

Botany House Limited

Jalna Residential Care Home

Inspection report

285b Manchester Road
Burnley
Lancashire
BB11 4HL

Tel: 01282431182

Date of inspection visit:
12 November 2015

Date of publication:
08 April 2016

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

We undertook a comprehensive inspection on 12 November 2016. This was an unannounced inspection which meant the provider did not know we were coming.

Jalna Residential Care Home is registered to provide care for up to 22 people. The home was registered with the Commission to provide personal care for older people. At the time of our inspection there were 19 people in receipt of care from the provider.

The registration requirements for the provider stated the home should have a registered manager in place. There was a home manager in post on the day of our inspection and we were aware that the Commission had received a registered manager's application from them to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last visited the service on 21, 22 and 23 April 2015 and identified breaches of regulation 12, 13 and 17 of HSCA (RA) Regulations 2014. We asked the provider to send us an action plan which told us when they would be compliant by 3 August 2015. We followed up these actions at this inspection. We also took enforcement action in respect of regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. We told the provider they had to be compliant with this regulation by 27 July 2015 and followed up these actions at this inspection.

During our inspection we observed part of the lunchtime medication round. We saw that medications were administered in a safe way. We looked at the medications trolley and saw medicines were stored safely and medication administration charts we checked had been completed accurately and fully.

As a result of the last inspection the manager told us they had held a team meeting to discuss the process for reporting safeguarding concerns with all the staff. We were told staff had undertaken training in safeguarding and staff we spoke with was able to discuss the actions to take to deal with allegations of abuse. People we spoke with told us they felt safe in the home.

The manager told us they had introduced a new computer system to complete risk assessments, we saw evidence of risk assessments in place.

As a result of our last inspection the provider had implemented the use of a master key for people's bedrooms. This would ensure staff had access to people's bedrooms in the event of an emergency.

People we spoke with told us they enjoyed the choices of meals on offer. We sampled the lunch time meal, there were two choices available for people and included two courses. We saw that there were enough supplies of fresh and frozen food available in the home.

During our inspection we undertook a tour of the building. We checked people's bedrooms and saw evidence of personal mementoes in them. We spoke with the manager about the temperature in one of the bedrooms as it was cooler than others. We were told windows were opened and radiators were switched off when people went to the main lounge and then put back on before people went back to their rooms. We monitored this room during our inspection and noted the temperature increased when the radiator was switched on.

We saw staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), records indicated staff had undertaken recent training in DoLS and dementia.

Staff were observed engaging in positive and meaningful relationships with people who used the service. It was clear that staff had knowledge of people's individual needs and preferences and assisted people in a timely manner. People who used the service told us staff were kind and caring and gave positive feedback about the home, the staff and the delivery of care they received.

We saw that the provider investigated complaints. Records indicated actions taken as a result of complaints.

We received mixed feedback about people's involvements in development of their care files. Care files included personal information, care plans and risk assessments in them. Records indicated these had been reviewed recently and reflected individual needs.

We received very positive feedback about the manager. Examples of comments received were, "[name of manager] is really nice, she has made changes for the better, she is supportive", "I have no worries, I would speak to the manager. She is lovely approachable you can talk to her."

Evidence of improvements in the quality monitoring was noted as well as notes for actions to take forward as a result of the reviews. Completed audits were seen along with dates and actions identified as a result of them.

Staff confirmed team meetings were taking place and that they were able to voice their opinions. We saw evidence of minutes from staff meetings, these included attendees and notes taken.

We saw evidence of supervision taking place and staff told us they had received supervision recently.

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.

We saw that medications were administered in a safe way; medicines were stored safely and recorded accurately.

The management told us they had undertaken a team meeting to discuss the process for reporting safeguarding concerns. Staff had undertaken training in safeguarding and were able to discuss the actions to take to deal with allegations of abuse.

The manager told us they had introduced a new computer system to complete risk assessments, we saw evidence of risk assessments in place.

At our last inspections we saw the manager had introduced a master key for people's bedrooms to ensure staff had access to their rooms in the event of an emergency.

Good ●

Is the service effective?

The service was effective.

People we spoke with told us they enjoyed the choices of meals on offer and we sampled some of the meals on offer.

We checked people bedrooms and checked how temperatures were monitored to ensure they were warm enough.

We saw staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), we saw staff had undertaken recent training in DoLS and dementia.

Good ●

Is the service caring?

The service was caring.

Staff were observed engaging in positive and meaningful relationships with people who used the service. It was clear that staff had knowledge of people's individual needs and preferences and assisted people in and timely manner.

Good ●

People we spoke with gave positive feedback about the home, the staff and the delivery of care they received.

Is the service responsive?

The service was responsive.

We looked at the complaints folder as saw evidence of completed investigations with actions taken as a result.

Care files included personal information, care plans and risk assessments to ensure information held about people was relevant and up to date.

The provider told us they had introduced and new computer system to develop risk assessments and care plan for people who used the service.

Good ●

Is the service well-led?

The service was well-led.

We received very positive feedback about the manager.

Evidence of improvements in the quality monitoring was noted as well as notes for actions to take forward as a result of the reviews.

Staff confirmed team meetings were taking place and that they were able to voice their opinions.

We saw evidence of supervision taking place and staff told us they had received supervision recently.

Good ●

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

We undertook a comprehensive inspection on 12 November 2016. This was an unannounced inspection which meant the provider did not know we were coming.

The inspection was carried out by one adult social care 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 who took part in this inspection had experience of residential care homes.

Prior to our inspection we looked at the information we held about the service this included, safeguarding's, notifications as well as the inspection history of the provider.

During the inspection we looked at a variety of information about the provider including the submitted action plans, quality audits, duty rotas, policy and procedures daily log sheets, the care files for five people in receipt of care at the time of the inspection as well as four staff files.

We spoke with five people using service, five people visiting the home, a visiting volunteer, two visiting professionals, five staff members, the manager and one of the owners.

Is the service safe?

Our findings

During our inspection we spoke with people who used the service about whether they felt safe in the home. All the people told us they felt safe. One person said, "There's people about" and another said, "There's always somebody knocking about if you want anything" and, "The door's (front door) locked". Relatives visiting on the day of the inspection told us, "She's happier here than she was at home," another said "Most of the girls seem to be ok". A visiting professional told us they had, "No concerns, I have never seen anything that has worried me. It is very relaxed; if there is a problem it is dealt with and sorted".

At the last inspection we identified a breach of Regulation 13 of the Health and Social Care Act (HSCA) (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment. This was because people who use services were not protected against the risks associated with abuse because the service failed to act on and support people to raise concerns. We followed this up during this inspection. The manager told us that they had organised a team meeting with all the staff as a result of the last inspection where the appropriate procedure to take when dealing with concerns of abuse were discussed and the actions to take to maintain peoples safety.

We looked at how the service dealt with investigations related to allegations of abuse. We were shown a copy of the safeguarding file. There was evidence of a safeguarding policy in place that had been completed in 2014 and included contact details for the Local Authority as well as the Commission for staff to use in the event of concerns being raised. The manager told us the safeguarding investigations were stored separately at the home. This would ensure personal information was held confidentially. We looked at the file containing investigations. Evidence of appropriate documentation and actions taken were seen. The manager confirmed they would introduce a more robust system to record actions taken as a result of safeguarding. This meant appropriate actions had been taken to protect people using service from abuse.

We saw that the home had advice on display relating to abuse and the actions to take as a response to any concerns. This would ensure people using service, visitors and staff to the home would be able to access information required to help protect them.

We looked at a training matrix provided by the manager and saw all but one staff member was up to date with safeguarding training. Staff we spoke with confirmed they had undertaken recent safeguarding training and were able to discuss the actions they would take if they suspected abuse as well as the possible signs displayed by people if abuse was suspected. Staff were aware of the Whistleblowing policy (reporting bad practice) and would be confident to report bad practice if they were concerned.

At our last inspection we identified concerns in relation to Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment. This was because people who use services were not protected against the risks associated with bedroom locks as master keys for staff had not been supplied.

As a result of the concerns raised at the last inspection the provider told us locks were in place on doors and there was a master key that enabled access to all doors for staff if required. The manager told us that all

people using the service had been asked whether they want a key to their room. There was also a policy titled 'lock door policy', this would ensure staff had access to the company's policy and procedure for them to follow. People using service were provided with the opportunity to lock their door if they so wished as well as ensuring staff were able to access the room if required to deliver care and monitor people with the use of the master key.

At our last inspection we identified concerns about how the provider managed risks in the home. During this inspection we spoke with the manager who told us that following our last inspection they had purchased a computer system that would be used to complete risk assessments and action plans as a result of these. We saw evidence of risk assessment in place such as, individual risks, hazards, environmental and general risk assessments. This would ensure that identified risks had been recorded and monitored to protect people using the service. People were protected from the risk of unsafe care because risk assessments had been undertaken to mitigate any identified risks.

We spoke with people who used the service about the availability of staff to assist them when they required. We received mixed feedback. One person told us, "I think so, I'd have to wait until somebody comes past" another said, "There is usually somebody walking about. They ask you not to get up and walk about on your own, it's dangerous. There are times it's so busy they can't get to you". The majority of people using the service and their visitors told us there were enough staff to meet their needs, people commented that although staff may not be in the room, they weren't far away.

Visiting professionals to the service told us, "There is always staff in the home. We work together with the home" another said, "There is always staff around and they will escort me to people's rooms". Staff we spoke with told us, "I have enough time to carry out my duties" and another said, "There is enough staff on duty we are not rushed we are able to care for people, everything is happy."

As a result of the last inspection the manager told us they had recently recruited an assistant manager to deputise in her absence. We looked at the duty rotas and saw evidence of staff cover for all shifts in place including codes and coloured entries identifying roles for staff on duty.

We looked at four staff files and saw evidence of safe recruitment practices taking place. Evidence of checks such as disclosure barring service, proof of identity and references were seen. There was also evidence of completed application forms and induction records. This meant people using the service were cared for by an appropriately recruited staff team.

We asked people using services whether staff discussed their medications with them. We received mixed feedback, one person told us, "I've just had a course of antibiotics but I don't know what they are" and another said, "No I don't because they've changed them, I haven't a clue" and, "Not that I can remember". However one person told us, "They tell me if they're changing anything". It is important to ensure that people are aware of what medications they are taking and what these were for. Visiting relatives were spoken with told us, "They have [discussed medication] on a few occasions". However another relative told us that medications were not discussed with them. It is important to ensure all aspects of care that involves the administration of medications is discussed and agreed with people using the service or relevant others if required. A visiting professional told us that the staff team followed their instructions fully.

We observed part of the lunchtime medication round and saw safe practice taking place. Staff were seen ensuring medication trolley was safely locked away in between each administration and appropriate checking and recording on Medication Administration Records (MAR) was completed. We observed medication was given to people using services individually and staff waited to ensure all medications were

taken prior to leaving them. This would ensure people were protected from inadequate medication storage, administration and recording.

We looked at the medication trolley and saw that medications were stored in an orderly manner and the trolley was free from clutter. There was evidence of a medication policy in place and staff had signed records to indicate daily checks of fridge temperatures.

We looked at the MAR files. Records indicated clear documentation relating to medications. Records included a photograph as well as personal information to ensure correct medication was being administered to the correct person. MAR charts checked identified records were completed in full and specific advice for medications was noted such as a tablet that was required once each week and required to be given in a specific way. People were protected from the risk of unsafe medication administration because systems were in place to ensure safe administration of medications.

We looked at a notice board and saw staff had access to guidance for administration of medicine such as eye drop administration. There was evidence of checks taking place relating to controlled drugs and storage. Staff records identified they had undertaken medication training recently.

Is the service effective?

Our findings

We spoke with people who used the service about the quality of the food they received in the home. All the people enjoyed the food and said choices were available for them. All people we spoke with told us they had enough to eat and drink throughout the 24 hour period. People told us, "We get cereal or toast for breakfast. I had bacon and egg on Sunday," another said, "The food's alright as far as I'm concerned; you can have as much as you want" and, "Today I didn't like either option, I can't eat cheese or batter, and I've had white fish." Visiting relatives we spoke with told us, "[name of person] likes it, we fetch things in for [name of person], and [name of person] got biscuits and sweets upstairs".

During our inspection our expert by experience sampled the meals offered to people who used the service. Food was noted as homemade and comprised of main meal with accompaniments. There was a choice of pudding and hot and cold refreshments. This would mean people who used the service received choices of quality homemade food for them. We asked about the types of food made available to people using services we were told that fresh soups and vegetables were made available.

We saw the days menus were on display in the home the provider told us they were planning to display the homes menus, this would enable people using services to see what was available for them. We saw that there was a four week rolling menu which identified people who used the service had access to two choices at each meal time. There was evidence of a selection of meat, fish and vegetables for lunch and dinner time as well as cereal toast and eggs for breakfast. We looked at the supplies stores and saw plenty of supplies of fresh food and frozen foods available. There was a copy of the most recent food hygiene certificate on display in the home. This indicated food was being prepared and stored in an environment that had been reviewed by the appropriate authorities.

We undertook a tour of the building and saw peoples bedrooms were situated over two floors. We looked in a random selection of bedrooms and saw that they were clean and tidy and contained personal mementoes belonging to people living in the home. One bedroom we looked at was noted to be cooler than other areas of the home. We asked the manager about this who told us when people were up and escorted to the public areas of the home they opened windows and turned down the radiators. We asked what arrangements were in place if people wished to return to their rooms. We were told that the radiators were turned back on to ensure people's bedrooms were warm for their return and that all radiators were on when people went to retire in the evening. During our inspection we requested that the radiator was put back on and the room temperature checked at random intervals during the morning of our inspection The manager confirmed room temperatures were monitored by the home and we were provided with a copy of the random checks that had been undertaken following our inspection. This would ensure people had access to an appropriate environment to live in.

The public areas of the home were seen to be clean and tidy and free from clutter. We observed areas were homely and there was private space available for people to use if required. We observed visitors sitting in the private lounge with people who used the service. A visitor to the home told us there relatives room was, 'A nice room and it doesn't smell'. Another said "I think [name of person] is comfortable here".

We were shown an up to date staff training matrix that identified when staff had completed their training along with when they were due an update. We saw all staff had undertaken recent training in a variety of subjects such as, health and safety, infection control, moving and handling and food hygiene. We spoke with staff about the training received from the provider. Staff told us they had received up to date training relevant to their role. Topics covered included, food hygiene, infection control, first aid and fire. All the people we spoke with thought the staff were suitably skilled to look after them. People using service told us "I think they seem to, I've never thought about it". This would ensure people using services received care from an up to date knowledgeable staff team.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff we spoke with were able to demonstrate a knowledge of the Mental Capacity Act and Deprivation of liberties safeguards and we saw evidence in a training matrix that all staff had undertaken DoLS training this year and were up to date with dementia training.

We spoke with people who used the service about whether they were included in decisions about their care and had given their consent. People we spoke with told us, "We've had discussions and meetings; we're told if you want anything ask for it, if you don't ask we don't know" and another said, "I can't think that I have, but they're quite good, very good really". We observed staff speaking kindly to people and engaging in mutually respectful conversations. Staff were observed knocking on people doors and waiting to be invited into bedrooms before entering.

We looked at the care files for five people currently in receipt of care from the service and saw evidence that consent had been discussed and agreed with them. For example consent for the use of photographs was recorded in people's files along with people's preferences and choices. In one person's file we saw evidence of a document that related to end of life care that had been dated and signed by a medical professional. This would ensure people wishes and choices had been discussed and agreed with them.

We spoke with people who used the service and asked them if they had visits from health professionals to monitor and review them. One person said, "I've seen the doctor once", another told us "I have a private physio coming", "There's a doctor that comes here". Visiting professionals were spoke with told us, "The home is lovely, they [The staff] listen and ask for feedback, they are proactive they will do what they are asked to do" and, "The staff follow instructions fully and they are keen to work with me".

Is the service caring?

Our findings

We spoke with people who used the service about the care they received in the home. People told us they were happy with their care. Comments received were, "You are looked after; you get your meals made and washing done", "I feel quite comfortable." Another person told us the best thing about the home was, "To see somebody and talk to somebody. The important thing is the carers". A visiting relative told us, "They [the staff] are really nice" and, "What I know about the home is its good".

Professionals visiting the home on the day of our inspection told us, "The staff are caring it is a nice home they go out of their way to help. The staff know what is going on, they are keen to learn; a good bunch," another said, "The home is lovely I am impressed, the staff listen and ask for feedback, they do what they are asked to do. Service users [people who used the service] sing their praises."

Staff undertook regular supervision of the lounge and were seen engaging in general conversations with people. It was clear from our observations that staff had knowledge of people's individual needs and preferences and had developed positive caring relationships with them. Staff greeted people using the service by their first names, were aware of people likes and dislikes and spoke to people in a respectful friendly manner. We observed staff responded to buzzers in a timely manner and dealt with people's individual needs when requested.

Dignity was shown when staff were undertaking to assist people with personal care needs and spoke quietly when asking people about this. People were protected from the risks of unsafe care because staff were knowledgeable about people's individual needs and responded in a timely manner to them.

We observed one person who used the service was offered several prompts of reassurance from staff. Staff were seen to be thoughtful in their suggestions for seating for this person in the lounge, ensuring they were able to engage in conversation with other people if they so wished. We asked people using the service if they were able to enjoy private time in the home. People we spoke with confirmed if they chose they could return to their rooms for quiet and private time. We saw people using service sat in the quiet lounge and their own bedrooms during our inspection.

There was an information leaflet about the service on display for people using service or visitors to access, which stated, 'The homes aim is to maintain and enhance the lifestyle of those in care, offering as much personal choice and opportunities for stimulus as possible, whilst keeping all occupants safe, healthy, happy and secure'. The Statement of purpose identified that the homes philosophy of care was, 'It is our objective to ensure that those residents [people who used the service] who live in the home do so with dignity, have the respect of those who support them and be entitled to live a full and active life.' This would ensure people received appropriate and timely care to meet their need.

We saw evidence of positive feedback in recently completed family questionnaires about the care people received in the home. Some examples of comments seen were, "Staff appear to take a personal interest in my [name of person] and respond well to requests", "I am very pleased with the care my [name of person]

received" and "The care given to [name of person] has been outstanding we can all clearly recall how [name of person] was when she first became a resident and Jalna and the improvement in [name of person] condition are testament to the competence diligence and love of the staff. Many thanks to you all."

Is the service responsive?

Our findings

We asked people who used the service if they had access to activities in the home. We received mixed feedback. Examples of comments received were, "I can't see the television, I used to do a lot of knitting, crosswords and reading but I can't see now. I have a radio and CD player in my room so I go and listen to them in an afternoon. I have my own telly but I can't see it. I have my hair done on a Friday and that's it". Another person told us they 'Read or watched TV.' They said, "Sometimes I have visitors. I do get bored; I have to have something to think about". And a third said "Sometimes it's a long day, weekends are the worst. I watch telly in the afternoon and then its teatime". However visiting relatives told us, "They [the home] have foam rings and sometimes they do bingo" another said, "Sometimes on a Thursday they have a man comes in and sings" and, "They have various activities, [name of person] doesn't like bingo, but I've seen quizzes".

There were no activities displayed, however staff told us of the various activity programme available for people who used the service, such as prize bingo, board games, skittles, hoop games and famous faces. We were shown an activities diary that was completed with details of activities undertaken by people who used the service. We saw evidence of activities taking place including the date and who had taken part. Activities included, hoop game, floor football, famous face and communion. There were also records that indicated individual activities had taken place.

At our last inspection we identified concerns in relation to Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment. This was because the provider has failed to make sure records used were complete, accurate and updated to minimise the likelihood that risks will occur and to minimise the impact of risks on people using the service. We also took enforcement action about these issues which required the service provider to improve in these areas. . This was because the provider failed to make sure the risks to the health and safety of service users of receiving the care or treatment was assessed or planned for to lessen the impact of such risks that can result in poor outcomes for people if not addressed. We followed these up during our inspection.

We asked people using the service and visiting relatives about their involvement in the care planning for them. Examples of comments received were, "I don't think so, I can't remember" and, "They tell you if you're not doing as you should do, they're not bossy". Visiting relatives we spoke with told us they had been informed about changes in condition and care. One person said, "[Name of person] has improved whilst [name of person] has been here" another said, "They make you feel like family".

We spoke with staff about the care files for people who used the service. We were told, "The care files have everything in them that you need to know, any changes go in the care files." The provider showed us an example care file for staff to follow when formatting care files. This would ensure that all peoples care files followed a consistent format to ensure all information required to meet their needs was detailed in them.

We looked at the care files for five people in receipt of care at the time of our inspection. We saw records included essential personal information such as date of birth, GP and end of life details. Records included

initial assessments of their individual needs, this would ensure care planning and delivery was implemented to meet peoples individual needs. Risks assessments were in place and included individual risk assessments such as; moving and handling, equipment and nutrition.

Care plans were up to date and reflected peoples individual needs such as mobility, personal care, mental health, medical history, medication and daily living and social skills. There was evidence of regular reviews as well as the involvement of other professionals for example the Occupational Therapist. Records indicated reviews of care following visits and advice from professionals. This would ensure care delivery was tailored to meet relevant and individual care needs. We saw staff had recorded some evidence of weight monitoring in the care files. Staff we spoke with told us there was a separate record in place to ensure weekly weights were recorded for all people living in the home. This would ensure regular monitoring of conditions were in place to enable staff to act in a timely manner to respond to changing conditions.

We saw staff had completed daily checks and records for bathing. We saw people using service had an allocated date for baths however the staff told us that it was people individual choice relating to bathing.

As a result of the last inspection the provider told us they had added mental health assessments into all peoples care file to ensure a comprehensive record of need was in place. During this inspection we saw general risk assessments in place, for example falls, diet, mental health, were seen. The manager told us as a result of the last inspection they had updated all care plans and risks assessments with actions taken along with pressure areas risks identified where required. This would ensure all people living in the home had current and up to care records for staff to follow.

Evidence of monitoring and reviews of care plans were in place and included audits to ensure all records were in place, complete and met peoples individual needs. The providers statement of purpose documented reviews of care would be, 'Constantly under review and there would be a formal review undertaken with people who used the service, relatives and professionals.' This would ensure care was delivered in line with people individuals and up to date need. We saw that the staff completed daily records for people who used the service. Records seen included, night shift reports, medications taken, any visits from professionals and any regular observations undertaken by staff, Records had been signed and dated to ensure accurate recording and monitoring was taking place.

There was notice board on display for staff that identified specific needs such as a resident checklist for hospital. Information such as guidance for Malnutritional screening and lifestyle passports to ensure people had access to up to date information about peoples was accessible for staff.

We asked the provider about how people using service were offered access to advocacy services. We were told there was leaflets on display in the entrance hallway however when we checked we could not see them on display. The provider told us they would ensure leaflets were replaced as soon as possible. A visitor we spoke with on the day of our inspection told us they had not heard of the advocacy service.

There was a complaints procedure on display in the staff office to ensure staff had access to the relevant guidance required if any complaints were received. We saw that there were details of the complaints procedure in bedrooms for people who used the service as well is in the provider's statement of purpose. We asked people who used the service if they knew how to make a complaint, People told us, "I would ask the key worker", "I'd get somebody up here" and, "No not really, I'd write it down and give it in". People told us they would speak to the owner or the manager with any concerns.

We looked at the complaints file and saw evidence that appropriate actions had been taken as a response to complaints and these included actions taken as a result of any complaints. This would ensure systems to

ensure appropriate actions were taken as a result of complaints was in place.

Is the service well-led?

Our findings

We asked people who used the service about the manager. We noted some people living in the home mistook the owner for the manager. Comments received were, "[Name of owner] she's alright, she came into my room this morning to see if I wanted to get up or stay in bed" another said, "[Name of owner], she's lovely". However other people said, "She's nice [name of manager] and, "She hasn't been here long; I've not had much contact with her so I can't tell you".

During our inspection we noted that visitors to the home mistook the manager with the owner of the home. One person said, "She is nice [name of owner] she comes in now and again" and, "She is OK [name of owner] she's improved now I've got to know her a bit better". Comments about the manager included, "I know her by sight, she speaks occasionally" and she is, "Very nice, polite and helpful". A visiting professional told us, "She [name of manager] knows what is going on".

We received very positive feedback about the manager. Staff told us, "[name of manager] is really nice, she has made changes for the better, she is supportive", "I have no worries, I would speak to the manager. She is lovely approachable you can talk to her" and, "I feel very supported, [name of manager] is 100 times better", "I am happy the manager is supportive" and, "I feel I would be able to go to her with concerns and would be 110% confident she would sort out any concerns."

At the last inspection we identified a breach of Regulation 17 HSCA (RA) Regulations 2014 Good Governance. This was because people, who use services, and others, were not protected against the risks associated with ineffective processes to assess, monitor and improve the service. We followed this up during this inspection.

There was evidence of appropriate certificates on display in the home such as, employer's liability, health and safety advice and investors in people. The manager confirmed that the ratings had been displayed during our inspection; we checked this and saw this on display in the entrance hall to the home.

As a result of the last inspection the manager told us they had commenced weekly audits to ensure appropriate checks were taking place. We asked about how the provider ensured they were monitoring the service. We were shown a quality audit that had been completed on the meals offered to people who used the service and included temperature checks as well as the type of food offered, records identified these had been completed regularly. There was a quality monitoring file that indicated regular checks and audits were taking place such as; rooms checks, complaints, and customer satisfaction. Records in a health and safety file identified appropriate checks and monitoring were taking place such as; weekly fire checks, portable appliance checks, monitoring of moving and handling techniques and water temperature checks. There was also a monthly audit file that included evidence of regular monitoring for fire drills, risks assessments and environments. Evidence of dates these were completed as well as notes for actions taken forward was in place, this would ensure effective audit trial and monitoring was in place.

The manager provided us with a copy of room temperature monitoring that was taking place. There was

evidence of random samples of rooms being monitored; this included the date, time, and temperature and whether people using services were present at the time of the check. The home manager told us they had included these checks into the weekly auditing that was taking place.

The provider told us they had implemented questionnaires for people using services as well as to families and that action plans will be created from these. They said action plans will be implemented as a result of comments that required further investigation.

We saw the provider sought the opinions of people using the service as well as relatives because there was evidence of completed verbal interviews with people who used the service. Positive feedback was noted such as, "My visitors have commented on the cleanliness of the home" and, "Very happy we looked at loads of homes and this was the nicest, everyone who comes says it is lovely." There was evidence of views received from family members. Comments seen were, "I am more than happy about the treatment and care my [name of person] gets from you and your staff she is happy here, clean and well fed" as well as feedback from new people living in the home as well as menus. Systems and processes were in place to ensure effective quality monitoring and reviews were in place.

The manager showed us a copy of supervision charts that had been introduced recently that covered observation of tasks undertaken by the member of staff. Examples of supervision taking place were; personal care, equipment, general observations, and diet and nutrition. There was evidence of the opportunity to identify when additional training was required however records would not identify if specific concerns had been identified or the actions taken as a result of this. Staff told us they received regular supervision from the manager and we saw a supervision file in place that provided evidence of recent and regular supervision which had been signed and dated. This would ensure systems and process to monitor and check the suitability and knowledge of staff were in place.

Staff told us regular meetings were taking place and felt they were able to voice their views and opinions at these. There was a copy of recent minutes from a senior carers (staff) team meeting on display; this would ensure staff had access to the discussion taken place and the actions going forward as a result of the meeting. We also saw minutes from a recent meeting undertaken with people living in the home; we saw records that indicated attendees as well as notes and actions taken forward.

Evidence of investigations into incidents and accidents was seen. This would ensure appropriate actions were taken to ensure people were protected from ineffective systems and processes of quality monitoring.