Shire Care (Nursing & Residential Homes) Limited

Churchview Care Home

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

Churchview Care Home is registered to provide accommodation and personal care for 30 older people, some of whom may be living with dementia. The home is a detached property which has been extended since it was built. It is situated in the village of Great Coates close to Grimsby. On the day of the inspection there were 20 people using the service.

We undertook this comprehensive inspection on the 15 December 2016. At the last inspection on 7 and 8 December 2015 we found the registered provider was in breach of two of the regulations we assessed. We issued requirement notices for concerns around the management of risks to people's safety and shortfalls with the governance systems in place.

During this comprehensive inspection we found improvements had been made in all areas so that the overall rating for the service is now 'Good'. We have kept the rating for 'Caring' as Good and changed the rating in the individual domains for 'Safe', 'Effective', 'Responsive' and 'Well- led' to Good, because of the improvements made.

The service had a registered manager in post. 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 improvements in the way the service was managed. The quality monitoring system had been reviewed and strengthened. The registered manager had more oversight and involvement in the day to day running of the service and people who used the service and staff benefitted from the organisational changes. Staff confirmed morale had improved.

We found risk assessments were completed more accurately and updated when people's needs changed. This enabled staff to protect people's safety and minimise risk more effectively.

Improvements had been made throughout the service with redecoration, refurbishment and everywhere was clean and fresh.

People told us they felt safe living in the service. We saw staff interacting with people and they did so in a kind, caring and sensitive manner. Staff showed good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. People's medicines were stored safely and administered as prescribed.

Overall, we saw there was enough skilled and experienced staff on duty to meet people's needs. Following the inspection the operations director confirmed they had reviewed the deployment of staff ensuring staff breaks were properly planned and communal areas were monitored more effectively. An additional member

of staff would be provided at tea-times.

We found staff were recruited safely although some documentation could be improved regarding the decisions made. For example, when there were issues on disclosure and barring service checks but employment still went ahead.

Staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills. Staff told us they felt supported by the registered manager and confirmed they had received formal supervisions and appraisals of their work.

We found staff ensured they gained consent from people prior to completing care tasks. They worked within mental capacity legislation when people were assessed as not having capacity to make their own decisions.

People told us they were supported by kind and caring staff who knew their preferences for how care and support should be delivered. During observations it was clear caring relationships had been developed between the people who used the service and staff. People's privacy and dignity was respected by staff who encouraged people to be independent and make choices and decisions in their daily lives.

People's needs had been assessed before they moved into the service and they had been involved in formulating and updating their care plan. The care files we checked were individualised and reflected people's needs and preferences in good detail. They had been reviewed and updated on a regular basis.

People liked the meals provided to them and their nutritional needs were met. Staff worked closely with health and social care professionals to ensure people received effective care.

We saw people were encouraged to participate in a range of activities at Churchview Care Home and to maintain their independence where possible. Relatives told us they could visit at any time and we saw staff supported people who used the service to maintain relationships with their family.

No complaints had been made to the registered manager or registered provider. People we spoke with knew how to raise concerns and told us they would be confident to do so. There were systems in place to enable people to share their opinion of the service provided and the general facilities at the home.

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.

Risks to people were appropriately assessed and managed. People received their medicines as prescribed.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Staff were recruited safely and were employed in sufficient numbers in order to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People were able to make choices about aspects of their lives. When they were assessed as lacking capacity for this, the registered provider acted within the principles of the Mental Capacity Act 2005.

Staff had access to training, supervision and support to help them feel confident when supporting people.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. The service had good links with health and social care professionals and appropriately referred people for more specialised support if this was needed.

Improvements had been made to the quality of the environment to provide people with a more comfortable place to live.

Is the service caring?

Good

The service was caring.

People's dignity and privacy was respected and people were supported to be as independent as possible.

People told us they were well cared for. Care staff were kind and compassionate and had a positive rapport with people who used the service.

Confidentiality was maintained and personal records held securely.

Is the service responsive?

Good

The service was responsive.

Assessments were completed and care plans were produced in a person-centred way which helped to guide staff in how to support people in the way they preferred.

There was a range of activities provided which helped people to have meaningful occupation and stimulation.

There was a complaints procedure and people felt able to raise concerns in the belief they would be addressed.

Is the service well-led?

Good

The service was well-led.

The registered manager had made improvements to the quality monitoring systems to support the continued development of the service. The culture of the organisation was more open and inclusive.

Staff told us that morale had improved; they worked well as a team and had an enthusiastic approach to their work.

Meetings were held to enable people who used the service, their relatives and staff to express their views about the service.

Churchview Care 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by two adult social care inspectors and took place on 15 December 2016.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection, we spoke with the local safeguarding team and the local authority contracts and commissioning team regarding their views of the service. There were no concerns from any of these agencies.

During our inspection visit we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service and four relatives. We also spoke with the registered manager, operations director, a senior care worker, two care workers, the domestic supervisor, a domestic, laundry assistant, activities coordinator and the cook.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to them such as accidents and incidents and the medication administration records (MARs) for 20 people. We checked how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest

meetings were held in order to make important decisions on their behalf.

We also looked at a selection of documentation relating to the management and running of the service. These records included three staff recruitment files, the training record, the staff rota, supervision logs, minutes of meetings with staff, relatives and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We conducted a tour of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in Churchview Care Home and staff treated them well. They said staff responded in a timely way when they used the call bell and they received their medicines on time. Comments included, "Yes I feel safe here", "They [staff] check on me regularly and see I'm okay", "I trust all the staff, they are really good", "There seems to be plenty of staff on duty", "I'm never kept waiting if I ring my buzzer" and "I get my tablets on time, they ask me if need any pain killers all the time."

Comments from visitors we spoke with included, "It's a lovely place and you have all made [Name] so welcome and very safe", "I am satisfied my relative is safe in this establishment", "Always enough staff on duty", "Staff are always around checking everyone is safe and happy" and "The home is very clean and there are no odours."

At the last inspection on 7 and 8 December 2015 we found risks to people's health, safety and welfare were not appropriately assessed and managed. This meant there was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a requirement notice. At this inspection we found improvements had been made. We found care and support was planned and delivered in a way that better promoted people's safety and welfare. A more comprehensive assessment of the risks each person was exposed to was now undertaken by the service. People's risk assessments were more accurate and reviewed regularly, they provided guidance for staff in how to keep people safe and minimise the risks associated with specific activities of daily living. These included areas such as moving and handling, falls, pressure damage, nutrition, swallowing difficulties and the use of equipment such as bedrails.

We also noted specialised equipment had been provided where a risk had been identified which included pressure relieving cushions and air mattresses. Our checks of care files indicated the risk assessment processes and staff actions were successful in minimising the risks to people's health and welfare. Staff we spoke with understood the risks presented by people we asked them about.

We found risks in relation to the building were better managed, with new risk assessments in place for the interior of the building and also the grounds. For example, a warning notice was now in place on the door which opened from the stairway into the corridor, which helped to alert people and support their safety.

Staff demonstrated a good understanding of people's needs and how to keep them safe. We observed staff supported people to move around safely using equipment such as walking sticks, frames and wheelchairs. Equipment used in the home was serviced at intervals to make sure it was safe to use and contingency plans were in place for emergencies.

We saw accidents and incidents were investigated and appropriate action was taken to prevent their re-occurrence. For example, outcomes showed the involvement of healthcare professionals and the introduction of technology such as sensor mats, following a fall.

We looked at the number of staff that were on duty and checked the staff rosters to confirm the numbers

were correct. The registered manager told us they used a dependency tool to assist with the calculation of staff needed to deliver care safely to people. The registered manager told us staffing ratios were based on the occupancy and dependency of people who used the service. The new operations director confirmed they were currently reviewing the staffing tool for the organisation to provide a more consistent approach. On the day of our inspection there were 20 people who used the service. The staffing rota indicated there was one senior care worker and three care staff on the morning shift and this reduced to a senior and two care staff on the afternoon shift and two staff on night duty. There were separate staff for facilitating activities, completing catering, domestic, laundry and maintenance tasks and the acting manager and registered manager were supernumerary to the staff rota.

Staffing levels provided during our inspection generally met people's needs. We found staff were attentive and people were not made to wait for care and support, although we did observe there were times when there was no member of staff present in the lounge areas and one person experienced a fall in the morning when staff were not there. Staff we spoke with told us the current staffing levels in the mornings were adequate but they considered they needed more staff on the late shifts to manage people's care needs. Comments included, "Enough on in the mornings but not in the afternoon. We don't always have time to monitor people" and "Although the number of residents has fallen, we have some that are at high risk of falls. We could do with an extra member of staff in the evenings." Following the inspection the operations director confirmed they were working with the senior staff to improve the deployment of staff during the shift, ensuring staff breaks were properly planned and staff were monitoring communal areas of the service effectively. They were also providing an additional member of staff to provide support at teatime, when the activity co-ordinator was not on shift. The new assistant manager would also be working alongside staff assisting with the day to day care needs.

There was a policy and procedure to guide staff in how to safeguard people from the risk of harm and abuse. Staff completed safeguarding training and told us they were familiar with the different types of abuse, the signs and symptoms which may alert them to concerns and how to refer an allegation to the appropriate agencies.

The registered manager confirmed staff turnover had settled since the last inspection. We found staff were recruited safely and in line with the registered provider's policy and procedure. We looked at three staff files and saw people were protected by safe and robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Any issues identified on the DBS check were discussed with the registered manager who made a final decision about employment, although in one instance we found the records of this discussion were minimal and there was no risk assessment completed. The registered manager confirmed they would review the records on file.

We found that the arrangements for the management of medicines were safe and people received their medicines as prescribed. Records showed staff were trained to manage and administer medicines in a safe way and staff confirmed their competence to administer medicines safely had been assessed. Medicines were obtained, stored and disposed of appropriately. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on the equipment in use on a daily basis to ensure the manufacturers guidance was adhered to. Controlled drugs were stored safely in line with current best practice.

We saw the senior care worker followed good practice guidance and recorded medicines correctly after they

had been given. The medication administration records (MARs) we checked had been completed accurately and any handwritten prescriptions had been clearly recorded and witnessed by a second member of staff to ensure accuracy. Some people were prescribed medicines to be taken only 'when required' (PRN), for example, pain relief and medication used for anxiety and low moods. The senior care worker we spoke with knew how to tell when people needed these medicines and gave them correctly. We saw protocols were in place with the MARs which directed staff when these medicines would be required. Supplementary records were completed by staff to record the application of any prescribed topical creams.

Good

Is the service effective?

Our findings

People told us they were able to access health professionals when needed. They also told us they enjoyed the meals provided by the service. Comments included, "The food here is lovely", "There is always plenty of choice at mealtimes, I like the jacket potatoes", "We always get our food on time", "They send for my doctor when I'm ill", "The staff are very well trained, they are very good" and "I think the staff are wonderful they look after me really well."

Relatives we spoke with told us, "Handling of residents is good which shows training standards are adequate", "If there are any medical problems they always ring us and let us know", "The meals look appetising and [Name] says they always enjoy them and there is a good choice", "Residents here are provided with lovely meals and plenty of drinks are given" and "[Name] loves the meals and she is a very fussy eater."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Throughout the inspection we witnessed staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care. In discussions with staff, we found they had an understanding of MCA and the need for people to consent to care provided to them. A member of staff explained, "Some people struggle with making decisions and choices and we explain everything to them about their care and help them to make their own decisions where possible." Another member of staff said, "We always ask people, reassure them and tell them we are there to help. If they decline or refuse care we would try to distract them or go back later and that usually works."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection 13 DoLS applications were awaiting approval from the relevant authority.

Staff we spoke with said they felt they received good quality training which gave them the skills required to meet the needs of the people they were caring for. For example, staff had completed dementia awareness training and told us they now felt more confident in caring with people living with dementia. New staff were subject to robust induction training arrangements. This included a range of role specific training such as Mental Capacity Act (MCA), tissue viability, safeguarding, dignity, dementia and manual handling. They also

received a local induction to the service, its policies and ways of working. New staff without previous experience were also required to complete the Care Certificate. The Care Certificate is a government backed training scheme for staff in social care to ensure they achieve a broad knowledge and skill base.

Staff received regular training updates in relevant training topics. We looked at the service's training matrix record and saw staff training was largely up-to-date. Where training had expired we saw a plan was in place to address with training sessions booked over the coming weeks. The service also supported new and existing staff to achieve national qualifications in health and social care. The continued development of staff ensured the care they provided was effective and in line with current best practice guidelines.

Systems to support and develop staff were in place. The registered manager told us that formal supervisions and yearly appraisals were taking place. Records showed staff had supervision meetings every three months. We spoke with staff about the support they received. They told us they had very good relationships with the registered manager and deputy manager and they felt supported in their roles.

People were supported to maintain good health and had access to healthcare services. They were assisted to access professionals such as the chiropodist, GP, dietician, podiatrists and the district nurse team. Records were made of when the professionals visited and what treatment or advice they provided. In discussions, staff were clear about when to contact health professionals for advice and guidance; they gave examples of the signs and symptoms that would alert them to a person whose health was deteriorating.

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at four people's care plans and found they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice and the person's weight was monitored closely.

There was a choice of foods available to people at each meal. Menus were seasonal, on a four week rota and most of the food was freshly prepared and cooked. A pictorial menu was on display which provided people with information on what food was on offer at each meal. The cook explained how they catered for diabetics and prepared fortified foods for people who were at risk of losing weight. They also provided soft and textured diets for people with swallowing difficulties. We observed people were provided with regular drinks and snacks throughout the day.

We observed the lunchtime experience for people. The dining room was light and airy and the atmosphere was relaxed. People had clothes protectors and plate guards when required. The meal provided looked well-prepared and well-presented and people told us they enjoyed it. Staff supported specific people to eat their lunch by sitting next to them at the table and providing support at a pace which met their needs. We saw some visitors were included and assisted their relative to eat their lunch.

We found improvements had been made to the environment, such as new flooring in the communal areas, new lighting, a new wet room and redecoration of the dining room and some of the bedrooms. We found there had been some adaptations to support the needs of people who used the service. For example, there were grab rails in corridors, toilets and bathrooms and raised toilet seats. There was some use of contrasting paint colours, photographs on doors and pictorial signage to provide orientation for people living with dementia, although the operations director confirmed they had identified this area could be further developed. One person who used the service told us they had a very comfortable bed and always slept well.

Good

Is the service caring?

Our findings

We asked people who used the service if the staff team were caring and treated them with dignity and respect. Comments included, "You couldn't wish for a more caring bunch of staff", "The staff are lovely, they all come and see me and check I'm okay and if I want anything" and "They have a difficult job and they do it really well, they're very kind and patient." When we asked people if they were involved in their care, one person told us, "I have been to some reviews and I know they have information about me but I don't want to see it really, I trust them."

Relatives told us, "The staff can't do enough to help [Name]", "[Name] has stayed in a few homes and never settled, from day one when they moved here the staff have been so caring and helpful, I cannot praise them enough", "On a regular basis the deputy manager keeps us up to date on any changes and always takes us through everything" , "The staff respect our relation's privacy and dignity 110%", "The caring qualities of the staff are excellent" and "Very caring all round, I am sure the staff always respect [Name's] dignity." We spoke with the relative of a person who had recently moved to the service, they told us their family member had settled in really well and the staff were very friendly, kind and nice.

We found Churchview Care Home had a friendly, relaxed atmosphere which felt homely. The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. We observed relatives visiting people throughout the day. The relatives we spoke with told us they were able to visit their family member at any time of the day or night and especially if they were ill.

Staff were attentive to people's needs. We saw that staff communicated well with people who used the service. For example, staff were seen to kneel down beside people to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. We saw if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We observed staff smiled and offered a reassuring hold of a hand, or arm around the shoulder when needed. People responded positively to this.

During observations of care we also saw staff encouraged and supported people's personal preferences and independence. For example, we observed a member of staff gently guiding a person towards the lounge, using clear directions and encouraging language. They asked the person, "Shall we find you a comfy chair, where would you like to sit?" People appeared relaxed and comfortable in the company of staff.

People who used the service confirmed they were free to remain in their rooms and relax as they wished. They told us they chose when they got up, went to bed and how they wanted to spend their time. We saw people and their families had been involved in providing information for their care plans. There were preferences, likes and dislikes recorded. People were listened to and their choices were respected.

Staff described how they upheld people's dignity and treated them with respect. They said, "It's about treating people as individuals and respecting their preferences. We make sure doors are closed before helping someone with personal care and get the towel ready so they can be covered up as soon as needed"

and "I treat people how I would like my family to be treated if they were in a home." There was a notice board in the corridor which had information for people and relatives about dignity initiatives at the service. We spoke with the dignity champion who told us they always kept their eyes open and closely monitored staff support. They described how they had consulted with relatives to encourage them to bring in more personal items to make their family member's room more homely, such as photographs which could prompt conversations with staff.

We saw staff gave people their Christmas cards and sat with them and helped them to open and read them. We heard one member of staff say, "Oh that's a really pretty card" and spent time with the person reading the message and discussing the relative who had sent this. The engagement was very positive.

We saw people who used and visited the service were provided with a range of information. There were notice boards with information about the organisation, staff, activities and events planned. There were photographs of people participating in a range of activities. There were leaflets in reception about the service, how to complain and what the advocacy arrangements were. People had been provided with detailed information packs about the service on admission. The organisation produced a quarterly newsletter which provided people and visitors with information and updates about each of the services.

Staff understood the need to respect people's confidentiality and not discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was written in care plans and discussed at staff handovers which were conducted in private. We saw staff completed telephone conversations with health professionals or relatives in the privacy of an office. We found information was held securely within the service and access was restricted to ensure it was not viewed by unauthorised people.

Good

Is the service responsive?

Our findings

People we spoke with told us they could participate in activities when they chose to and also that they would feel comfortable raising concerns with staff. Comments included, "There are plenty of activities, the activities woman is really good", "She [activities co-ordinator] has got me to go downstairs which is really nice", "I like to stay in my room, it's my choice and they respect that", "I know I can go the manager if I have any concerns or complaints", "I don't have any complaints but I'm sure they would sort them out if I did" and "I have every confidence I would be taken seriously, they are all good people here."

Relatives told us, "We are asked all the time if we want to participate in activities", "There is always something going on, there's plenty planned for Christmas" and "We haven't had any concerns or complaints but feel confident they would be managed properly", "If we have had any concerns, the deputy manager has always gone out of their way to help" and "I talk to the management if there are any concerns. I've mentioned a couple of things and they have always dealt with them straight away."

We saw that before people were offered a place within the service a comprehensive assessment was completed to ensure their needs could be met. Staff recorded information about people's backgrounds and interests which gave them some understanding of the values and preferences of the people they supported. People who used the service, and the relatives we spoke with, confirmed they had been involved in formulating care plans and this was evidenced in the care files we looked at.

We found improvements had been made with the quality of the recording in the care files. Care plans contained detailed information about the areas the person needed support with and any risks associated with their care. The care plans were person-centred and included what was important to the person, how best to support them, likes, dislikes and preferences. For example, one person's plan contained details about their communication needs and support and included information such as "[Name] has difficulty sometimes due to mixing up the words they want to say. Staff to give them time to respond to questions, only ask one question at a time and speak clearly." Another person's care records contained detailed information about how to deal with behaviours that challenged the service, although the distraction techniques could be more personalised. We saw some good examples of care plans being updated following changes in people's needs and conditions.

Staff prioritised the delivery of care to people. For example, when people requested drinks or assistance with mobilising or toileting we saw staff acted on their requests. We observed a member of staff responded straight away when a person became anxious and agitated, they used effective distraction techniques and sat with the person talking to them providing reassurance.

We asked staff how they were made aware of changes in people's needs. They told us there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift and a communication book. Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs.

People were able to access a range of activities. The registered manager confirmed they had recently recruited a second activity co-ordinator to provide additional activities in the evenings. There was an activity programme in place and records showed people had recently participated in activities such as making Christmas cards, manicures, making bird feeders, playing dominoes, bingo, making table decorations and Christmas tree decorations, Scottish dancing, an ice- cream day, pet therapy, decorating biscuits, fish and chip meal and visiting a local school. During the inspection a singer visited to entertain people with carols which we saw they all enjoyed. The activity co-ordinator confirmed they worked 20 hours each week and provided group and one to one sessions with people. From our discussions it was clear they understood people's individual social needs well and had improved the activity programme in recent months to provide a more varied range of crafts, entertainment and games. One person we spoke with told us how much they enjoyed the evening bingo games.

We saw the service had a complaints procedure on display. This told people how to make a complaint and how to escalate it if they were unhappy with the outcome of any complaint investigation. The staff had access to a complaints policy and procedure to guide them in how to manage complaints. This included letters for acknowledgement and forms to record the details of the complaint, investigation and outcome. Records showed that no complaints had been received by the service since we last visited.

Good

Is the service well-led?

Our findings

People told us they felt confident in the way the home was managed. They told us, "I have been asked my views and we do have meetings", "I have filled out a questionnaire, I did it with my son", "I think the deputy is approachable", "All the staff are good and ask if there's anything I need" and "They [staff] come and see me regularly." Relatives told us, "Yes we have been invited to meetings and we think the service is second to none" and "The residents all seem happy and settled here, the atmosphere is welcoming and it's well run."

At the last comprehensive inspection on 7 and 8 December 2015 we found the quality monitoring programmes were not effective and there were shortfalls in the systems to identify and assess risks to the health, safety or welfare of the people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a requirement notice. During this inspection we found improvements had been made to the monitoring of quality and safety in the service and the positive changes were due to more consistent and effective management.

The registered manager had been in post since February 2015 and also managed another service in the organisation. They explained how they had spent more time at this service since the last inspection, working with the deputy manager on a daily basis to make improvements to the management and administration systems. The operations director confirmed they were also based at the service since their recent appointment and provided additional management oversight and support. The operations director discussed the forthcoming management changes and confirmed a decision had been made to provide nursing care at the service. A new assistant manager, an experienced nurse, had recently been appointed to develop this new provision and in time take over the management of the service.

We asked staff about the leadership of the service and they told us there had been lots of improvements and they all enjoyed their work. Comments included, "Everything is more organised now, it's better. You can talk with the managers", "There have been a lot of improvements to the environment with decoration and new furniture; it's much cleaner", "The management are supportive, we are always kept informed of any changes and have regular meetings", "Staff morale is good, we all get on and support each other", "There have been lots of improvements with the facilities, communication and the shifts are more organised."

A range of audits and checks were undertaken by the senior management team. This included checks in key areas of care delivery such as: care records, medicines systems, health and safety, infection control, pressure damage, weights and accidents/ incidents. We found the audit programme had been used more effectively since our last inspection. Audits had been completed more regularly and where shortfalls had been identified action had been taken, demonstrating the results of audits helped reduce the risks to people and helped the service to continuously improve. For example, the audits on care files showed any gaps in recording had been followed up and addressed within the set timescales. The audits of medication systems also showed detailed findings and positive outcomes, and our checks of the medicines systems during the inspection showed they were well managed.

The registered manager showed us the call bell response reports, which provided an analysis of call bell

usage and response times each month. We found that there were no standards set by the management team in relation to expected response times, so the findings could not be monitored and reviewed effectively. The operations director confirmed they would address this.

External quality audits were also undertaken on the medicines system every six months by the pharmacy supplier. The results of these had been positive, with some minor recommendations made which had been addressed. The community matron for tissue viability had completed an audit of pressure damage prevention in April 2016 and the service had scored 93%. The operations director explained how they planned to introduce a more robust quality monitoring programme across the organisation which would provide a more consistent approach and allow the services to share areas of good practice. This would also include more clinical governance oversight at a senior operational level.

People who used the service, their relatives, staff and professionals were also involved in completing questionnaires about their experience of the service and any improvements they would like. We found the results of recent resident and visiting professionals surveys in October 2016 were generally positive about the service, however where shortfalls had been identified, there were no action plans in place to address these. The operations director confirmed the findings of the surveys would be reviewed and followed up.

Meetings were held for residents and relatives in order to gain their input and views of the quality of the service. There were meetings and shift handovers to ensure staff had up to date information about issues affecting the service and people who lived there. Staff were able to participate in the meetings, express their views and make suggestions.

We saw the registered provider and registered manager were aware of their responsibilities in notifying the Care Quality Commission and other agencies when incidents occurred that affected the safety and wellbeing of people who used the service. We received these notifications in a timely way.