J Hayes and L D Hayes Limited

Rivelin Care Home

Inspection report

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Ratings

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

Overall summary

Rivelin Care Home is registered to provide residential and personal care for up to 39 older people who may have dementia related conditions. Accommodation is provided over two floors with both stairs and lift access to the first floor. The home is located in a sea side town and is close to local amenities such as the sea front, library, shops and restaurants.

The service had a registered manager. 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.

This inspection was unannounced and took place over two days. The previous inspection of the service took place on 7 May 2013 and was found to be compliant with all of the regulations inspected.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider had

Summary of findings

followed the correct process to submit applications to the local authority for a DoLS where it was identified this was required to keep them safe. At the time of the inspection four people who used the service had DoLS authorisations in place and the service was waiting for further assessments to be carried out.

Staff supported people to make their own decisions and choices where possible about the care they received. When people were unable to make their own decisions staff mostly followed the correct procedures and involved relatives and other professionals when important decisions about care had to be made.

People were happy and felt safe living in the home. They were treated with respect and dignity and staff displayed a warm and sensitive approach when supporting them. The same respectful and warm approach was extended to people's relatives and visitors.

Staff knew how to identify and report any safeguarding concerns, and also knew of other agencies they could contact if they felt concerns were not being addressed.

People had the opportunity to share their views and opinions and were involved in planning and reviewing their care. They understood how to raise any complaints or issues they had and were confident the right actions would be taken to resolve issues. One person said, "I haven't any concerns but I know they would be dealt with properly, I trust the managers to deal with things."

People were provided with a varied diet that took account of their likes, dislikes and preferences. People told us the meals were good and we saw a choice of food and drink was offered throughout the day. Comments included, "Lovely meals" and "You can ask for anything and they will make it for you, the cook is very good."

People had access to appropriate healthcare professionals and support services. Safe systems were in place to manage medicines and people told us they received their medicines on time.

People praised the staff for their kindness and were satisfied with the care they received. We saw staff engaged with people at every opportunity. Staff had a good knowledge and understanding of people's needs and worked together as a team.

Staff were recruited, trained and supported to meet people's needs appropriately. There were enough staff on each shift to meet people's needs. They understood how to manage risks and protect people from avoidable harm.

A varied programme of entertainment and activities was available; we saw people enjoyed taking part in a quiz, manicures, film afternoon, carpet bowls, shopping trips and flower arranging.

Checks were made on the quality of the service and people's views were obtained through meetings and questionnaires.

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?
The service was safe.

People told us they felt safe and staff knew how to identify and report any safeguarding concerns.

Staffing levels were sufficient to meet people's needs and recruitment processes ensured staff were suitable and safe before they started working with people.

People received their medicines when they needed them and systems in place ensured medicines were managed safely.

Good

Is the service effective?
The service was effective.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met. Where people living with dementia were unable to make decisions about their care, we found capacity assessments and best interest meetings had been completed in some cases but not all.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

People's nutritional needs were met. People told us they enjoyed the food and we saw there was a choice of food and drinks available at all times.

People were supported to access health care services to meet their individual needs.

Requires improvement

Is the service caring?
The service was caring.

Staff had a positive, supportive and enabling approach to the care they provided for people.

People praised the kindness of the staff. We saw people were relaxed and comfortable around staff.

Staff treated people with dignity and respect and engaged with them at every opportunity.

Outstanding

Is the service responsive?
The service was responsive.

Staff knew people's needs well and care was delivered in accordance with people's care plans.

Good

Summary of findings

People enjoyed the activities provided and there was a varied activity programme.

People knew how to make a complaint and complaints were recorded and dealt with.

Is the service well-led?

Good

The service was well led.

The registered manager was visible in the service. People who used the service and staff were provided with opportunities to express their views about how the service was managed.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

Quality monitoring systems worked effectively and resulted in improvements to the service.

Rivelin 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 took place on 24 and 25 March 2015 and was carried out by one adult social care inspector.

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 received this information within the timescale we set. We were not made aware of any additional concerns from the local authority, commissioners or local Healthwatch. Healthwatch is an independent organisation which acts as the consumer champion for both health and social care.

We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with six people who used the service, two care workers, the registered manager, the registered provider, a deputy manager, the cook, the activity coordinator, two visiting professionals and four relatives.

We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

Four people's care records were reviewed to track their care. Management records were also looked at, these included: staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and safety checks on equipment and the premises. We also had a tour of the premises.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I feel very safe living here." Another person said, "They treat us right." People also told us they thought staff knew how best to keep them safe. One person said, "When I'm unsteady, staff are there to make sure I don't fall." Another person said, "They are always checking on us to make sure we are safe, even during the night."

People told us they received their medicines when they needed them. One person said, "They come round, regular as clockwork" and another person said, "They always ask me if I need any tablets for pain relief, they are good like that."

Relatives we spoke with considered the service was safe and there were sufficient staff on duty. One relative said, "There are always staff around and people's bells are answered quickly." Another person's relative said, "Yes there's plenty of staff, always someone in the lounge which is good."

We saw staff were available in communal areas and checked on people who chose to stay in their rooms. We saw staff spoke with people checking if they were comfortable and asking whether they wanted anything. A health care professional who visited the home regularly told us they found there were usually staff around in the communal areas when they visited. People's requests for assistance, either verbal or by way of call bells, were met in a timely manner. Care staff were supported by domestic, catering and maintenance staff which enabled them to focus on people's care needs.

The staff numbers on duty matched the duty rotas. The registered manager advised us the numbers of staff required was calculated on people's needs and this was kept under review. We saw records of dependency levels and staffing calculations which showed this. There was evidence the registered manager had increased staffing levels where necessary. Staff told us they were able to cover any sickness or other absences within the team so that staff numbers did not fall below what was needed.

We looked at the recruitment records for three recently employed staff, which showed safe recruitment practices were followed. We found recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) and references, were obtained before staff began work.

Staff told us they knew how to recognise the signs of potential or actual abuse and they knew how to report their concerns. One member of staff said, "We wouldn't hesitate to report any concerns, people here are very vulnerable, it's our job to protect them." Records showed staff had received training about how to protect people from abusive situations and this training was updated regularly. We found the registered manager and staff had worked with external agencies to address any concerns for people's safety that had been raised.

Staff helped people who used the service to minimise risks to their health and wellbeing. For example, we saw staff supported them to move around safely using equipment such as walking frames and wheelchairs. Staff used hoisting equipment in appropriate circumstances and in a safe way. We saw special mattresses and cushions were available where people were at risk of skin damage to pressure areas. This was in line with the risk assessments and plans in their care records. The risk assessments were reviewed regularly to make sure they reflected people's needs accurately.

We saw staff administering medicines to people individually and completing administration records appropriately. They explained to people what medicines they were taking and offered extra prescribed medicines where appropriate, such as pain relief. Staff demonstrated they knew what to do if people refused prescribed medicines and said they would seek advice from the person's GP if they had concerns about this. Records showed people's medicines were reviewed regularly by their GP.

Training records showed staff were trained to manage and administer medicines in a safe way; the registered manager had completed competency assessments on staff practice. We saw medicines were ordered, recorded, stored and disposed of in line with national guidance. This included medicines which required special control measures for storage and recording. The registered manager told us regular medicine audits were carried out and we saw the audit for February 2015 which was well completed. The

Good

Is the service safe?

registered manager advised the pharmacy also carried out annual audits, the most recent on 3 March 2015. This meant systems were in place to monitor and review the medicines processes and ensure they were safe.

Requires improvement

Is the service effective?

Our findings

People who used the service and their relatives told us the staff were kind and helpful. People were satisfied with how their health needs were met and confirmed they had access to a range of health care professionals. They also told us they enjoyed the meals. Comments included: "They will arrange for the doctor to visit if you're not well", "Staff seem very efficient; they support people very well with their mobility and everything", "The meals are brilliant, he's a very good cook and we can make suggestions", "Very tasty meals, the fish was very nice today", "The meals are good and there's always a choice, I regularly have lunch with my mum" and "Staff respect my decisions. Actually, they always consult me about how I would like my care, even though they know my routines."

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the registered manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. There were four people who used the service who had DoLS authorised by the supervisory body and further applications had been submitted. The DoLS were in place to ensure those people get the care and treatment they need and there was no less restrictive way of achieving this.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly available at the front of the care file. Where some of the forms indicated the person lacked capacity to make this decision for themselves we did not always find that capacity assessments and best interest meetings with families and appropriate clinicians had been recorded.

The registered manager had obtained some guidance about MCA and DoLS for people who used the service in an easy read format, using large lettering and pictures. This meant that people were given information about their rights and restrictions on their freedom in a way that they could understand.

In the four care plans we looked at we saw people had been seen by a range of health and social care professionals, including the practitioners from the community mental health team; GPs; occupational therapists; opticians; dieticians; district nurses and podiatrists. Care staff we spoke with told us the senior staff were quick to respond if people's needs changed and would contact the relevant health care professional. This was confirmed by a GP we spoke with who said the staff could be relied upon to call in healthcare professionals as and when required. Both visiting professionals we spoke with confirmed the staff always demonstrated a good knowledge of people's current needs.

We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before clothing protectors were put on. This showed staff were making sure people were in agreement before any care was delivered.

Staff told us they received regular training and felt well supported by the registered manager and registered provider at the service. One member staff said, "We get a lot of training, we are always doing refresher courses, it's very good." Staff told us they received regular supervision sessions with their line manager which took place every two months and checks on records confirmed this. We saw staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The training included: moving and handling; health and safety; safeguarding vulnerable adults from abuse; fire; infection prevention and control; dignity; medicines management; dementia care; MCA 2005; behaviours which may challenge the service and others; pressure damage prevention; stroke awareness and basic food hygiene. In addition, the senior staff had received advanced training in safeguarding vulnerable adults from abuse and MCA 2005.

Records showed 86% of the care staff had achieved or were working towards a nationally recognised qualification in care. The registered manager confirmed they were aware of the new care certificate, a nationally accredited induction and training programme available from 1 April 2015 and they would be implementing this for new staff.

Requires improvement

Is the service effective?

Staff were able to describe how elements of their training influenced their working practice. For example, they described the ways in which they should seek people's consent, support people's rights, privacy and dignity, and how to communicate effectively with people who lived with dementia.

We observed the breakfast and lunchtime meals. Dining tables were nicely laid with table cloths, condiments and napkins. We saw people were offered a choice of meal and aids such as plate guards and large handled cutlery were provided to help people remain independent with their eating and drinking. The chef confirmed they had coloured crockery to assist people with limited vision or dementia related needs to recognise their food, but they considered no-one required this type of crockery at present. People who chose to eat in their rooms had their meals taken to them on a tray.

Lunch was unhurried and staff spoke reassuringly and kindly to people as they supported and encouraged them to eat. Staff were attentive to the needs of people who required assistance. For example, one person decided to leave the table, having eaten little of their meal, the member of staff followed them with their meal and suggested they eat in their room where it was quieter. When we spoke with the member of staff later, they told us this person had finished their meal in their room, where they were more settled. The registered manager explained how they had introduced two sittings for the lunch time meal service, so people with dementia could be supported in a quieter environment. They confirmed this arrangement was working well and staff had more time to assist people and encourage them.

We saw drinks and snacks were served mid-morning and mid-afternoon. A trolley was brought round with tea, coffee, squash, milkshakes, biscuits and fresh fruit and, in the afternoon, cake. Staff also provided other snack options such as savoury corn snacks which we observed were a popular option.

We spoke with the chef who told us there was always a choice of meal on offer but if anyone wanted something else they would make another alternative. They also told us they were catering for diabetics and explained how they fortified foods for people who were at risk of losing weight and provided soft and textured diets for people with swallowing difficulties. We looked at the weight records and saw staff were vigilant and weighed people who were nutritionally at risk every week to make sure they were maintaining or putting on weight.

We spoke with the registered manager about the latest dementia quality standards and associated guidance issued by the National Institute for Health and Care Excellence (NICE). The registered manager confirmed this guidance had influenced the improvements they had made with activities, the environment and care records.

The ground floor had been decorated to accommodate people living with dementia. We saw dementia-friendly signage was used to identify toilets and bathrooms. The doors and frames to these rooms had been painted yellow and toilet seats were a contrasting colour to aid recognition. Sensory and memory pictures were displayed on the corridor walls and communal areas; these were specifically decorated to stimulate people and some of the items were detachable. One of the lounges had been decorated in a military and royal theme. The registered manager told us they were planning to redecorate this area and provide a sporting theme to prompt and encourage different discussion and interest. The outside space was a secure courtyard, accessed through one of the lounges. We saw this had been decorated to provide visual and sensory stimulation, and although the decoration had been damaged from the winter weather, they planned to replace this again in the summer.

Outstanding ☆

Is the service caring?

Our findings

People who used the service and their relatives told us staff were kind and caring. Comments included, "Staff are first class, always happy and helpful", "Can't praise them highly enough, very caring", "The staff are caring and nice all the time, they always ask me about the help I need", "Most definitely caring" and "We are pleased with how she has settled here, that's down to the staff and how friendly and kind they have been, we are so relieved."

People who used the service told us their privacy and dignity was respected. One person told us staff consulted them about their preference for a male or female carer to support them with their personal care. A relative told us, "I'm on the dignity committee, we recently arranged a day to focus on this, we invited relatives and involved residents, and it was really good." Another relative said, "Staff are always very polite. I've seen they always knock on bedroom doors before they enter. Mum looks nice when I come, they make sure her clothes are matching and her hair is done, they know that's important."

We saw people looked well cared for. People were dressed in clean, well-fitting clothes. Some of the ladies had been supported to wear jewellery and visit the hairdresser during the day. We found the men were well presented and shaved. We heard staff compliment people on their appearance. One member of staff said, "Your hair looks lovely today, I like the way the hairdresser has done it, really suits you." We saw the person respond positively to the comments. When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

We saw staff were patient; they approached people with respect and worked in a way that maintained people's dignity. We saw staff knocked on people's bedroom doors and checked bathrooms and toilets were not occupied before they entered. Staff asked people if they were ready to receive care before they did anything and explained what they were going to do. We heard staff asking people where they would like to sit when they assisted them into the lounge. We saw when staff were offering assistance they worked at the person's own pace and did not rush them. This showed us staff were sensitive to people's needs and welfare.

We observed staff had good relationships with people who used the service and knew their needs well. They treated people with compassion and kindness. We saw staff kneel down to speak with people to communicate at their level and we frequently saw staff using touch appropriately to reassure people by holding their hands or stroking their arms. On occasions some people went to staff for a hug. We observed people responded well to this interaction, often by smiling at the member of staff.

The registered manager explained how members of the night staff had suggested they put on pyjamas and dressing gowns to help support one person's bed time routine, as this person was experiencing difficulties in settling at night time. The night staff have introduced this strategy and the results have been very positive as the person now recognises when it is bed time. This shows the staff have considered and introduced innovative ways of providing person centred care support.

The service had a number of nominated members of staff, people who used the service and relatives to act as 'dignity champions' and we saw a notice board in the main reception area displaying information about how the service promoted dignity. Records showed dignity and privacy was always discussed in both team and general staff meetings. The service had recently celebrated a Dignity Day on the 4 February 2015 where practical demonstrations had taken place with staff in order for them to gain a feeling of what it would be like for people who were not treated with respect. For example, we were told a member of staff was blind folded and supported to walk with a frame to one of the toilets whilst another member of staff walked alongside them moving the frame continually, without explanation. The member of staff then talked about their feelings of vulnerability and confusion as well as the disrespect shown by the staff member. We found many similar examples where staff had been asked to consider how they would feel if their dignity had not been respected such as when they were being fed and transferred using a hoist. Staff we spoke with considered this had been a valuable and insightful experience.

Dignity meetings had been held in November 2014 and February 2015; further meetings were scheduled. The records showed discussions were held around the dignity statement, "Dignity is everybody's business" and a new initiative for making positive and negative comments in relation to dignity standards. The registered manager had

Outstanding ☆

Is the service caring?

introduced a new red card / green card system; green for 'what is good here' and red for 'what to do better.' Records showed people had used the cards to make comments and these were recorded and actioned where necessary. The results were published on the notice board. We found some negative comments had been received about instances when people were observed to have been given drinks, but the staff had not stayed to assist them. We found the registered manager had taken action to address this concern by delegating two members of staff to complete the drinks rounds. We saw this in practice during the inspection, and observed people received appropriate support. This showed the management were responsive to people's comments about dignity standards and took action to make improvements where necessary.

Visiting professionals told us staff were friendly and welcoming. They told us they saw staff cared for people with respect and treated them as individuals. One professional said, "Our patients are well looked after here, staff show a very caring and kind attitude." Relatives told us there were no restrictions on visiting and we saw staff offering relatives refreshments and taking time to chat with them. The chef told us relatives could stay for a meal if they wished and told us one person's relative had their lunch at the home most days.

People who used the service and their relatives told us they felt involved in the care and were asked to attend reviews annually. Minutes of these meetings were available in people's care plans. We saw changes to care plans had been made as a result of these reviews. This meant when people's needs had changed, their care plans had been discussed and updated to reflect this and their care needs were met. One relative told us, "I find the review meetings useful; we can all sit down and discuss what's working and if there needs to be any changes."

If people wished to have additional support to make a decision they were able to access an advocate. The registered manager told us that they had helped people who used the service to access advocacy services in the past, but there was no-one in the service who currently required or had requested this support.

North East Lincolnshire Clinical Commissioning Group (CCG) hosted their first local care home awards on 16 March 2015 at a local hotel. One of the people who used the service had been nominated for an award by the staff at the service and they had been successful at the awards ceremony. This person took great pride in showing us their 'Resident Achievement Award' which recognised their personal achievements in maintaining their independence, participation in daily activities and support they provided to others in the service. They told us, "I really enjoyed the day and was so pleased to win. I like to show people my trophy." Staff confirmed how they proud they were that this person had won an award and how much it meant to them.

Good

Is the service responsive?

Our findings

People we spoke with knew who to speak with if they had any concerns. One person said, "I'd just speak to the staff or the manager if I was worried about anything." Another person said, I haven't any worries about anything but I would speak with the manager if I had, she's always about."

People and their relatives told us they felt involved in deciding how their care and support was given. Comments included, "I've read my care plan, the staff went through everything with me to make sure the help I need is all written down" and "When dad moved in we discussed all his care needs, I've seen his care plan, it's up to date."

People told us there were activities for them to participate in. Their comments included, "I don't do that much at the moment, prefer to spend time in my room and watch TV. I have a choice though and they always let me know what's going on", "I like having my nails done and singing, we do lots of that here, it's nice", "We have a quiz sometimes and do games and things; there's enough to occupy us." Relatives considered the activity programme was good and people with complex needs were included in this. One relative told us about a recent fruit tasting session the activity coordinator had arranged, they said, "They blended all the different fruits in separate little bowls for him, due to his swallowing difficulties. It was so good how they involved dad with this activity."

There was a good staff presence in all areas of the service. We saw staff were responsive to people's needs and worked well together as a team. In discussions, staff confirmed this. One member of staff told us, "It's a good team here; we work well together and receive the support we need from the managers."

We looked at the care files for four people who used the service and found people's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed monthly thereafter. Care plans contained detailed information on people's health, welfare and social needs. Each care file included individual care plans for areas such as: personal hygiene; mobility; communication; health; continence; infection control; pressure care; and nutrition.

Care plans were easy to follow and provided staff with the information they needed to care for people safely and in the way they preferred. For example, one person's communication plan explained staff needed to use short sentences and give the person plenty of time to respond. Another person's care plan detailed they liked two pillows on their bed at night time, retire at 10pm and preferred the light above the sink in their en-suite left on. Another showed the person could wash their own hands and face but needed staff to assist in washing other areas. This showed care plans were person centred and supported people to maintain their independence. We saw care plans were evaluated and updated each month.

Daily records were written clearly and concisely. They provided information on people's moods, appetite, preferences, and health issues. The registered manager had introduced new personal care monitoring records following the outcome of a safeguarding investigation in December 2014. We found these were completed accurately and the records were checked by senior staff to ensure people received the level of personal care support they required. Staff we spoke with confirmed that they would report any instances when people refused personal care support; they understood the importance of monitoring this.

Life history records were completed for people; these gave the staff information about the person's background so they had an understanding of the person's values, behaviours, interests and people who were important to them.

We found the registered manager used a recognised dementia assessment tool for assessing the cognitive and functional ability of individuals. We could see how this was linked to the activity programme and the one to one support people received, particularly around the support with life skills activities. Records and photos showed people participating in activities such as peeling vegetables, dusting, pairing socks and washing up. During the inspection we observed one person was supported to do some washing up, they enjoyed the activity chatting with the activity coordinator.

We found one person was supported to maintain their independent living skills and chose to make hot drinks and snacks in their bedroom. They were choosing to use their en-suite to store their crockery and stocks and we noted some of these items were stored close to the toilet facility which may compromise the person's safety and wellbeing. We discussed this issue with the registered manager who

Good

Is the service responsive?

confirmed they had counselled the person about such concerns and would provide additional support and facilities if necessary, to ensure the person's independent living skills were safely supported and protected.

The activity coordinator provided 32 hours support per week with group and individual activities. A display board using pictures provided people who used the service with information about activities taking place each day. The programme was varied and included regular entertainment such as visiting singers and reminiscence sessions. The activity coordinator described some of the one to one activities she supported people with such as reading, fishing, visiting a local snooker club and trips to the sea front and shops. During the inspection we observed people were supported to attend their flower arranging class, enjoyed a film afternoon with popcorn, went shopping, played carpet bowls, had a quiz and some of the ladies had manicures. Specific dementia related activities were provided such as a rummage box and doll therapy.

The registered manager described the support they had provided to one person to try and secure some part time voluntary work in a local charity shop. Although they had not yet found a suitable work placement, the person was still keen to try and find one and staff were assisting them with this.

During the inspection we observed a person visited the service to chat with staff and have a drink. The registered manager explained that this person would be moving to the home within the next few weeks and was choosing to independently visit the service most days for drinks and meals. The registered manager confirmed how they welcomed this opportunity for the person to visit and become familiar with the staff, the environment and people who used the service. We spoke with the person who told us they liked the home and the staff were friendly.

We saw there was information available informing people how they could make a complaint. We also saw in the minutes from the resident and relatives' meeting, people were given information about how to complain or raise any issues they may have. We looked at the complaints and concerns log and saw what action staff had taken to resolve any issues that had arisen. The registered manager understood the need to record any concerns or complaints so they would be able to see if there were any themes or trends emerging. This meant staff were recognising complaints and taking action to resolve them to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us the home was well organised and the registered manager was approachable. They also told us there were regular meetings they could attend to receive information and discuss any issues. Comments from people included, "Manager is excellent", "Not been here long but very happy", "The home is brilliant like a five star hotel", "The manager always makes herself available", "I always come to the relative meetings, shame they are not better supported really" and "I think it's well run, seems organised and staff always know what they are doing."

The service had a registered manager in post, who was supported by two deputy managers. Members of staff told us they felt able to approach the registered manager with any suggestions, issues or concerns. They told us the registered manager was actively involved in the delivery of people's care and knew people well. The registered manager was visible in all areas of the home throughout the day, they stopped and chatted with people and their relatives, they supported staff as necessary.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.

There were systems and procedures in place to monitor and assess the quality of the service. These included seeking the views of people they supported through resident and relatives' meetings and quality assurance surveys. We saw the minutes of the resident and relatives' meeting held in January 2015. We saw people were given information at these meetings and given the opportunity to make comments about the service. The registered manager then acted upon people's requests. For example, people had asked for new carpets in the corridor and lounge and we saw these had been changed. Other requests such as fruit on the lunch tray and a gravy boat, so people could serve themselves, had been provided. This meant people were able to influence the way the service was managed.

We saw quality assurance surveys were sent out throughout 2014 and a report had been made about the findings and action plans put in place to address any shortfalls with the service. This meant the registered manager was actively seeking people's views about the service to see if improvements could be made.

We reviewed audits for infection prevention and control (IPC), care plans, medicines management, infection rates, pressure damage, the environment, call bell response times and weights. Action plans had been created to address any shortfalls identified from the audits. An annual maintenance programme had been developed and we could see recent improvements to the environment such as new flooring and furniture in the dining room and the provision of a new family room/quiet lounge area. We discussed the decorative improvements needed to the staff room which the registered manager acknowledged and confirmed would be addressed.

Since our last inspection the registered manager had completed a course on 'dementia care mapping'. This involved close observations of an individual or small group of people living with dementia, over a set period of time to analyse their engagement and interactions with people, the environment and activities. The registered manager confirmed she had completed one formal mapping session so far in January 2015. From this they had identified how one person was affected by loud noise in the dining room and how the staff needed to monitor this and support this person to have their meal in a quieter area or support them to eat whilst walking around. During the inspection we observed staff provided this support.

We saw the operations manager had made a visit to the service on 7 October 2014 and in their report had made recommendations about care records, hot water temperatures and people's dining experience. During our visit we found these had been addressed. The registered manager told us staff had received additional direction following the operations manager's visit and the recommendations had also been addressed with staff through meetings. This was confirmed in records we saw. This meant action had been taken to make sure the issues raised had been dealt with.

The registered manager confirmed the service had recently obtained new up to date policies and procedures which underpinned all practices at the service and linked in with the staff induction programme. A new quality monitoring

Good

Is the service well-led?

programme had also been provided which contained a full range of audits and surveys. The registered manager confirmed they had started implementing the new management systems.

We saw staff meetings were held regularly and minutes of these meetings were available. We saw a variety of issues were discussed to make sure people who used the service were receiving person centred care. The registered manager had introduced some questionnaires for staff to assess their competency in areas such as people's care needs and safeguarding.

We saw accidents and incidents were analysed on a monthly basis to see if there were any themes or trends emerging. We asked the registered manager what action they had taken in relation to one person's fall. They explained a sensor machine had been put in place to alert staff when the individual was getting out of bed or their chair so they could offer assistance. This meant action had been taken to try and reduce the risk of this person falling again. The registered manager also confirmed that more of this type of equipment was being purchased to support other people with similar risks of falling.

The registered manager confirmed she had recently participated in a local development project, 'My Home Life' which was facilitated by the local authority commissioning team. The project involved a number of care home managers meeting up to discuss areas of development and to share good practice. The registered manager considered they had benefitted from the reflective practice sessions and this had supported some of the improvements made with communicating with staff.

The service had undergone assessment by North East Lincolnshire CCG in 2013 where 14 quality standards were reviewed within the authority's Quality Framework Award. Overall, the service had met the criteria for a 'Silver' rating, which indicated the home used best practice but could improve in a few areas. They had recently been reassessed by the CCG and were awaiting the results, they were hopeful they may have improved their rating.

During our inspection representatives from Healthwatch visited the service to carry out an 'enter and view' visit. The deputy manager told us they had received positive feedback from this team at the end of their visit.