional registration details for nurses in staff files.

Good

Is the service effective?

Our findings

People were satisfied with the care that was provided. One person said, "Nurses are good with clinical support. There's always someone around that can tell you what's wrong with you." Another person told us, "The staff have lots of training" and, "The staff all know what they're doing."

Staff were sufficiently qualified, skilled and experienced to meet people's needs. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. We saw that one member of staff was on their induction on the day of the inspection. The registered manager was asking the member of staff to sit and read people's care plans and we saw that they were doing this. We also spoke with staff about recent opportunities for training and development. One staff member said, "I have done training in end of life care, catheterisation and the management of epilepsy and diabetes. Provided the training is needed and not too expensive, we can do it". Another staff member told us, "That has got a lot better. I think we can get training now. It really helps us care for people better because a lot of them have complicated conditions". A third told us that they had undergone an art training session to assist people with activities. They said, "Now when people hold my hand when I am helping them draw they feel they are achieving something."

Care staff had received appropriate support that promoted their professional development and assessed their competencies. We asked staff about their experiences of supervision and appraisal. One staff member told us, "I've just had supervision. It was good. I like it because it's a time away when we can talk about what I would like to do, training or development". Another staff member told us, "I can always speak with the manager but supervision is good because it's protected time". Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. The clinical lead undertook one to one and group supervisions with nurses on a regular basis and other staff met with the manager regularly.

We asked registered nurses how they kept clinical skills up to date. We noted both nurses on duty had recently successfully undertaken revalidation with the support of the provider's clinical lead. Revalidation is an ongoing process by which nurses must demonstrate their competence to practice to their professional body, the Nursing and Midwifery Council (NMC).

People told us that staff asked for their consent to care and we saw that staff obtained consent before carrying out any care for people. This included personal care and medical treatment. One person said, "They (staff) involve me in decision making and also ask for my consent." Another said, "They always ask our consent first." A third told us, "The staff always make sure you are happy, you don't have to join in if you don't feel like it."

The Mental Capacity Act 2005 (MCA) is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. Staff had received training around Mental Capacity Act (MCA) 2005 and how they

needed to put it into practice. One member of staff said, "You must never assume a person lacks capacity or lacks the ability to make decisions."

People had received mental capacity assessments where this was appropriate and had sought the consent of people with capacity before acting. We noted this was done in the process of care planning. One person, who was unable to communicate their needs verbally, underwent a mental capacity assessment to gauge how much they could participate in their care. This was conducted by the provider's Safeguarding and Mental Capacity Act advisor, with a staff member present. The assessment was detailed particularly as the person's lack of speech and mobility was such that usual methods of assessment were not possible. For example, the assessor and staff member were able to confirm the person's ability to retain information by noting they could remember an appointment on their calendar by looking at it and smiling when staff pointed to the date, which staff knew was their only method of communication.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that DoLs applications had been completed and submitted to the Local Authority in line with current legislation for people living at the home for example in relation to the bed rails and not being able to leave the service without the support of staff. People who were not subjected to a DoLs were not restricted in any way.

We asked people about whether they liked the food at the service. Comments included, "Excellent food. There is a good variety and always a choice", "I've put on quite a bit of weight since being here as the food is good", "The food is excellent. You can choose something different from the menu" and, "We have our own fridge here in the dining room too, so if we buy anything we can put it in there."

We observed lunch at the service. People chose to sit where they wanted including the dining room, the conservatory or their rooms. .All tables had tablecloths, condiments and colourful flower centrepieces. It was busy but organised and apparent staff had good knowledge of the people's dietary needs. There was laughing and joking between the people and staff. Staff supported people to eat where necessary.

For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Staff had a good understanding of how to support people that were being fed via a peg into their stomachs. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. For example where people required a softer diet to reduce the risk of choking this was being done. People's weights were recorded and where needed advice was sought from the relevant health care professional. Where people needed to have their food and fluid recorded this was being done. One person had life limiting condition. The person was regularly weighed and the person had gained weight of late despite their ill health.

People said that they always had access to health care where needed. One person told us, "I have made good use of the physio and I can see improvements. I get to see my GP." We looked at care plans in order to ascertain whether people's health care needs were being met. We noted the provider involved a range of external health and social care professionals in the care of people, such as dieticians, hospital consultants and NHS Nurse Specialists. Advice and guidance offered by these professionals was acted on promptly and effectively, for example, advice given by visiting physiotherapists on people's correct posture and positional change. We noted people's GPs also visited regularly to assess people's medical needs such as medicines.

Good

Is the service caring?

Our findings

People were complimentary about the caring nature of staff. Comments included, "The staff know me and they come in and chat. They are interested in my travels", "I think staff are all kind", "Carers are brilliant. Excellent", "The carers are very very good. Nice, warm and friendly", "Staff are really caring. They are almost like friends", I get anxiety, the (member of staff) notices straightaway and always asks if I'd like a room to chat. In fact a lot of the staff notice", 'One day I was watching TV in my room and a carer walked past and said 'Are you ok, is there anything you want?'. He didn't have to do that but it meant such a lot that he stopped and asked how I was."

We observed staff interacting with people throughout the day in a kind and caring way. We observed many instances of genuine warmth between staff and people. There was an inclusive and warm atmosphere; both staff and people were heard laughing together constantly. We observed one person who used a walking aid receiving assistance from a staff member carrying their meal to a table having chosen their meal at the serving counter. On another occasion one member of staff introduced themselves to person that had just moved into the service. They said, "Hello (person's name). Anything you need just ask." We saw one person put their foot out to a member of staff to do a 'high five.' The member of staff responded by putting their foot against the persons and both laughed together. During lunch one person had a tiny particle on their eyelash. The member of staff noticed immediately and asked gently if they would like it removed. The person appreciated this and said, "She's a lovely girl."

The staff we spoke with enjoyed working at the service. One staff member said, "I absolutely love it here. The best thing is when a person gives a big smile. That makes it all worthwhile". Another staff member told us, "I've been here many years and I wouldn't want to do anything else". Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. During interaction we observed that staff always approached people with gentleness, patience and kindness. One member of staff came into a person's room with a drink and said, "Sorry for the delay, here's your drink. Do you need anything else?" When we approached a person to speak with them a member of staff introduced us and asked the person if they felt comfortable with us. They offered to stay in the room whilst we were there.

Staff spoke with people in a respectful manner and treated people with dignity. We saw staff knocked on doors before they entered people's rooms. One person said, "See, they always knock on the door. They always treat me with dignity." Another person said, "They leave me in my room because that's what I want." A third told us, "Staff want to get to know me." A fourth said, 'When they're (staff) doing activities they sit down to be at the same level and use the chair with wheels on so they wheel around, they don't stand over you." We asked staff how they would support someone to maintain their dignity and self-respect. One staff member told us, "We have to make sure they (people) have as much control as possible. If someone does or doesn't want to do something, that's up to them. I would want the same for me". Another staff member said, "The basics are common sense. We make sure people are not exposed when we give personal care. We also respect people's decisions. If a female resident wants a female carer then that's what we do".

Staff encouraged independence with people. One person told us, "I get myself up and dressed. If I struggle I

just press the bell and they come." Another person said, "It's important for me to maintain my independence." A third told us, "If you do something wrong, like the oven, they don't tell us off, they show us a different way to keep us safe." The provider had made use of assistive technology to ensure people maximised their independence. For example, we noted one person had a degenerative disease which meant they could not communicate verbally and their mobility was extremely restricted. The person used a 'possum' system, an adapted call bell which could be activated by slight head movements. They were also in the process of learning to use a software programme that enabled the person to control a computer mouse using only their eyes. We saw one person filling up the coffee and tea pots in the small kitchen and assisting office staff with duties. The person told us, "I like to keep myself busy. I go around and do jobs." They told us that this was important to them. Another person said, "(Staff) got me and another resident to do indoor sky diving! My accident hit me hard; he wanted me to do it to show I could do more. I actually did it and it was really great. His (the member of staffs) enthusiasm rubs off and he encourages independence. Now I want to skydive properly and because of him I want to do it for the home'.

People were able to make choices for example about when to get up in the morning, what to wear and activities they would like to participate in. One person told us, "The night staff help because I choose to get up really early. I tell them what time to get me up. I like a shower Monday and Friday and they do that for me." Another person said, "I only want the female staff do my personal stuff." They told us that staff respected this. We saw an occasion where a member of staff asked a person if they would like to get up or would they prefer to stay in bed. They waited patiently for the person to respond. During lunch people with poorer mobility were brought in to the dining room by staff to a table of their choosing. Staff then asked the person what they wanted to eat and returned with it to assist them if needed. Care plans detailed people's preferences and staff ensured that they provided this. For example in one person's care plan it stated that they person liked to be dressed smartly and we saw that they had on a shirt and tie.

People were able to personalise their room with their own furniture and personal items and each room was homely and individual to the people who lived there. It was clear from people's rooms what their interests were and things they enjoyed. We looked at people's care plans in order to ascertain how staff involved people and their families with their care as much as possible. We found evidence that people or their representatives had regular and formal involvement in ongoing care planning and risk assessment. People were supported to communicate in a way that benefitted them. People had access to assisted technology including electronic tablets, specialist keyboards and document holders to assist them to communicate.

Relatives and friends were encouraged to visit and maintain relationships with people. One person said, "I have plenty of friends." They told us that they could have visitors whenever they wanted. Another person at the service had been supported to visit their family member in their own home. One relative said, "On the leaflet when I first came here it says if relatives want to come and they're coming a long way they can stay in the chalets."

Good

Is the service responsive?

Our findings

People and relatives told us that they were involved in their planning of care. One person told us, "They know my needs well." Another said, "I've seen my care plan. They read it to me and they sign it for me once I'm happy with it."

Care plans were personalised and detailed daily routines specific to each person. Pre-admission assessments provided information about people's needs and support. This was to ensure that the service were able to meet the needs of people before they moved in. On the day of the inspection a new person had been admitted to the service and staff were aware of their needs in relation to their health and mobility.

The care plans contained detailed information about people's care needs and actions required in order to provide safe and effective care. For example, we noted one person lived with epilepsy. Their care plan contained detailed and relevant information for staff concerning its impact on the person and the care and support needed to reduce it. For example, the epilepsy care plan contained a 'before/during/ after' section to describe possible triggers to seizures, in addition to information on how seizures presented themselves. There was also information for staff on actions to take following seizures. Another person's care plan had detailed information about the psychological support they needed from staff and staff were aware of this. There were people who were living with diabetes and there was guidance in the care plans on the signs staff should look out for should the person become unwell. Another person had a balloon gastrostomy tube in place. This involved the placement of a tube through the abdominal wall and into the stomach through which nutritional liquids and medicines are placed. We noted staff were knowledgeable about the management of these and the appropriate guidance was in place in the care plan.

We asked staff what they understood by the term 'person centred care'. One staff member told us, "It's making sure people have everything they need to live a normal life". Another staff member said, "It's making the best for people, to give them a good quality of life". Staff told us that they completed a handover session after each shift which outlined changes to people's needs. One said, "We need to know the most up to date care because if someone has had an incident and we don't know we could move them and hurt them." Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and any action taken. The staff had up to date information relating to people's care needs.

People were positive about the range of activities on offer at the service. One person said, "There is enough for me to do. All sorts of things. Going to arts, drawing and painting. I like watching the birds and squirrels from my room as well." Another said, "There is plenty to do and staff always encourage me to take part." A third told us, "You get to go out on trips. I went out yesterday. I went to Bird World and it was excellent."

We asked staff about activities and meaningful occupations at the service. One staff member told us, "There's lots going on. We're lucky as there are dozens of volunteers. We have five vehicles and plenty of drivers". Another staff member said, "Most of the trips out have been in the summer but there are going to

be things all year round now. That's a good thing because although it's lovely round here, it's very isolated".

We observed several activities taking place in the activities room, painting, reading, and a large crossword game with two volunteer workers organising this. Other staff were on a one to one with people undertaking other activities including one member assisting a person to read the paper. Two people were checking the biscuits they had made the day before. Outings were arranged three times a week and people told us that they enjoyed this. Events were also arranged at the service. The previous week a fun day had been arranged at Hydon Hill with other Leonard Cheshire services. Games were played and competitions took place which people said they enjoyed.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People told us that they knew how to make a complaint. One person said, "When I have made a complaint they put it right." Another told us, "I would go and see (The registered manager). I feel listened to and I never have any concerns." We reviewed the complaints at the service and saw that they had been resolved to the person's satisfaction. One person asked for the room to be repainted and the registered manager arranged for this to be done. The staff members we spoke with were clear about their responsibilities in the management of complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them. One staff member said, "I would tell the manager if someone had a complaint". Another staff member told us, "It depends what it is. If it's something I can fix straight away, I will. I don't think it's a good idea that things become formal complaints. The manager is always available and we have meetings so residents and relatives can have their say".

Good

Is the service well-led?

Our findings

People were happy with the management of the service. Comments included, "(The registered manager) is very nice, very smiley. I smile at him and he smiles back. It's nice"; "(The registered manager) is brilliant. He has helped me a lot. You can have light hearted banter with him", "'He brings himself in on everything, he's knows everyone's names and constantly checks", "'The manager goes round rooms and says 'are you ok?' and 'do you need anything?' and 'this weekend do you know who to ask?' he makes sure everything is in place before he goes off duty."

We saw the manager interacted with people during the day of the inspection and ensured that their needs were always the priority. We observed the manager saying goodbye to a member of staff and thanking them for their efforts. We saw during the inspection that the registered manager had an open door policy, and actively encouraged people and staff to voice any concerns.

Senior staff engaged with people and had a lot of knowledge about the people living at the service. At the end of the inspection the registered manager updated us on matters that we had brought to their attention during the inspection to ensure us that these had been addressed. For example we noted that there was an incident document missing from the folder. The registered manager ensured this was located before the end of the inspection.

There was a system of audits being used to improve the quality of care. Internal audits were used to look at the environment, medicines management, call bell audits, health and safety, infection control and service vehicle checks. Where concerns had been identified there was a schedule of actions to be taken which were reviewed regularly. We saw that the dining room had received a deep clean as a result of an audit, training for staff had increased where gaps had been identified and one to one supervisions had been undertaken where shortfalls had been noted. The provider also undertook audits of the service where 'Inspection' style checks were undertaken in line with the five key questions that CQC inspect against. Actions were raised as a result of the audit. For example the statement of purpose needed to be displayed in the front office and we saw that this was in place. Complaints needed to be recorded electronically and we saw that this had been implemented.

We looked at how the provider formally sought the opinions of people using the service. We noted satisfaction surveys were given to people to complete and return. We looked at 26 of these, completed and returned in March 2017. People expressed a high degree of satisfaction, particularly in the areas of staff attitudes and quality of care.

People and relatives confirmed they attended regular meetings and were asked their views on the running of the service. One person told us, "We have residents meetings and we are certainly listened to". Another person said, "They (staff) all listen to me, no doubt about that." We saw the minutes of the meetings that took place. We noted that discussions took place around recruitment of staff, the environment, activities, food, how to make a complaint and events taking place. As a result of things that people raised we found that changes had been implemented. For example flavoured waters had been bought for people, new

mattresses had been purchased and new activities had been introduced. People had fed back that they preferred staff not to wear uniforms at the service and this had been agreed.

Staff morale was good and they worked well together as a team. One member of staff said, "We work well as a team. If the carers are struggling a team leader will help out." Another told us, "There is good team work between nurses and carers." We asked staff if they thought the service was well-led. One staff member told us, "Yes, it is. The change happened almost as soon as the new manager arrived. They've made such a difference". Another staff member said, "It's such a relief to have a manager and deputy who know what they're doing. Things have improved so much; this place wasn't well run before but it is now". A third told us, "(The registered manager) is very supportive. "Another member of staff said, "He is the best manager we have ever had."

We saw the minutes of staff meetings where staff were invited to discuss any concerns they had or raise useful suggestions to make improvements. Staff told us they felt valued which impacted on how well they undertook their role. One told us, "I'm agency staff but I still feel my opinion matters. I don't have to work here. I could go somewhere else but I don't want to. The manager will ask me to do something and let me get on with it. If I need help, it will be there. The manger checks too, to make sure it's done right". Another told us, "The manager is very good at saying thank you very much and you have made a difference." One member of staff said that they approached the registered manager about how one person had behaved towards them and said that he went and spoke to the person about this. They said, "That made me feel listened to and appreciated."

Staff understood the values of the service. One member of staff said, "I love every bit about caring here. It's a pleasure to see people progress, smiling and laughing." Another told us, "This is a home and to me if feels like home. I feel like I could live here. This was reflected in what we observed on the day. Staff had regular meetings and they felt that the managers listened to them. One staff said, "We have regular meetings and our feedback is valued. The opinion of staff is asked for."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.