Bupa Care Homes (BNH) Limited

Ashby Court Nursing and Residential Home

Inspection report

Tamworth Road
Ashby-de-la-Zouch
Leicestershire
LE65 2PX
Tel: 01530 560105

Date of inspection visit: 7 and 8 January 2015
Date of publication: 19/03/2015

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

Overall summary

This inspection took place on 7 and 8 January 2015 and was unannounced.

Ashby Court Nursing and Residential Care Home is a care home that provides residential and nursing care for up to 60 people. The home specialises in caring for older people including those with physical disabilities, people living with dementia or those who require end of life care. At the time of our inspection there were 54 people in residence.

A registered manager was in post at the time of our inspection. 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.

Summary of findings

People who used the service told us that their care needs had been assessed and they were satisfied with the care and support received. People were well cared for, felt safe with the staff that looked after them and protected them from harm and abuse.

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were qualified and suitable to work with people who used the service. People were supported by staff in a timely and sensitive manner because there were sufficient staff on duty that worked in a co-ordinated manner.

People received their medication as prescribed and their medication was stored safely.

People lived in a comfortable, clean and a homely environment that promoted their safety, privacy and wellbeing. All areas of the home could be accessed safely including the outdoor space.

People were supported by staff who had a good understanding of their needs and had received training to carry out their role effectively. Communication between all the staff was good. Staff told us they had access to people's care records and were supported by the registered manager, which meant all staff were kept up to date as to the needs of people.

The management team and staff knew how to protect people under the Mental Capacity Act, 2005 and the Deprivation of Liberty Safeguard (DoLS). Although best interests meetings took place with the person or their representatives and other healthcare professionals those discussions were not always recorded clearly. The registered manager assured us they would address this immediately. The registered manager told us that they had looked after people who were subject to a DoLS. However, at the time of our inspection visit no one was subject to a DoLS.

People were provided with a choice of meals that met people's preferences and dietary needs. There were drinks and snacks available throughout the day and night. We saw staff supported people who needed help to eat and drink in a sensitive manner. The catering staff were provided with up to date information about people's dietary needs and requirements.

People told us that staff treated them with care and compassion. Throughout our inspection we saw people's dignity and privacy was respected, which promoted their wellbeing.

People were supported by staff and their visitors to take part in hobbies and activities that were of interest to them, including observing their religious beliefs. Visitors were welcome without undue restrictions. This protected people from social isolation.

People were confident to speak with staff if they had any concerns or were unhappy with any aspect of their care. People had access to advocacy services if they needed support to make comments or a complaint. There was a clear management structure and procedures in place to ensure concerns were addressed.

People using the service, their relatives, staff and health and social care professionals were encouraged to develop and share their experience of the service.

Staff were supported and trained for their job roles to ensure their knowledge, skills and practice in the delivery of care was kept up to date. Staff knew they could make comments or raise concerns with the management team about the way the service was run and knew it would be acted on.

The registered manager understood their responsibilities and demonstrated a commitment and clear leadership to continually improve the service. The registered manager was supported by the deputy manager and senior staff. They had an 'open door' policy and welcomed feedback from people who used the service, relatives, health and social care professionals and staff. The registered manager works with the commissioners such as the local authority that monitors the service for people they fund to ensure people received care that was appropriate and safe.

There were effective systems in place for the maintenance of the building and equipment which ensured people lived in an environment which was well maintained and safe. Audits and checks were used to ensure people's safety and their needs were being met. The quality of service provided was monitored and action was taken to address any deficiencies found. The provider's internal inspections provided further monitoring and assurance that people received quality care.

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.

Good

People told us that they received the care and support they needed and felt safe with the staff that supported them.

Safe recruitment procedures were followed and staff had undertaken training to recognise, respond and protect people from avoidable harm or potential abuse. There were enough suitably experienced staff on duty to meet people's health and care needs safely.

People received their medicines at the right time and their medicines were stored safely.

Is the service effective?
The service was effective.

Good

People were supported by staff who understood their needs and provided care that took account of their preferences.

Staff were trained for their job role and in the delivery of effective and individualised care and were supported by the management team. The management team and staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005, which had been put into practice to ensure people's humans rights and legal rights were respected with regards to personal care and their right to leave the service without supervision.

People were supported to have sufficient amounts to eat and drink that met their dietary needs. Plans of care were in place to protect people from the risk of poor nutrition and hydration and promoted their wellbeing.

People's health care needs were met and they had access to regular support from health care professionals which promoted their health and wellbeing.

Is the service caring?
The service was caring.

Good

People told us that they received support from kind and caring staff. We saw staff engage with people positively which showed that staff were attentive to their needs.

People's wishes were listened to and respected by the staff who promoted and respected their privacy and dignity.

People were encouraged to be involved in decisions about their care.

Is the service responsive?
The service was responsive.

Good

Staff knew how to support people and took account of people's individual preferences in the delivery of care.

Summary of findings

People were encouraged to take part in activities that were of interest to them, which included observing religious beliefs. People were able to see their visitors at any time and supported to maintain contact with family and friends which helped to prevent them from social isolation.

People had the opportunity to put forward suggestions to improve the service and were encouraged to express their views about the service with the management team.

People were confident that concerns raised would be listened to and acted upon. Procedures were in place to ensure complaints were addressed quickly.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post. They and the staff team had a clear and consistent view as to the service they wished to provide which focused on quality care provided in a homely environment for people.

Staff had praised the registered manager and the management team as to the support, relevant training and information they provided to maintain their knowledge in delivery of a quality care service.

People spoke positively about the management team and the day to day management of the service. People were encouraged to be involved in developing the service and to make suggestions and comments about the improvements planned.

There were effective systems were in place to assess and monitor the quality of care provided and ensure lessons were learnt from significant events.

Ashby Court Nursing and Residential 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 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 inspection took place on 7 and 8 January 2015 and was unannounced.

The inspection was carried by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of caring for older people living with dementia and for those who required palliative care.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned the PIR.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information received sent to us from people who used the service or the relatives of people who used the service and health and social care professionals.

We contacted commissioners for health and social care, responsible for funding some of the people that live at the home and asked them for their views about the service.

During the inspection visit we spoke with 15 people who used the service. We spoke with 8 relatives who were visiting their family member. We also spoke with a visiting health care professional and the hairdresser. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the provider representative, the registered manager, deputy manager, two nurses, six care staff, and the activities co-ordinator, chef manager, maintenance staff and house-keeping staff.

We pathway tracked the care and support of four people, which included looking at their plans of care. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment, along with quality monitoring audits.

Good

Is the service safe?

Our findings

People who used the service all told us they felt safe in the home. One person said, "I couldn't manage in my own home. I was a danger to myself; whereas in here, I feel completely safe as the staff look out for you." Another person said, "The environment's safe and I feel quite comfortable with the staff here."

Relatives who were visiting their family member told us that their family member was safe and well cared for. One relative said, "I know [person using the service] is safe here, I've come at different times and never seen anything that would concern me."

We spoke with members of staff and asked them how they would respond if they believed someone using the service was being abused or reported abuse to them. Staff had a good understanding of what abuse was, and were clear about their role and responsibility in reporting concerns and how to keep people safe. This was consistent with the provider's procedures for protecting people from harm and abuse. Staff were aware of their role in promoting people's choices and rights. At the time of our inspection records showed that one safeguarding concern had been referred to the local authority in the last 12 months, which had been investigated and found to be inconclusive.

People told us that their needs were met safely and risks were managed. We saw staff ensuring people moved around the service safely by encouraging them to use equipment such as walking frames to enable them to walk independently, including within the outdoor space.

We looked at four people's care records. These covered areas related to people's health, safety, care and welfare and were regularly reviewed. This supported what one relative had told us about their involvement in the review when their family member's needs had increased and how those new needs would be met. Records showed that the advice and guidance in risk assessments were being followed by staff. For example, people assessed as being at risk had been provided with suitable equipment to keep them safe, such as a hoist and an air mattress to reduce the risk of pressure sores developing, which were maintained for safety. Staff were trained in how to use equipment safely and we saw staff used the equipment correctly. Records showed that the number of falls had reduced because people's individual risks were reviewed and staff were made aware of any changes to the care and support to be provided, which was monitored.

People who were nursed in bed were checked by staff regularly to make sure they were safe and comfortable. Records showed that people were re-positioned at regular intervals to prevent the development of pressure sores This showed that where risks had been identified, plans of care had been put into place and staff followed the guidance to keep people safe and well.

Staff told us how they helped to keep people safe and checked on those who preferred to remain in their own room. One member of staff said, "I feel people are safe here; we help keep them safe, clean and help them to do as much for themselves as they can." Nurses and senior carers had been trained to assess risks associated to people's care and support needs. Staff knew the procedures for reporting accidents, incidents and injuries and the relevant health care professionals that should be contacted.

The home environment including the bathrooms, toilets and bedrooms were spacious and designed to meet people's needs. Equipment was well maintained and kept clean which contributed to people's safety. We saw equipment had been stored in one bathroom which people used. When we raised this with the registered manager they took action to address this.

People's safety was supported by the provider's recruitment practices. We looked at staff recruitment records for staff, which included two nurses. We found that the relevant checks had been completed before staff worked unsupervised at the service, which included a check as to whether nurses were registered with the appropriate professional body.

We found there were sufficient staff on duty to meet people's needs. The staff on duty reflected the staff rota. The registered manager took account of people's dependency levels matched against the skills and experience of the staff required. Staffing was flexible and could increase if people's health and care needs increased.

People told us that there were enough staff on duty. One person said, "On the whole, the care workers are pretty good and come when you want them." Another person said "There's a black spot when you can't find a carer for love or money. That is generally around after tea-time. I don't

Good

Is the service safe?

know why that is." We saw staff met people's needs until tea time when staff were busy trying to serve meals and to support people who needed assistance with their meals. We asked staff for their views about the staffing levels. One staff member told us, "There's enough staff around and we don't feel so rushed." Another member of staff said, "There are busy times in the day especially after tea when everyone seems to want to go to their room." We raised this with the registered manager who assured us that they would look at the staffing at tea-time and ensure sufficient staff are available.

People told us that their received their medicines at the right time. One person said, "I've only been here a short while and have got my medicines on time." A relative visiting their family member told us, "Staff know what [person using the service] is like because of the dementia and won't always take her medicines straight away and they [staff] are patient with her."

The nurse and senior carer trained to administer medicines told us that people's medication was reviewed regularly with the health care professionals. They understood the importance of supporting people with their medicines including the use of PRN medication (this medication is administered as and when needed to manage pain). We observed the nurse administer people's medicines safely and completed the medication administration records accurately.

Medicines were stored securely in the treatment room. Medicines that needed to be refrigerated were stored correctly in line with the manufacturers' recommendations. We viewed five people's medication records, which showed medicines were administered correctly. The storage and records of three people's controlled drugs were found to be safe and accurate. (A controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused.) Regular audits and checks were carried out by the management team that ensured people received their medicines at the right time and accurate records were kept. This meant people's health was supported by the safe administration of medication.

Good

Is the service effective?

Our findings

People told us that they were aware of the choices about their care and that the staff had the right skills to help them with their daily needs. One person said, "In general the care staff know what to do." Another person said, "Because I can't do anything for myself I'm reliant on them [staff]. They listen and help me without rushing."

Staff we spoke with had a good understanding of people's care needs, how people liked to be supported and were trained to support people safely. For instance, we observed two staff using a hoist correctly to transfer a person safely and ensure their dignity was maintained. They checked that the individual was comfortable throughout this manoeuvre. Staff told us any changes to people's care needs were communicated well between the staff at the handover meetings at the start of each shift. They told us that they could refer to the people's plans of care if they were unsure about the support people needed. This helped staff to provide the care and support people needed consistently.

Staff told us that their induction training included practical training in the safe use of equipment and techniques, and that they worked alongside an experienced member of staff. One member of staff said "I had a week's induction; the deputy observed me administering medicines and assessed my competency." A second member of staff said, "Even though I'd worked in care I still had to do a full induction, which I'm glad I did because things do change."

Staff told us that they had received training relevant to their role and were supported to complete nationally recognised qualifications in health and social care. One member of staff said, "I've done my national vocational qualification (NVQ) level 3 in health and social care and dementia because some people have dementia here." Nurses and senior care staff were trained and had been assessed as competent to carry out specific duties such to meet health needs and to administer medicines. The staff training matrix showed staff had received training which supported them in delivering effective care. Nurses had also received the clinical training which had been identified in the provider information request that was sent to us before our inspection visit.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The management team and staff had a good understanding of MCA and DoLS and their role to protect the rights of people using the service. Staff knew the procedure to follow where they suspected a person's liberty could be deprived. The registered manager told us that people had various levels of capacity and understanding, which varied throughout the day depending on the person. A DoLS assessment and authorisation is required where a person lacks capacity to make a decision and needs to have their freedom restricted to keep them safe or to have their needs met. At the time of our inspection one application had been sent to the 'Supervisory Body' but no one was subject to a DoLS.

The registered manager told us that people had access to an 'independent mental capacity advocate' (IMCA) to support people about their best interests. Care records we looked at showed people's capacity to make decisions had been assessed. The registered manager told us that best interest meetings had taken place. However, records of those meetings and the best interest decisions made by the person's representative and relevant health care professionals were not clearly recorded. This was raised this with the registered manager who assured us that action would be taken to ensure that best interest meetings and decisions would be recorded and reviewed regularly.

We asked people for their views about the meals provided. They told that there was a choice of meals and that they liked the meals. One person said, "I couldn't do better myself." A visiting relative told us that they often had a meal with their family member who uses the service and said, "The meals are always very good."

Staff were seen asking each person for their choice of meal for lunch and when necessary used pictures of meals, which helped people living with dementia to choose. Staff were aware of people's preferences, likes and dislike of food and drink. The meals served at lunchtime were well presented, nutritious and looked appetising.

The chef manager we spoke with was qualified and understood the nutritional needs of older people. They and the catering staff had information about people's dietary needs. There was a choice of the main meal served at lunch time and alternatives were available at all times. They told us that all the meals were home-cooked, fortified with ingredients rich in nutrition and that they used fresh

Good

Is the service effective?

ingredients to support and promote people's health. The range of meals prepared included gluten free, diabetic meals and a soft diet for people with a choking risk. The registered manager and chef manager managed the stock and supply of food and drink, which included a range of fresh fruit and vegetables.

People's care records showed whether they required a special diet. A nutritional risk assessment was completed to identify those who were at risk of poor nutrition, dehydration, had a swallowing difficulty or risk of choking. These people had been referred to the doctor, dietician and the Speech and Language Therapist (SALT). The plan of care had been developed with the recommendations from the SALT team and care and catering staff were aware if people needed extra support with their nutrition. Although individual likes and dislike of meals were not always recorded staff we spoke with were aware of people's preferences. Staff weighed people regularly, monitored and evaluated the amount of food and drink consumed by the individual to ensure that they ate and drank sufficient amounts. This helped to ensure people's health and wellbeing was maintained.

People who used the service were supported to maintain their health and access health care support as and when required. One person said, "The doctor comes every week so we can wait to see them here unless it's an emergency."

People's care records showed that people were supported to access a range of health care professionals to meet their health needs such as doctors and specialist nurses. An advance plan of care was in place where people had made an advance decision about their care with regards to emergency treatment and resuscitation. Staff knew how to access medical support if they had any concerns about people's health. That meant people could be confident that people's health needs would be met and their decision respected.

Health care professionals we spoke with were complimentary about the staff and the care people received. They told us that they were confident that staff met people's care needs and sought medical advice promptly if people's health was of concern.

Good

Is the service caring?

Our findings

People we spoke shared their views about the care and support received. Comments received from people included, "There's not a bad one amongst them [staff]", "She's [staff] a lovely girl this one; she knows my ways. She'll do anything for you" and "I do like [staff member] but actually they all should be praised."

We spoke with relatives who were visiting their family member and asked them for their views about the staff and the care provided.

During our inspection we saw that staff approached people in a friendly and respectful manner. We saw examples of kind and attentive staff supporting people in a gentle and meaningful way that promoted their wellbeing and dignity. Staff communicated well with each other and with people using the service and their visitors in a caring and polite manner. It was evident that all staff knew the choices and preferences of people they were supporting. For example, a member of staff was seen reassuring one person by gently holding their hand and another staff member listened attentively to hear what the person was saying before helping them. Care was taken by staff to ensure meal times were pleasant for people. All the tables were laid with a tablecloth, condiments and decoration to make the dining experience enjoyable and people chose where they sat. We saw people talking with other people who were sat at the same table and staff were attentive and responded to requests.

People told us they knew about their care and support arrangements and were aware of their plans of care. People told us that they had been asked to make decisions about their care needs and had expressed their views about the care and support received on a daily basis. One person told us that they were involved in all aspects of their care, which included the pre-admission assessment and in developing their plan of care. Another person told us that their needs had changed and that they now needed more assistance with their personal care and dressing. They found staff were aware of the changes and helped them accordingly, without the need to explain the changes to every member of staff.

People's care records showed that they were involved in decisions made about their care and support when they were able to. Those took account of how the person wished to be supported and were reviewed regularly, which confirmed what people had told us. Although the plans of care were focused on the care and support tasks and lacked information about people's preferences about the care, how they liked to be supported and their likes and dislikes. However, staff we spoke with had a good understanding of people's preferences which was consistent with what people had told us. For people who lacked capacity to make decisions about their care, significant people such as family and health care professionals were consulted. A relative confirmed this to be the case as they had been involved in the care review for their family member. In two care records we found a document called 'map of life' had not been completed about the person's life history, family and their interests and hobbies. We shared this with the registered manager who assured us that they would review that and ensure people's preferences were incorporated into people's plans of care.

Staff we spoke with had a good understanding of people's individual needs including their life histories, work life, interests and religious beliefs. Staff were able to tell us how they supported people with their daily needs, encouraged people to make decisions for themselves and respected their wishes. Staff gave examples of respecting people's wishes in relation to people's choices and rights. For instance, staff told us that they would ask if people would like to get up in the morning and would respect their wishes if they chose to stay in bed but would check on them later. We saw staff promote people's independence by asking and offering people assistance and choices.

People knew about the 'residents meeting' and felt confident to speak with the registered manager about any aspect of their care and make suggestions. This showed people's wishes were acted upon and were respected by staff.

People told us that staff helped to maintain their privacy and dignity. One person told us that they were always supported to wear clothing of their choice and said, "I'm quite particular and always like to wear my jewellery to compliment my outfit." One person who preferred to stay in their room with the door shut told us that before staff entered their room they knocked and waited for a reply. When we observed this happening, the person said, "See what I mean, they respect my privacy."

Good

Is the service caring?

There were a number of private rooms available where people could see their relatives and receive treatment from health care professionals. All the bedrooms had en-suite toilets and were lockable, which helped people to maintain their privacy and dignity. The two shared rooms were available for people who wished to share without compromising their individual privacy and dignity. At the time of our inspection visit a couple had been offered the shared room, which promoted their wellbeing and privacy.

Staff understood the importance of respecting and promoting people's privacy and dignity and took care when they supported people. We saw staff maintained people's modesty by placing a blanket over their legs securely before being hoisted and discreetly prompt people about their personal care needs. This demonstrated that staff actively encouraged people to maintain independence.

The service looked after people who received palliative and end of life care. At the time of our inspection no one was receiving end of life care. Staff told us that they worked with specialist nurses to ensure that people on 'end of life care were comfortable and their dignity was maintained. Staff knew how to access information about people's advanced decision made about their care and would ensure those would be respected.

Good

Is the service responsive?

Our findings

People told us that staff responded to their requests and their needs were met. One person said they had been asked whether they had any preference to receiving support from a female or male staff and said, "Actually the male workers can be gentler than some of the female ones" and "There's always plenty to do, bingo, quizzes and film show." Another person told us that they continued to go to the gym on a weekly basis with their friend. A third person said, "The assistants are always coming up and asking you if there is anything you want or any help they can give." One person told us that vicar from the Church of England held monthly communion services and said, "I get a lot of out of my spiritual help. I need it and it's on the doorstep here."

We spoke with the activity co-ordinator who told us they spent time with people on an individual as well as a group basis. They had sought people's views about their interests and hobbies including their life histories, work life and things that were important to them. They described how they supported people who preferred to remain in their room and had read a book to one person with impaired vision. They were supported by the registered manager to plan activities and external entertainers along with access to training and information on a range of activities suitable for people to prevent them from the risk of social isolation. There were a range of newspapers and magazines available for people.

During our inspection the atmosphere in the service was calm. People looked relaxed and staff responded to call bells and other indicators that people needed assistance in a timely manner. Most people had their hair done by the hairdresser in the home's salon. People had visitors without undue restrictions. People took part in a game of bingo, quiz and making shortbread. People seemed to enjoy the activity from their smiles and laughter. Staff were attentive towards people and encouraged conversations that were of interest them. A range of activities were planned for people each week which included hand massage and nail painting and arts and crafts. That showed that people were protected from social isolation.

A relative told us that staff responded quickly to their family member's needs and praised the staff for the level of care provided.

We observed people living with dementia being supported at lunch time. We saw some people ate independently whilst others chose not to eat or needed help to eat. Staff were seen trying to help everyone at the same time including those who were nursed in bed. Staff told us that some people had their breakfast late by choice and were not always hungry. We shared our observations and findings with the registered manager and suggested that they consider flexible the meal times so that people could be supported to eat when they were hungry. The registered manager was responsive to our feedback and had introduced staggered meal times after our inspection. They reported to us that people's appetite and drinking had improved and staff were able to support people who needed help, which had a positive impact on people using the service.

People, in some instances, required additional monitoring due to their health needs. People's plans of care were reviewed regularly to ensure staff were aware of any new needs and how those could be met. Staff monitored the health and wellbeing of people using the service and acted quickly to report any concerns about people's health. For example, people being cared for in bed were at risk of the development of pressure sores and this was highlighted in people's plans of care. Records showed that staff changed people's position regularly to prevent the development of pressure sores. Similarly, people at risk of poor nutritional intake or dehydration had a food and fluid chart in place. Records showed that these had been completed by staff each time people had something to eat and drink, which was monitored and evaluated regularly in accordance with their plan of care. Staff were kept informed about any changes to people's care needs through the daily handover meetings at the start of each shift and were assigned key responsibilities in relation to monitor the wellbeing of people who were identified with health risks.

People using the service told us they had been given information about how to make a complaint although did not feel it necessary to raise any concerns because they were satisfied with the care they were receiving. One person said, "I've never had the need to complain." People had access to advocacy service should they need support to make a complaint.

Good

Is the service responsive?

Relatives visiting their family member also confirmed that they had been informed of the procedure of making a complaint. One relative told us the complaint procedure was included in the home's brochure given to them and was available at the front desk.

Records we looked at showed the service had received three complaints since our last inspection and all had been investigated fully. The registered manager reviewed all complaints to ensure that lessons were learnt and communicated with all staff to prevent it from happening again. They told us that they have an 'open door' policy which meant people who use the service, their relatives or friends and health care professionals could speak with them openly about any issues that they may have.

The service had received cards and letters of thanks from relatives of people who had used the service. The registered manager shared the compliments with the staff team that showed that people valued the care provided and the staff.

People's views were sought through an annual satisfaction survey, 'residents meetings', and review of care meetings and through complaints. The results of the satisfaction survey undertaken recently were being analysed by the provider. The registered manager told us that they would share the results of the survey with people using the service, their relatives and staff including any actions they planned to take to address any comments or suggestions. Records of the 'residents meeting' showed that people's comments and suggestions were taken into account and that they were provided with an update on concerns that were raised at the previous meeting. The initiative known as 'resident of the day' provided each person the opportunity to review their provision of care on a rolling basis. They had the opportunity to speak with staff from each department such as the care, laundry and maintenance staff, to ensure the quality of care and service provided met their individual requirements. This meant that people using the service were continuously involved in their care and treatment and their views sought about the quality of care provided.

Good

Is the service well-led?

Our findings

The service had a registered manager in post and there was a clear management structure. The registered manager was supported by the deputy manager and heads of departments such as the care and catering teams. The registered manager told us that they felt supported by the provider and the service had regular internal inspections carried out by the provider representative.

We spoke with the deputy manager, nurses and members of staff with differing job roles and all said they were supported by the registered manager. Staff demonstrated a good understanding of their roles and responsibilities and knew how to access support. Staff felt confident to make suggestions as to how the service could be improved at staff meetings and through discussions with the registered manager. All the staff we spoke with told us they worked well as a team and were willing to listen and learn to improve the quality of service people received.

Staff had high praise for the registered manager, felt valued and were encouraged to develop the service and themselves. Comments received included, "[Registered manager] is very good. I've felt part of this home since day one; staff team is very good, caring and very much like the management team" and "Management are more approachable. [Registered manager] is sensitive, listens to concerns, she's brilliant."

We saw the registered manager was visible around the service and spoke with people who lived there and their visitors. They had a good rapport with everyone using the service, including visitors, health care professionals and staff. Everyone we spoke with knew the registered manager and were confident to speak with them at any time. Comments received included, "Since [registered manager] took over, she seems to be shaping up [the home] and it's well run" "All the staff from the manager down are very pleasant" and "It's so much better with [registered manager] finally managing this service. We all know her, she's been here a longer than my [person using the service] and knows pretty much everyone."

We spoke with the registered manager and asked them what their understanding was as to the service's vision and values and how they put these into practice. They told us it was important that people's care needs were met and that the right staff were employed with the knowledge, competence and training provided to care for people. They told us that the staff possessed good qualities such as a 'caring attitude towards people', which helped to provide a quality service. They told us people using the service, their relatives and staff would regularly speak with them and said, "My door is always open." The registered manager had daily briefings with the heads of departments where any urgent issues were discussed.

The registered manager reported to the provider about the performance of the service. They monitored how the service was run and reviewed the complaints and notifications of any significant incidents that were reported to us. Notifications are changes, events or incidents that affect the health, safety and wellbeing of people who use and others, which the provider must tell us about.

A health care professional we spoke with told us that the service was well managed and staff were knowledgeable about the people they looked after. They said they found the registered manager was professional and promoted care that was person centred. The registered manager demonstrated a commitment to working with the commissioners who funded the packages of care people, which supported what the provider had told us in the provider information return sent to us prior to the inspection visit.

The staff handover meeting we observed at the start of the shift provided staff with an update on any changes to the needs of people using the service. There was a system to support staff, through regular staff meetings where staff had the opportunity to discuss their roles and the development of the service and the care of people. The staff training matrix we looked at showed staff received training for their job roles and received training on conditions that affect people such as those with dementia. Nurses told us that they had completed training in male catheterisation which the provider had told us in the provider information return sent to us prior to the inspection visit.

We saw there were systems in place for the maintenance of the building and equipment. This included maintenance of essential services, which included gas and electrical systems and appliances along with fire systems and equipment such as hoists. Staff were aware of the reporting procedure for faults and repairs and these issues were addressed by the on-site maintenance staff.

Good

Is the service well-led?

Regular meetings were held for the people who use the service and their family or friends where they had the opportunity to share their views about the service; raise any issues that they may have and make suggestions as to how the service could be improved. That meant people could influence how the service could be improved so that people received a quality service that was well-led.

We spoke with the registered provider representative who regularly visited the service to ensure the service was running well. Records we viewed from those visits showed their findings and that steps had been taken to ensure the service was managed properly and people received quality care. Action plans demonstrated that the progress on improvements identified was monitored. That meant people using the service could be confident that the provider monitored that the service was well-managed and was assured that the service continued to provide care that promoted people's wellbeing.