Mrs M Mitchell

The Laurels

Inspection report

43 Salisbury Road
Harrow
Middlesex
HA1 1NU

Tel: 02088614320

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection of The Laurels took place on the 28th June 2016. At our last inspection on 14 May 2014 the service met the regulations inspected.

The Laurels is registered to provide accommodation and personal care for eleven older people some of whom may have dementia. On the day of our visit there were eleven people living in the home.

The home is owned and managed by Mrs Mitchell who is registered with us as an individual provider. As she has taken on the role of manager in day to day charge of how the regulated activity accommodation and personal care is provided there is no requirement for a separate manager to be registered with us.

People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service. People told us staff were kind to them. Staff respected people's privacy and dignity.

There were procedures for safeguarding people. Staff knew how to safeguard the people they supported and cared for. Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times. People's individual needs and risks were identified and managed as part of their personal plan of care and support to minimise the likelihood of harm.

Care plans reflected people's current needs. They contained the information staff needed to provide people with the care and support they wanted and required. People had the opportunity to take part in a range of activities of their choice. Medicines were managed and administered safely.

People were encouraged and supported to make decisions for themselves whenever possible and their independence was upheld and promoted. People were provided with the support they needed to develop and maintain links with their family and friends.

People were supported to maintain good health. They had access to appropriate healthcare services that monitored their health. People were provided with appropriate support, treatment and specialist advice when needed. People had a choice of meals, and snacks were available at any time.

Staff were appropriately recruited and supported to provide people with individualised care and support. Staff told us they enjoyed working in the home and received the support and training they needed to carry out their roles and responsibilities in providing people with the care they needed.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives.

People had opportunities to feedback about the service and appropriate action was taken to address issues raised. There were systems in place to monitor and improve the quality of the services provided for people.

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. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered safely. The provider addressed an issue to do with the storage of some medicines promptly.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Is the service effective?

Good

The service was effective. People were cared for by staff who received appropriate training and support to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Is the service caring?

Good

The service was caring. People told us staff were approachable and kind and provided them with the care and support they needed. Staff respected people and involved them and those important to them in decisions about their care. People's

independence was promoted and supported.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their individual needs.

People were supported to take part in a range of recreational activities.

People knew who they could speak with if they had a complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good

The service was well led. People using the service knew the provider well and spoke positively about her and the way the home was run.

People, their relatives and staff informed us the provider was approachable, listened to them and kept them updated about the service and of any changes.

People and their relatives were asked for their views of the service and had the opportunity to provide feedback about the service on a day to day basis and via feedback questionnaires. Relatives of people told us that communication with the manager was very good and any issues raised were addressed appropriately.

There were processes in place to monitor and improve the quality of the service.

The Laurels

Detailed findings

Background to this inspection

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

The inspection was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. The provider had also completed a Provider Information Return [PIR]. The PIR 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. We looked at the PIR during our planning of the inspection and also discussed it with the provider during the inspection.

Prior to the inspection we also viewed the report of the quality monitoring check of the service that the host local authority had carried out in August 2015. We discussed this and the action taken in response to the report with the manager during the inspection.

During the inspection we spoke with all the people using the service, five peoples' relatives, the provider and three care workers. Some people using the service were not able to tell us in detail about their experience of living in the home, so to gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included care files of four people living in the home, four staff records, audits, and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

People using the service told us that they felt safe living in the home. A person told us, "It's nice here." Relatives of people we spoke with told us they felt people were very safe and said they did not worry about people's day to day safety. They told us they would inform the provider if they had concerns about people's well-being and were confident they would be listened to and appropriate action taken by her. Comments from relatives included, "I have peace of mind," and "[Person] is safe."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. Care workers were aware of safeguarding adult's and whistleblowing procedures and were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to the provider and were confident that safeguarding concerns would be addressed appropriately by them and reported to the host local authority safeguarding team. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC. Care workers informed us they had received training about safeguarding people and training records confirmed this. A care worker told us, "I would always challenge poor care and report it."

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. Care workers told us they felt there were enough staff on duty to meet people's needs. They confirmed that staffing levels were adjusted to make sure people received the support they needed to attend health appointments and take part in a range of activities. The provider told us they spent time in the home every day and accompanied people to health appointments when this was required. We observed that the provider was 'hands on' providing people with assistance during the inspection. We found sufficient staff were deployed during the inspection to provide people with the care and support they needed, and to spend time talking with people and supporting them to take part in activities.

The provider told us that agency care workers were not employed in the home, and that permanent care workers covered shifts when other care workers were unavailable to do them. A care worker confirmed they sometimes covered shifts when other care workers were unwell. The provider told us she was in the process of developing a team of 'bank' care workers that were familiar to the people using the service and would cover shifts when care workers were on annual leave or were ill. There was one 'wake night' care worker on duty at night. We saw from records that most people slept quite well at night. The provider told us the night staffing arrangements were monitored closely. The service has an on-call procedure and lone worker policy. Following the inspection the provider told us she had updated the lone worker policy to make it more specific to the service and to include guidance about the action to be taken if the lone worker became unwell.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. Risk assessments were personalised and had been reviewed and updated regularly. For example, a person with visual needs had a risk assessment which included staff checking for trip hazards in the person's

room and included guidance telling staff not to change the layout of the person's room to minimise risk of accidents. Risk assessments included risk management plans for a selection of areas including; risk of falls, pressure ulcers, going out alone, and moving and handling. The provider told us she was in the process of reviewing and updating people's bathing risk assessments. Care workers we spoke with were aware of people's risk assessments. However, we saw people's risk assessments and care plans had not been signed as having been read by staff. The manager told us they would make sure this was completed by staff. Accidents and incidents were recorded and addressed appropriately.

There were various health and safety checks and risk assessments carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of equipment including the stair lift, lifting hoists and specialist baths, Legionella bacterial checks of the water systems, fire safety, gas and electric systems. We checked hot water taps in two bathrooms and found that the water temperature was in the safe range. The provider informed us that the taps were fitted with thermostatic valves that made sure the water temperature was safe. However, hot water checks were not being carried out regularly. Following the inspection, the provider confirmed that weekly hot water outlet checks were now taking place. Fire guidance was displayed. Each person had a personal emergency evacuation plan [PEEP]. A fire safety risk assessment was in place. Fire drills took place regularly. Regular health and safety checks of each person's bedroom were carried out.

People's monies were not managed by the service. People mostly received support with the management of their finances from family members. The provider told us that some people chose to keep some small amounts of cash and she invoiced people's relatives and others when there had been expenditure on services such as chiropody and hairdressing. We saw appropriate records of this expenditure.

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included a formal interview, obtaining references and checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

A medicines policy which included procedures for the safe handling of medicines was available. The provider told us she would make sure staff administering medicines had signed they had read the medicines' policy and procedures. People had guidance within their care plan that detailed the medicines they were prescribed and included information about the management and administration of their medicines. Medicines administration records [MAR] showed that people received the medicines they were prescribed. Care workers administering medicines told us they had received medicines training and assessment of their competency to administer medicines. Records confirmed this. However, the staff medicine competency records did not include some detail including evidence that staff knew what to do if they did not know what a medicine was for and if they made an error when administering medicines. The provider told us that she would update and further develop the staff medicines competency assessments to include all aspects of medicines management and administration. Records of medicines received by the home and returned to the pharmacist were maintained

We found there were accessible information leaflets about each person's medicines. Staff also had access to an up to date pharmaceutical reference book where they could look up medicines they were not familiar with. We observed care workers administering medicines to people in a considerate and safe manner. A care worker was heard to explain to a person about the medicines they were receiving and they waited until the person had swallowed their medicines before administering medicines to another person. There was one Controlled Drug [medicines controlled under the Misuse of Drugs legislation] medicine that had been prescribed to a person. This was stored in a locked container in the medicine cupboard and managed and

administered safely. To meet current legislation controlled drugs need to be stored in a separate medicine cupboard. Following the inspection the provider told us a medicine cabinet for the storage of controlled medicines had been purchased and installed in the home. Records showed that regular checks of the stock of medicines were carried out by the provider.

The home had an infection control policy. The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons were available to staff. Housekeeping duties were carried out by care workers. Care workers were aware of infection control procedures. However, training records showed that some staff had not completed infection control training for some time. The provider told us that several care workers had "signed up" to infection control training that was due to take place shortly. We saw an infection control audits that included checks of the environment and hand hygiene had been carried out monthly by the provider.

Good

Is the service effective?

Our findings

People told us they were happy with the care and support they received from care workers and told us they were kind to them. Care workers spoke in a positive manner about their experiences of working in the home caring and supporting people. They were knowledgeable about the needs of the people using the service and told us about the care they assisted people with. A care worker told us, "I am really happy working here; I am well informed and supported to do my job." People's relatives told us they found staff provided people with the care they needed. Comments from people's relatives included, "The staff are lovely," "Staff know what they are doing," and "All the staff are fantastic."

Care workers told us they received the training they needed to provide people with effective care and support. They informed us that when they started working in the home they had received an induction, which included learning about the organisation, people's needs and shadowing more experienced staff. They informed us the induction and staff handbook had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. A care worker told us that the induction was "very informative." The provider told us and records showed that a care worker was currently completing the Care Certificate induction which is the benchmark set in April 2015 for the induction of new care workers. The provider told us all new care workers would complete this induction as well as the current 'in-house' induction.

Records showed and care workers told us they had received relevant training to provide people with the care and support they needed. Training included; moving and handling, first aid, safeguarding adults, fire safety, health and safety, medicines awareness and food safety. Staff had also received training in other relevant areas including; communication, falls awareness, dementia awareness and diabetes. The provider told us that refresher safeguarding training for care staff had been planned and infection control training.

Care workers were positive about the training they received and confirmed they felt skilled and competent to provide people with the care and support that met people's individual needs. Some care workers had completed vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this.

Care workers told us they felt well supported by the provider. Care workers told us and records showed that they regularly had the opportunity to meet with the provider during individual one-to-one staff supervisions meetings and staff meetings to discuss people's needs, training and development and other areas of the service. Records showed people's needs, practice issues, use of mobile phones, food safety, medicines and ensuring people received fresh jugs of drinking water every day had been discussed with staff during team meetings. We found staff had not received an appraisal of their performance. However, some staff had not worked in the home for a year. The provider told us appraisals would be completed by August 2016.

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. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care workers and the provider knew about the requirements of MCA and DoLS. Care workers knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Records showed that some people using the service were subject to a DoLS authorisation at the time of our visit. The provider told us they had recently attended a MCA/DoLS forum run by the host Local Authority which they had found to be very informative. People freely accessed areas of the home including their bedrooms, bathrooms and the lounges without restriction.

Care plans identified the capacity people had or did not have to make a range of decisions about their care, treatment and other aspects of their lives. People's care plans showed and people told us they were supported to be involved in decisions about their care and the decisions they made were respected. Care workers knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. Relatives told us they were fully involved in supporting people with making a range of decisions to do with people's care and treatment. Records showed that a person's relatives had been involved in making a decision in the person's best interest.

Care workers were knowledgeable about the importance of obtaining people's consent when supporting people with their care and in other areas of their lives. Care plans showed people had been asked for their consent in a range of areas including having their photograph taken and to their care plans being read by care workers and others involved in the person's care.

Care workers told us they read and knew about people's care plans. They told us they had a verbal 'handover' at the start and end of each shift when they shared information about each person's current needs and progress. Care records were completed during each shift and included details about people's individual needs including the activities people took part in, personal care needs and their well-being, so staff had up to date information about people's current needs.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records showed people received health checks and had access to a range of health professionals including; GPs, dentists, chiropodists, community nurses and opticians to make sure they received effective healthcare and treatment. Records showed that staff had responded appropriately by arranging an appointment with a doctor when they observed a person had symptoms of being unwell. People spoke of attending health appointments, receiving treatment from community nurses and having blood tests. Records confirmed this. A relative spoke positively about the provider who they said often took a person using the service to health appointments. A person told us the provider had recently taken their glasses to an optician for repair.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Care workers we spoke with had knowledge and understanding of people's individual nutritional needs including particular dietary needs. Records showed that meals catered for people's varied preferences and cultural needs. People were very complimentary about the meals and told us they were provided with choice. The menu showed that people were provided with a choice of meals. A care worker asked each person during the morning of the inspection what they wanted for lunch and saw that their preferences were catered for. People told us they had chosen their breakfast and were very positive about the meals. A person told us, "I had cereal for breakfast and a cup of tea, I like cereal." People were offered second helpings of lunch. Fresh fruit was available for people. A person's relative told us the food was good and that

a person was "well fed". People were provided with a range of drinks during the inspection and we heard care workers encourage people to drink.

People's weight was monitored. Care workers knew to report significant changes in people's weight to other staff including the provider and to make an appointment with a GP if needed.

People using the service told us they were happy with their bedrooms and the environment of the home. People moved freely within the communal areas of the home and chose when they wanted to spend time alone in their bedroom. The provider spoke of plans to renovate a bathroom into a wet room facility which she said would meet the needs and preferences of people using the service.

Good

Is the service caring?

Our findings

During our visit we saw positive engagement between care workers and people using the service. The provider and care workers spoke with people in a friendly and respectful way. People told us staff were kind and treated them well. They confirmed staff were friendly and listened to them. We saw people approached care workers and the provider without hesitation and indicated by their conversation and actions that they knew them well. Comments from relatives included, "We couldn't ask for better care," and "It is lovely. We are really happy."

Care workers told us they enjoyed their job and spoke of the positive relationships they had with people using the service and people's relatives. Care workers told us there was consistency of staffing within the home, which they said was an important aspect in providing people with the care and support they needed. People's care plans included a very detailed profile about each person to help staff understand their individual needs. Care workers told us they got to know each person by talking with them and staff, reading people's care plans and speaking with people's relatives. People were informed about which staff were on duty by their names being displayed on a notice board. The provider told us she had plans to display the photos of staff on duty so people who had difficulty reading or communicated better by visual aids would know who was working in the home without having to ask.

Care workers informed us they made sure they involved people fully in decisions about their care and other aspects of their lives. A person confirmed they were involved in making choices including decisions about their care and was happy with the service they received. During the inspection we heard staff offer people choices and respected the decisions people made. People were asked where they wanted to sit in the lounge and whether they wanted to participate in activities. During the inspection people chose the music they wanted to listen to and the television programmes they wanted to watch. A care worker told us that it was important to "help people carry on with the things they did before moving into the home". They told us people sometimes had a glass of sherry or a beer which they had enjoyed prior to living in the home, and that another person's choice to have breakfast in their bedroom and watch television until mid-morning was respected and accommodated.

The provider told us people's independence and the development and maintenance of their skills were supported by the service. We saw a person drying some cutlery and folding napkins. Another person confirmed that they had done some gardening, which they had enjoyed. People had access to walking aids and wheelchairs to assist them with their mobility so they could move throughout the home independently. A stair lift was available for people who had difficulty walking up and down the stairs. We heard a care worker sensitively and clearly explain to a person the directions to the bathroom whilst walking with them and provided them with guidance as they assisted them with their care.

Care workers understood people's right to privacy and we saw they treated people with dignity. The home had a confidentiality policy. Care workers had a good understanding of the importance of confidentiality. Care workers knew not to speak about people other than to staff and others involved in the person's care and treatment. Care workers knocked on people's bedroom doors and did not enter people's bedrooms

without permission. We saw people decided when they wanted to spend time alone in their bedroom and this decision was respected by staff.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. Relatives of people and records showed most people had contact with family members. Some people received regular visits from family members and spoke with them on the phone. A person using the service showed us the letter they were writing to a friend. The provider and care workers told us about the positive communication they had with people's relatives and others important to them. A person using the service spoke about the regular visits they enjoyed from a relative. We saw people using the service engage in conversation with other people living in the home. A person spoke highly about another person using the service and told us their friendship was important to them.

Care workers and people using the service confirmed religious festivals as well as people's birthdays were celebrated by the service. A relative of a person told us, "[Person] had a lovely birthday." The relative showed us photographs of the birthday celebration. The provider told us that no one currently attended a place of worship, but representatives of two religions visit the home regularly. Staff had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. They said equality and diversity meant "offering equal, safe and appropriate care to people, providing care that met their individual needs," "understanding and respecting people's differences," and "respecting and being aware of people's individual needs and treating them fairly".

The provider spoke about times when people using the service had received end of life care. They told us they always received significant support from the community nursing services and the GP when a person was receiving end of life care. The provider told us that when people received end of life care their needs were always discussed with the person and when applicable those important to them and documented clearly in their care plan. Care plans we looked at included information about people's end of life wishes including; whether they wanted to see a representative of their religion and the names of people they wanted to be with them when they were at the end of their life. The provider told us she had completed an end of life training course run by a local hospice and was planning the day after the inspection to take part in further end of life training that had been arranged by a local authority. The provider said she cascaded learning from end of life training and other training to the care workers.

Good

Is the service responsive?

Our findings

People told us they felt involved in their care and were content living in the home. They confirmed they received the care they needed and could choose the activities they wanted to participate in. A person told us they enjoyed singing and exercise sessions. Relatives of people commented, "I would not hesitate to speak with [the provider] if there is an issue. She would listen," "They [staff] keep in touch," "They ring up if there is an issue," and "They work with us, They listen."

Records showed that a detailed initial assessment of each person's needs had been carried out by the provider before the person was admitted to the home. People's care plans identified where people needed support from staff. The four care plans we looked at contained detailed information about; each person's health, support and care needs, what was important to them and their preferences. Care workers we spoke with said they read people's care plans and had a good understanding of people's needs including people's sensory needs. They told us about the care and support they provided people with the care and support they needed. The provider informed us she would ask care workers to sign when they had read people's care plans so she could monitor that staff had read them. Care workers told us and records showed people's needs were monitored and discussed with the provider on a day to day basis. Records showed that staff contacted GPs promptly when people showed symptoms of being unwell. People had access to pressure relieving equipment including specialist cushions to minimise the risk of pressure ulcers. Records showed staff carried out monitoring checks of people during the night.

People's individual choices and preferences were recorded in their care plan and their care and support needs had been reviewed regularly by the provider. However, the monthly review of each person's plan of care did not indicate from records that people had been asked whether they were satisfied with the care they received. . The provider told us that people's needs were discussed with people and their relatives on a regular basis, and she would make sure people had the opportunity to participate in the monthly review of their care plan.

The guidance in people's care plans was person centred. For example, guidance in a person's care plan about how the person wanted to be assisted by staff with their personal care included, "I am assisted to bathe by one of the carers who also apply cream on my legs to prevent irritation." The times people preferred to get up and go to bed were documented in their care plan. People we spoke with confirmed they chose when they wanted to go to bed and get up. A person told us they liked to go to bed late and that this was accommodated for. People's relatives confirmed they felt involved in people's care and were kept informed of people's progress and of any changes in their needs. Records showed that care plans were updated when people's needs altered such as when they had been unwell.

Records showed that people had the opportunity to participate in 'residents' meetings' to discuss areas of the service including food choices, the timing of meals, activities, satisfaction with staff and the laundry service. People were asked during the meetings if they were happy with the service provided by the home. Records showed that the provider had responded appropriately to people's feedback.

People's activity preferences were recorded in their care plan. We saw people chose whatever they wanted to do including spending time watching television in their bedroom or taking part in group activities. People told us about the activities they enjoyed, which included listening to music, watching television, reading, spending time in the garden, word puzzles and crosswords and going to the local park. During the inspection, people participated in a range of activities including exercise sessions, reminiscing about their early life, ball games and singing. A person using the service showed us the newspaper they were reading and another person took part in some household tasks. We saw a care worker engaged with people in a positive manner during the activities sessions and people were seen laughing and smiling during the activities. It was clear that the care worker understood people's varied needs and abilities as she encouraged and involved them in the wide range of activities she had organised. The home has two hens located in an enclosure in the garden which the provider said people were fond off and interested in. A person spoke in a positive manner about the hens.

The provider told us that school children from a local school visited the home several times a year and sang songs, which people enjoyed. The provider told us the home had joined the local park association and attended a range of events including a recent barbeque and celebrations of the Queen's birthday that had taken place in the local park which several people had enjoyed.

The service had a complaints policy and procedure for responding to and managing complaints. A person told us they would speak with the provider and their relative if they had a worry or concern about something. People's relatives informed us they found the provider and care workers very approachable, they had no complaints about the service and would report any complaints they had to the provider. A relative told us they would not hesitate to raise any issues with the provider and were confident they would be addressed appropriately. Care workers knew they needed to take all complaints seriously, record them and report them to the provider. Records showed there had been no recent complaints, and that people had complimented the service. Written compliments included, "I can't count the number of times we have said how wonderful you all are and how lucky we are to have found a safe berth for [Person]," and "There is always a very warm welcome from staff, lovely atmosphere." A visiting health professional had also been complimentary about the service.

Good

Is the service well-led?

Our findings

People we spoke with told us they felt the service was well run. They told us they knew the provider well. We saw people were on first name terms with the provider and approached her and the care workers unreservedly. The provider engaged with people and their relatives in a friendly and kindly manner. We heard her asking each person using the service how they were feeling and how they had slept. People's relatives spoke in a very positive manner about the home and the way it was managed and run. They told us they would recommend the service. Comments from people's relatives included, "It's brilliant here. They are very good", "We couldn't have asked for a better place. We are very happy" and "We have confidence in [the provider] and the team. They support us as a family."

Care workers told us they were well managed and supported by the provider. Care workers were clear about the lines of accountability and told us the provider was always available to provide advice and support. They knew about reporting any issues to do with the service to the provider. The provider told us a relative of hers who had significant experience of managing a similar service provided support and cover when this was required. We noted that the provider was solely carrying out a range of tasks to do with the running of the service. We discussed the feasibility of delegating some tasks. The provider told us that she was in the process of developing a care worker's role so some duties could be delegated to them. Following the inspection the provider informed us that some care workers were now carrying out more monitoring tasks. The provider told us about the training/learning courses she had recently completed including 'delirium and dementia' and end of life care and spoke about the other learning she had undertaken to make sure she kept up to date with current legislation and care practice issues.

Relatives we spoke with provided us with numerous examples of the positive engagement they had with the provider. They confirmed that she listened to them, fully involved them in decisions about people's care and kept them informed about any changes in people's needs. During the inspection we heard and saw the provider engage in a positive manner with people using the service, their relatives and care workers. Records showed relatives and people had the opportunity to complete satisfaction surveys about their view of the service. Results of feedback in 2015 showed they were satisfied with the service. A person's relative told us, "I give feedback at any time; I would sooner say it than complete a form." Other relatives told us, "They consult with us," and "We are asked for our suggestions. They take things on board." People also had the opportunity to feedback about their needs and issues to do with the service during day to day contact with the provider.

Staff meetings provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Records showed that practice issues had been discussed during staff meetings including medicines administration, a person's nutritional needs, night duty tasks, handover meetings, and the staff handbook. Care workers told us they were kept well informed and were confident the provider would listen to them and address any matters they raised about the service. Care workers told us "We can ask anything. We have lots of opportunities to ask questions and get support," "We communicate well as a team. We talk about people's care and strategies to support them," "The [provider] is very good, she is very open, patient and kind" and "It is a family

atmosphere."

A range of records including people's records, visitor's book, and health records for individuals showed that the service liaised with a range of professionals to provide people with the service that they needed. Social care and health professionals reviewed people's health and care needs and the host local authority had in 2015 carried out a monitoring visit of the service. The quality monitoring visit by the host local authority had identified a few areas where improvements were needed. We found the provider had taken appropriate action to address the issues.

Care workers knew about the policies and procedures related to the care of people and the running of the service and how to access them when this was required.

The provider and care staff carried out a range of checks to monitor the quality of the service, which included; daily checks of the medicines storage cabinet and fridge/freezer temperatures. Regular health and safety checks of the environment were carried out. The provider told us she was planning with the assistance of a quality assurance organisation to develop and improve the format of monitoring checks so they included more detail and would demonstrate that the checks were robust. Audit records showed that monitoring of a range of aspects of the service had been carried out by the provider including fire safety, infection control, care plans and call bell checks.

During the inspection a number of maintenance checks were carried out by outside contractors which included the servicing of pressure relieving aids. A food safety check carried in November 2015 out by the Food Standards Agency had rated the food hygiene as very good.