Prestige Care Limited

Parkville Care Centre

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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

We inspected Parkville Care Centre on 19 August, 3 and 10 September. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

At the last inspection on 30 January 2015 we found the home did not meet the Health and Social Care Act 2008, regulation 10: Assessing and monitoring the quality of service provision; regulation 15 Safety and suitability of the premises; regulation 18 Consent to care and treatment; and regulation 20 Records. The provider sent us an action plan that detailed how they intended to take action to ensure compliance with these four regulations.

Parkville Care Centre is a residential and nursing care home that can accommodate up to 94 people. The service is divided into two buildings and both have two floors. One building supports older people with general care needs. The other building supports older people with dementia care needs, which includes providing nursing care on the top floor of the unit.

Summary of findings

At the last inspection a new manager had just been in post a week. The manager has now become the registered manager for Parkville Care Centre. 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 since the last inspection staff had received additional training around the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. We found that the care records were now providing this level of information and staff were much clearer about their roles and responsibilities under the MCA. The registered manager had ensure that additional training had been provided and staff had familiarised themselves with the MCA code of practice.

We found that some people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. The registered manager had taken action to ensure where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been sought. Staff could now inform us as to which people were subject to DoLS authorisations.

However, we found that staff needed to be more proactive when DoLS authorisations were about to lapse in order to ensure there was a smooth continuation of the DoLS. We found that staff had recorded information about the DoLS authorisation and expiry date in each individual's care records but were not taking action to find out from the senior staff if DoLS authorisation renewal were in place. We saw that the senior staff kept the DoLS authorisation information in the office and did contact the supervisory body but got no confirmation from the supervisory body that extensions to DoLS authorisations were agreed prior to the paperwork being received at the home. We found that in light of this lack of clarity staff were not making urgent DoLS authorisations. This meant that there were periods when the DoLS authorisation had lapsed and therefore people could have been illegally subject to a deprivation of liberty.

We saw that assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others.

These assessments were used to create support plans for staff to follow whilst people used the service. We found that staff now ensured these were updated and altered as people's needs changed. Staff were able to discuss in-depth the support each person needed and how they worked with people. However we found that they were still completing work to ensure each care record clearly recorded people's individualised care.

At the last inspection we found that many areas of the building were in need of refurbishment. The registered provider submitted an action plan outlining how they intended to improve the environment. At this inspection we found the registered provider had addressed the urgent matters and was continuing the programme of refurbishment. The registered manager told us that the registered provider visited on a weekly basis and reviewed the works to the home. The registered manager told us that because the registered provider was so involved in the home they had found that the refurbishment plan was on track to be completed by early next year.

On the first day of the inspection we highlighted to the registered manager that some equipment such as shower chairs were no longer fit for purpose. These had been replaced when we returned but the system for staff reporting these matters needed to be enhanced. The registered manager recognised the reporting system needed to be improved and was using daily 'flash' meetings to get the message to staff that if equipment was needed this could readily be obtained.

We found that the registered manager had improved the systems for monitoring and assessing the service and now was in the main able to identify the weaknesses in the delivery of the service.

Throughout the inspection we spent time with people in each of the units. We found that people required varying levels of support. We saw that staff provided people with support to manage their day-to-day care needs and on the whole staff had taken appropriate steps to ensure people received care and support, which was tailored to their needs.

Summary of findings

We found that the activity co-ordinator was very proactive and constantly engaged people in stimulating and meaningful activities. These were designed to ensure people remained as independent as possible and the activities gave them a sense of purpose.

Throughout the day on all the units we observed the care and support people received and saw that they were treated with respect and dignity.

People we met were able to tell us their experiences of the service. They were complementary about the staff and found that home met their needs. People told us that they felt the staff genuinely cared about them and ensured the service met their needs. They told us that they made their own choices and decisions, which were respected by staff.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that individual preferences were catered for and people were supported to manage their weight and nutritional needs. We saw that people living at Parkville Care Centre were supported to maintain good health.

We saw there were systems and processes in place to protect people from the risk of harm.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them.

People and the staff we spoke with told us that there were enough staff on duty to meet 61 people who used the service's needs. They found the staff worked very hard and were always busy supporting people. A nurse, three senior care staff and eleven care staff were on duty during the day. A nurse, three senior care staff and five staff were on duty overnight. The registered manager, deputy manager, clinical lead worked five days a week, We found information about people's needs had been used to determine that this number of staff could meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people who had diabetes. We found that the staff had the skills and knowledge to provide support to the people who used the service. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs.

We found that all relevant infection control procedures were followed by the staff at the home.

We found the provider was breaching two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to adhering to the requirements of the Mental Capacity Act 2005, assessing the performance of the home, maintenance of the building and the records. You can see what action we took at the back of the full version of this report.

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.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Requires improvement

The service was not always effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. These plans were tailored to meet each individual's requirements but needed to be more person-centred.

Staff had improved their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However they needed to ensure evidence that they had actively pursued renewals of DoLS authorisation was available and where these had lapsed appropriate action was taken.

People were provided with a choice of nutritious food, which they choose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their privacy and dignity were promoted.

Summary of findings

Is the service responsive?

Requires improvement 

The service was not responsive.

People, who were able, were involved in a wide range of everyday activities. People were encouraged and supported to develop their skills.

Although staff were working to provide person-centred care records this was in the early stage of development and needed to be incorporated in every person's care record.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

Is the service well-led?

Good 

The service was well led.

A registered manager was now in post. We found that the registered manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

We saw people were encouraged and supported to be involved in every aspect of the operation of the service.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Parkville Care Centre

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 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.

We inspected Parkville Care Centre on 19 August, 3 and 10 September. This was an unannounced inspection and the inspection team consisted of an inspector, two specialist advisors one who was an occupational therapist and the other was an independent advocate for people who lived with dementia.

Before the inspection we reviewed all the information we held about the home and discussed the service with the local commissioners.

The provider was not asked to complete a 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 inspection we met and spoke with 18 people who used the service, four relatives. We also spoke with the registered manager, deputy manager, clinical lead, two nurses, five senior carers, 14 care staff, the cook and a domestic staff member.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at ten people's care records, eight recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the whole of the home.

Good

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. People told us that they liked living at the home and found that staff ensured the service met their needs. People said, "I think the staff are very good and do a good job." And, "I think this home is run smoothly and staff certainly know what they are doing." And, "I like living here and think I made a very good choice, as staff always make sure I am well and I have everything I need."

Relatives told us that they thought the staff provided care that met people's needs and kept individuals safe. Relatives said "I am very pleased with the service my relative receives." And, "I find that the staff always go the extra mile and since the new manager came to the home this care has got even better." And, "Everytime I visit, which is often I find that my relative looks well, is clean and well fed."

At the last inspection we found that throughout the home the paintwork, carpets and décor needed renewal. We found that many of the baths were very low and their height would require staff to kneel down to assist people to bathe. Also we saw on the dementia unit some work had been done to make the environment dementia friendly with a small wall on both units housing a shop front. However this was the only work completed and perspex on the front of the shop fronts meant people could not actually use the items. No appropriate signage was in place or use of contrasting colours to assist people to independently find their way around. Also on the downstairs unit staff locked off the dining room so only one communal area was available for people.Following the inspection the registered provider supplied an action plan detailing the refurbishment plans and timescales for the works.

At the inspection we found that the urgent works had been completed so adapted baths had been installed, shower rooms repaired, areas of the home redecorated and action had been taken to make the environments more appropriate and adapted to meet the needs of the people within the units. The registered manager told us this work was not complete but they were on track for ensuring all work was completed by the New Year. The registered manager explained that the registered provider visited on a weekly basis and reviewed how the refurbishment works. The registered manager told us that they found these visits to be very productive and if they needed additional items or funds this was always readily available.

We found that a risk assessment of the building in terms of ensuring the safety of the staff and others had been developed. The registered manager used this to assist staff to learn how to identify actions they might need to take to ensure people's safety.

Staff told us that they regularly received safeguarding training. We saw that all the staff had completed safeguarding training this year and in each previous year. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. We saw that abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on a bi-annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We saw records to confirm that the fire alarm was regularly tested to make sure it was in working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is

Good

Is the service safe?

a check that items such as televisions are safe. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. This ensured staff had all the guidance they needed to help people to remain safe. The people who used the service and staff discussed the risk assessments and outlined how and why measures were in place. People told us that the plans assisted them to consider the consequences of actions and the action they could take to keep themselves safe.

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the home. People who used the service told us that they were involved in the recruitment and selection process and had interviewed staff. They told us that they had wanted to be a part of the panel that interviewed the registered manager but unfortunately that spot had been taken by another person who used services so they had interviewed the new senior care staff. We found that the home had a very stable staff team.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. They found the staff worked very hard and were always busy supporting people. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We found that for the 61 people who used the service the core staffing level was a nurse, three senior care staff and eleven care staff were on duty during the day and a nurse, three senior care staff and five staff were on duty overnight. We found information about people's needs had been used to determine that this number of staff could meet people's needs. Additional staff such as two activity coordinators, the cook, kitchen assistant, domestic and laundry staff were on duty during the day. During the week days the registered manager, clinical lead, deputy manager and an administrator were also on duty.

Staff obtained the medicines for the people who used the service. Each person's medicines were kept securely in their room. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We spoke with people about their medicines and said that they got their medicines when they needed them.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Each person had an up to date Personal Emergency Evacuation Plans (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment.

We spoke with one of the domestics who told us they were able to get all the equipment they needed and we saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely. The domestic staff completed the deep cleaning and ensured infection control measures were in place.

Requires improvement

Is the service effective?

Our findings

We found that some people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. The registered manager had taken action to ensure where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been sought. Staff could now inform us as to which people were subject to DoLS authorisations.

However, we found that staff needed to be more proactive when DoLS authorisations were about to lapse in order to ensure there was a smooth continuation of the DoLS. We found that staff had recorded information about the DoLS authorisation and expiry date in each individual's care records but were not chasing up renewals or asking if the senior staff had submitted DoLS applications to the supervisory bodies. We found that the senior staff kept the DoLS authorisation information in the office and did contact the supervisory body. They told us that the supervisory body was not able to process the applications in a timely manner. We found that staff had not obtained confirmation from this team around being allowed to extend DoLS authorisations prior to the paperwork being received.

We found that DoLS authorisations had lapsed and staff were just accepting that they could continue to deprive people of their liberty without the appropriate authorisation being in place because they thought the supervisory body had this in hand. This assumption had led to recent confusion when a person had died whilst their authorisation had lapsed. At that time the coroner had explained to them that without the approved authorisation the person could not be considered to be under the framework of a DoLS authorisation. We found that this had not changed staff practice yet we would have expected that in light of this discussion with the coroner staff would have been seeking urgent DoLS authorisations for all the people who still needed this level of restriction but their authorisations had lapsed. We found that there were periods when people could not be subject to a deprivation of liberty because they had no DoLS authoriation and staff had not taken the actions to ensure their actions did not amount to illegal detention.

This was a breach of Regulation 13 (5) (Safeguarding service users from abuse and improper treatment), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training but were unclear about the requirements of the Act. We found that there was no information to show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finances. No records were in place to show that staff completed capacity assessments where appropriate and made 'best interest' decisions. At this inspection we found that the care records were now providing this level of information and staff were much clearer about their roles and responsibilities under the MCA.

The registered manager had ensure that additional training had been provided and staff had familiarised themselves with the MCA code of practice. We found that staff were now able to outline in detail the actions they needed to take in respect of meeting the requirements of the MCA and the care records now provided the information about best interest decisions and legal authority relatives had around making decisions for people.

The people and relatives we spoke with told us they thought the staff were provided a service, which met their needs. We heard that relatives were on the whole confident that each person was effectively supported. They told us that the staff worked very closely with them and always kept them informed of any changes in their relative's condition.

People said, "The staff are really good and I think they really understand how to meet people's needs." And "I can always get a hand when I need it." And, "The staff are a god send."

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received in the last few months such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the registered manager if they felt they had additional training needs and were confident that the provider would facilitate this additional training. The

Is the service effective?

registered manager discussed the action they had taken to ensure the training was fit for purpose and met staff needs. The registered manager explained how they and the operational manager had sat in on training sessions to check that it met their specifications and following this review had changed the training provider.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff received a wide range of training that was relevant to their role. Virtually all the staff were up to date with mandatory training and plans were in place for the remaining staff to complete this training. We confirmed that all of the staff had also completed any necessary refresher training such as for first aid. We also found that the provider checked that staff applied the learning to their practice and was ensuring staff received training around people's health conditions such as diabetes.

We found that most of the staff had completed an in-depth induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff. We found that plans were in place for the most recently recruited staff to complete the induction.

Staff we spoke with during the inspection told us they regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. We saw that competency checks had been completed with nurses and those staff who assisted people to eat.

At the last inspection we had found some inconsistencies in staff practices such as times people rose and their access to drinks. We found that the registered manager had proactively addressed this matter and discussed practices at staff meetings and during the daily morning meeting. We found that when we started the inspection we found that people who were up had been given cups of tea and jugs of juice were available. Thoughout the home we saw staff were all frequently offering people drinks. We observed the care and support given to people over lunch. We observed that people received appropriate assistance to eat. People were treated with gentleness, respect and were given opportunity to eat at their own pace.

The care plans showed evidence of risk assessments, assessed needs, plans of care that were underpinned with evidence based nursing; for example people who were at risk of losing weight had monthly assessments using a recognised screening tool. We saw that MUST tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed. Where people had lost weight staff were contacting the GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake.

Good

Is the service caring?

Our findings

All the people we spoke with said they were extremely happy with the care and support provided at the home. People discussed at length their views on the service and how they thought the care being received was very good.

People said, “We can have a joke and a laugh with them.” And, “You can’t get better staff , they always treat you with respect and so very kind.” And, “I am totally content. It is a lovely place and everyone goes out of their way to make sure you’re alright.”

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff we spoke with described with great passion, their desire to deliver high quality support for people and were extremely empathetic. Staff on all the units were seen to use a wide range of techniques to develop strong therapeutic relationships with people who used the service. We found the staff were warm and friendly.

Staff showed good skills in communicating both verbally and through body language. We saw one person who was finding it difficult to get comfortable in their chair and staff were alert to this and without the person needing to ask went straight over to help. Observation of the staff showed that they knew the people very well; could anticipate needs, appropriately support people if they were becoming anxious; and support people to attend to their personal care in a dignified manner.

The staff were also skilled in communicating with people who had hearing impairment; they approached them slowly; spoke clearly and checked that they had heard before moving away.

The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. We found that the registered manager visited each unit on a regular basis throughout the day; was very aware if a person was not feeling well; and took an active role in ensuring people received the appropriate care and treatment.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. We saw that staff treated people with respect. We saw that staff knocked on people’s bedroom doors and waited to be invited in before opening the door.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join, or when to get up. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

The service also promoted people to be as independent as possible. We saw that people routinely went out of the home on their own into town and to local clubs.

We found that the registered manager reviewed current guidance around supporting people living with dementia and took action to ensure staff used it. The registered manager had previously run a specialised service for people, who lived with dementia, which we found had incorporated best practice dementia care guidance. We saw that some of this learning had been incorporated to both staff practices and the environment since the last inspection in January 2015. The registered manager discussed their current ongoing plans for improving the dementia care units.

Requires improvement

Is the service responsive?

Our findings

Since the last inspection we found that the registered manager had taken action to ensure that the care records were reviewed and up to date. These care records now provided evidence to support staff to meet people's needs, however the registered manager and staff recognised that these needed further work to ensure they were person-centred. The clinical lead and a senior showed us examples of the new care records they were introducing, which we found would be much more informative. However, we found that if people displayed needs outside of the usual range seen such as particular behaviour that challenge; decisions not to take medical advice; or were making decisions that they found particularly distressing this was not reflected in the care records.

From discussion with staff we found that these matters were discussed in meetings. However, when we asked new starters about these particular arrangements they were unclear of the specific action they needed to take. For instance one person regularly gets a take-away but does not leave their bedroom so we asked how the person pays for meal and the staff did not know if they were supposed to let the delivery person take the meal to the person's room, accept money from the person to then go and pay or get a senior member of staff to deal with the matter. We found that this lack of specific information made it difficult for all staff to provide person-centred care.

This was a breach of Regulation 9 (3) (Person-centred care), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that a range of stimulating and engaging activities were provided at the home. The activities coordinators had linked into a wide range of local resources, which included clubs and societies as well as people who used the service volunteering to operate the home's shop and sell raffle tickets. People confirmed there was a good choice of activities and we saw people take part in the coffee morning. We heard that, if people wished they could go to various activities in the local area such as to the theatre, sporting events and sightseeing trips.

People said, "The activities staff are good and think of interesting things for us to do," And, "the activities co-ordinator has a heart of gold. They went way above the call of duty when it comes to special birthdays like your 100th and makes sure we get messages from the Queen and local dignatories."

We found that resident and relative meetings were held two monthly and reviewed the minutes from the recent meetings. Within the minutes were saw that people were asked consistently for their views about the operation of the home and where improvements could be made such as activities and action was taken to incorporate this into the plans. We did find again that with only two activity coordinators it was difficult for all four units to have activities delivered on each unit each day. The registered manager told us this was an area they were reviewing and had looked at how staff could work alongside the activity co-ordinator and become more active in providing stimulating and meaningful activity on each unit.

We saw records to confirm that people had health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with relevant healthcare professionals. For instance where people had lost weight, the staff had contacted the GP and dieticians who assisted staff to support people to maintain a healthy diet.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. We saw that the complaints procedure was written in plain English. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that where formal complaints had been made in the last 12 months these had been thoroughly investigated. The registered manager had a solid understanding of the procedure and showed us evidence to demonstrate that they not only investigated the matter but to steps to make sure the matter was fully resolved and the measure in place to do this remained effective.

Good

Is the service well-led?

Our findings

People who used the service we spoke with during the inspection spoke highly of the service, the staff and the registered manager. They told us that they thought the home was well run and completely met their needs. Relatives told us that they found the staff recognised any changes to individual's needs and took action straight away to look at what could be done differently.

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the care delivered was completely person centred.

People said, "My relative is happy and the staff are very good." And, "This manager is excellent and really easy to approach to discuss issues and make suggestions to." And, "The new manager really does care about my relative and when they have been unwell constantly pops in to make sure they and us are ok. I have never experienced such consideration before."

Staff told us "The manager has high standards and we do too." Another member of staff said, 'People enjoy working here that's why people stay." And, "Since the new manager came we have started to have, what's called 'flash meetings' every day. These the manager uses to tell us what has been going on and he tells us everything which is fantastic. It means we are fully aware of any concerns. Previous managers would never tell us anything" And, "The manager is very supportive, and you feel valued by him. He really takes an interest and recently helped me alter my shifts so I could deal with a personal issue."

All the staff members we spoke with described that they felt they were a crucial part of the team.

The staff we spoke with described how the registered manager and senior staff constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. The meeting minutes and action plans were reviewed confirmed that staff consistently reflected on their practices.

Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. We found the registered manager to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

We found that the registered manager closely monitored staff performance and capability. When needed they took appropriate action to support staff to improve or if this could not be achieved they took appropriate action when terminating people's employment.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. The manager ensured staff kept up to date with the latest developments in the field. We found that the manager had a detailed knowledge of people's needs and explained how they continually aimed to provide people with a high quality service.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. They had reviewed the systems in place for monitoring the service, and taken action to improve these systems. We found that the changes had made the system effective and if gaps were identified the registered manager quickly ensured this addressed. The registered manager completed monthly audits of all aspects of the service, such as infection control, medication, learning and development. We found the audits routinely identified areas they could improve upon and the registered manager clearly detailed the action that had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **People who use services must not be deprived of their liberty without lawful authority.**

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered provider must ensure care records clearly identify that the design of the care and treatment meets their individual needs.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.