Mapleford (Nursing Home) Limited

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Inspection report

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Accrington
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Tel: 01254871255

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11 July 2017

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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

We carried out a comprehensive inspection of Mapleford Nursing Home on 10 and 11 July 2017. The first day of the inspection was unannounced.

Mapleford Nursing Home provides personal and nursing care for up to 54 people, including people with mental ill health and people living with dementia. The building is purpose built and accommodation is provided in single rooms. Some have ensuite facilities. The home is situated two miles from the town of Accrington in East Lancashire. At the time of our inspection there were 36 people living at the home.

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission (CQC) since March 2017. A registered manager is a person who has registered with the CQC 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.

During a previous inspection on 19 November 2015 and 6 January 2016, we found breaches of the regulations relating to a lack of accurate records, failure to protect people from the risk of unsafe care and a failure to consider the risks to people's safety as part of the pre-admission assessment process. During this inspection we found that improvements had been made and the provider was meeting all regulations.

We found that there were appropriate policies and procedures in place for the safe management of medicines. We observed staff administering people's medicines safely.

People who lived at the home told us they received safe care and they were happy with staffing levels at the home.

People told us they liked the staff who supported them and told us staff were caring. People felt that staff had the knowledge and skills to meet their needs.

We saw evidence that staff had been recruited safely. The staff we spoke with understood how to safeguard vulnerable adults from abuse and were clear about the action to take if they suspected that abusive practice was taking place.

We found that care plans and risk assessments were individualised and contained information about people's needs, risks and preferences. They were updated regularly.

We found that staff received an appropriate induction, effective training and regular supervision. Staff told us that the registered manager and the general manager were approachable and they felt well supported.

The service had taken appropriate action where people lacked the capacity to make decisions about their

care and needed to be deprived of their liberty to keep them safe. We found evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice.

People who lived at the home were happy with the quality and variety of the meals provided. We observed staff supporting people appropriately with their meals.

People received support with their healthcare needs and we received positive feedback from community health care professionals about standards of care at the home.

We observed staff communicating with people in a kind, friendly and respectful way. People told us that staff respected their privacy and dignity and encouraged them to be independent.

People were supported to take part in a variety of activities inside and outside the home. People who lived at the home and their relatives were happy with the activities available.

We saw evidence that the registered manager sought feedback from people who lived at the home and their relatives about the care and support provided and acted on the feedback received.

People who lived at the home and their relatives told us they thought the home was well managed. They felt that the registered manager, the general manager and the staff were approachable.

The registered manager and the general manager regularly audited many aspects of the service. We found that the audits completed had been effective in ensuring that appropriate standards of care and safety were maintained at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The registered manager followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people who lived at the home.

People who lived at the home, their relatives and the staff we spoke with felt that staffing levels at the home were appropriate to meet people's needs.

There were appropriate policies and procedures in place for the safe administration of medicines. We observed staff administering medicines safely.

Is the service effective?

Good

The service was effective.

Staff received an appropriate induction and effective training which enabled them to meet people's needs. People felt that staff had the knowledge and skills needed to support them effectively.

People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. Where people needed to be deprived of their liberty to keep them safe, appropriate action had been taken.

People were supported well with their nutrition and hydration needs. They received appropriate support with their healthcare needs and were referred to a variety of community healthcare services.

Is the service caring?

Good

The service was caring.

People liked the staff who supported them and told us that staff were caring. Staff knew people at the home well and we observed them treating people with kindness and respect.

People told us staff respected their privacy and dignity and we saw examples of this during out inspection.

People told us they were encouraged to be independent. We noted that equipment was available which supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans and risk assessments reflected people's individual needs, risks and preferences and were reviewed regularly.

People told us they received care which reflected their needs and preferences and we found evidence of this.

People were supported by staff to take part in a variety of activities. People who lived at the home and their relatives were happy with the activities available.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. People who lived at the home and staff felt the home was well managed.

The registered manager sought feedback from people who lived at the home, their relatives and staff. The feedback received was used to improve the service.

The registered manager and general manager audited and reviewed many aspects of the service. We found that the audits completed had been effective in ensuring that appropriate levels of care and safety were maintained at the home.

Mapleford (Nursing Home) Limited

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 was 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 took place on 10 and 11 July 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector, an expert by experience and a specialist advisor. 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 specialist advisor was a nurse.

Prior to the inspection we reviewed information we held about the service including complaints, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports. We contacted six community healthcare agencies who were involved with the service for their comments, including a community link nurse, community psychiatric nurse and a pharmacist. We received a response from two of the agencies. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for information. They did not have any concerns about the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 5 people who lived at the service and 4 visitors. We spoke with 12 staff, including the registered manager, the general manager, six care staff, two nurses, a member of domestic staff and the maintenance person. We observed staff providing care and support to people over the two

days of the inspection. We reviewed in detail the care records of six people who lived at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of quality and safety audits that had been completed and fire safety and environmental health records.

Good

Is the service safe?

Our findings

During a previous inspection on 19 November 2015 and 6 January 2016, we found a breach of the regulations relating to a failure to protect people from unsafe care. We found that people had not always been supported appropriately to reduce the risks they posed to themselves and others. During this inspection we found that staff supported people appropriately and any risks that people posed to themselves or others had been managed effectively.

People who lived at the home told us they received safe care. One person commented, "When I'm moving about staff are very helpful. Staff will come to you and say 'are you alright, are you bothered about anything?'" Relatives told us that their family members were kept safe. One relative told us, "[My relative] wanders. No issues here. There were at his previous home. There's locked doors and more staff on here".

We looked at staffing arrangements at the home. People felt that there were enough staff on duty at all times to meet their needs. One person told us, "Staff are always around making sure people are comfortable, have enough to eat and drink, taking them to bed". Another person commented, "There are enough staff. They come around regularly. They're very good". Relatives were also happy with staffing levels. Comments included, "Yes, always enough staff, even at night time" and "The ratio of staff to patients is good. There's always someone [staff] there".

The staff we spoke with felt that staffing levels at the home were appropriate to meet people's needs. Comments included, "Staff levels are good now. We have the right number of staff to care for the residents" and "Staffing levels are fine. There are always enough staff to meet people's needs. Staffing levels change depending on people's needs and are increased when needed". Staff told us that when they had raised issues about staffing levels in the past, they had been addressed immediately.

We reviewed the staffing rotas for three weeks including the week of our inspection and found that the staffing levels set by the home had been achieved on all dates. The registered manager and the staff we spoke with told us that agency staff were used when sickness or annual leave could not be covered by permanent staff at the home. They told us that regular agency staff were used who were familiar with home and people's needs. We saw evidence of this in the rotas we reviewed. We noted that there was an induction process in place for agency staff who worked at the home, which included information about health and safety, fire safety, the whistle blowing (reporting poor practice) policy and the required standards in respect of treating people with privacy, dignity and respect. This helped to ensure that temporary staff were able to provide people with safe, effective care.

We had previously received concerns about the availability of staff during shift changes, when staff were handing over information to each other. We discussed this with registered manager who explained that two handovers now took place during each shift change, to ensure that there was always a member of staff available on each unit. A handover took place involving most of the staff and then a further handover was completed with the member of staff who had remained available on each unit.

People told us that risks to their health and wellbeing were managed well at the service. One person told us, "You're never left on your own. There's always staff about". Another person commented, "I've never fallen here". Relatives were also happy with how people were supported to manage their risks. One relative said, "[My relative] had two falls when he first arrived here. They were dealt with correctly by staff. They took him to hospital immediately. The falls were due to inappropriate medication before he came here. His medication is now sorted and there have been no falls since". Another relative told us they had been threatened by a person who lived at the home. They told us that staff had responded immediately, by diffusing the situation and ensuring that the person and the relative were safe.

We reviewed six people's care plans and risk assessments in detail. We found that risk assessments were in place, including those relating to falls, moving and handling, nutrition and hydration and behaviour that posed a risk to people. Assessments included information for staff about the nature of the risks and how staff should manage them. We noted that when people had displayed behaviour that posed a risk to themselves or others, staff had completed detailed documentation. This included information about the incident and the action they had taken to support the person and reduce any risks. Records showed that all staff had completed training in managing challenging behaviour. During our inspection we observed one person displaying challenging behaviour and found that staff managed the situation well by supporting the person appropriately. This helped to ensure that people were kept safe.

We noted that records had been completed when people experienced a fall. Records showed that appropriate action had been taken when people had fallen repeatedly, including referrals to people's GPs and the local falls prevention service. A monthly and quarterly falls audit was completed by the registered manager to ensure that people's risk of falling was being managed effectively. The service had three falls champions, who completed additional audits when people had fallen repeatedly to ensure that appropriate preventative measures were being taken.

We looked at how people's medicines were managed at the service. The home had a detailed medicines policy which included information for staff about ordering, administration, storage, disposal, PRN (as needed) medicines, self-administration, errors and record keeping. Up to date guidance from The National Institute for Health and Care Excellence (NICE) and the Royal Pharmaceutical Society (RPS) was also available for staff to refer to. Medicines were stored securely and we saw evidence that temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised.

Records showed that all except one member of staff who administered medicines had completed medicines administration training in the previous 12 months. The general manager told us that the staff member had been unable to attend previous training and training was being arranged. We found evidence that staff competence to administer medicines safely was assessed regularly and the staff we spoke with confirmed this to be the case. This included a recent competence check of the member of staff who had not yet updated their training. We looked at the medicines administration records (MARs) for people living at the home and noted that they included clear information about dosage, timings and guidance for any 'as required' medicines. We found that all of the MARs we reviewed had been completed appropriately by staff. Medicines audits had been completed monthly to review the completion of MARs and the quantities of medicines in stock. In addition, a recent audit had been completed by the local pharmacist. An action plan was in place and we saw evidence that areas identified as needing improvement, were being addressed.

We observed staff administering medicines and saw that people were given their medicines in a safe way. The people we spoke with told us they received their medicines when they should. Comments included, "They bring it to me [medication] on a regular basis. If you're in pain they give you paracetamol" and

"Morning, lunchtime, teatime and bedtime they bring my medication to me. They stay until I've taken it. If you've got a headache they'll give you a tablet". One relative told us, "[My relative] tells the staff if he's in pain and they get him pain relief".

We looked at staff training and found that all staff at the home had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed that they had completed the training. They understood how to recognise abuse and were clear about the action to take if they suspected that abusive practice was taking place. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. The contact details for the local authority safeguarding vulnerable adults' team and local police were included. These contact details were also displayed in the entrance area of the home. We noted that a member of staff had been nominated as the safeguarding champion for the home. This meant that they completed additional training and were responsible for promoting safeguarding practices at the home.

Records showed that all staff had completed moving and handling training in the previous 12 months. Staff members' competence to move people safely was assessed regularly. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

Verbal and written information was handed over between staff prior to shift changes. We reviewed some handover records and noted they included information about people's personal care, mood, pain, sleep and any visits from relatives or healthcare professionals. In addition, any concerns identified were clearly recorded by staff, including when people's behaviour had posed a risk to themselves or others. This helped to ensure all staff were aware of any changes in people's risks or needs.

We looked at the recruitment records for three members of staff and found that the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained for each member of staff. These checks helped to ensure that the staff employed were suitable to provide care and support to people living at the home.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty on each day of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We found the standard of hygiene in the home during our inspection to be high. People told us the home was kept clean. They said, "They're always cleaning. They have a full time cleaner. They clean my bedroom every day" and "They clean every day in my bedroom". Relatives were also happy with hygiene levels at the home. One relative told us, "The bed is always clean and changed regularly". We noted that on 6 March 2017 the home had been awarded a food hygiene rating score of 5 (Very good).

Records showed that environmental risk assessments were in place and had been reviewed regularly. This included checks for Legionella bacteria, which can cause Legionnaires Disease, a severe form of pneumonia. A fire risk assessment had been completed in May 2017 and records showed that the two recommended improvements had been completed. All staff had completed up to date fire safety training. Records showed that equipment at the service was safe and had been serviced regularly. Portable appliances and gas and electrical installations had also been tested regularly. There were personal emergency evacuation plans in place for people living at the home This helped to ensure that people were living in a safe environment and would be kept safe in an emergency.

A business continuity plan was in place which documented the action to be taken if the service experienced a loss of amenities such as gas, electricity or water. This helped to ensure people were kept safe if the service experienced difficulties.

Good

Is the service effective?

Our findings

During a previous inspection on 19 November 2015 and 6 January 2016, we found a breach of the regulations relating to a failure to maintain accurate records of people's care and treatment. We found that records did not reflect the treatment provided in relation to a person's health needs and the provision of pain relief medication. During this inspection we found that clear records were kept in relation to people's healthcare needs and treatment and the administration of medicines, including pain relief.

People who lived at the home told us they were happy with the care they received and the staff who supported them. Comments included, "Overall it's a very good place. I've no complaints. We're very well looked after", "I'm absolutely happy, it's lovely. When I go to bed at night I think how lucky I am to have ended up here. I couldn't have found a better place. This is the best" and "They [staff] know what they're doing". Relatives were also happy with the care being provided. Comments included, "They're very competent, all of them – management, carers, nursing, cleaning and activities people", "Every time I come through the door, I'm more confident that I will find [my relative] well" and "I can't fault it. There's nothing annoying me at all. They meet all [my relative's] needs. I'm not worried any more when I'm at home".

Records showed that staff completed an induction programme when they joined the service which included safeguarding, health and safety, infection control, moving and handling, dementia awareness and challenging behaviour. The staff we spoke with told us they had received an effective induction when they started working at the home. They told us that as part of their induction they had been able to observe experienced staff supporting people, to enable them to become familiar with people's needs before becoming responsible for providing their care. This helped to ensure staff could provide safe care which reflected people's needs and preferences. The Provider Information Return advised that additional staff training around person-centred approaches was planned.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. We noted that in addition to the service's mandatory training, all staff had completed training in dementia awareness and some staff had also completed training in communication and interaction, providing activities and applying creams and lotions. This helped to ensure that staff were able to meet the needs of people who lived at the home.

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and noted that issues addressed included standards of care, training and development, staff responsibilities and any personal issues. Staff also received annual appraisals of their performance. Records showed that staff were able to raise concerns and make suggestions as part of their supervision and appraisal.

We looked at how the service addressed people's mental capacity. 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to keep them safe. Records showed that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests. The relatives we spoke with confirmed this to be the case.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one part of the home to another. One person told us, "Staff don't just come around and stick a spoon in your mouth. They always ask if you're comfortable". Another person said, "They don't try to push things [food] on you if you don't like it". We noted that care plans were detailed and documented people's likes and dislikes, as well as their needs and how they should be met,

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files and documented whether decisions were indefinite or whether they needed to be reviewed. This helped staff to recognise people's needs quickly and ensure that appropriate action was taken, for example in the case of a medical emergency.

We looked at how people who lived at the service were supported with eating and drinking. People we spoke with were happy with the meals provided at the home and told us they were given plenty of choice. Comments included, "Very nice, good plain food and you get a choice", "Reasonable, tasty meals and you're not rushed" and "The food's good and plenty of it. If you oversleep, no fuss. They just give it to you if you're a bit late. We're not rushed at all. You can sit there and have a cup of tea after the meal, as long as you want". People told us they could have something to eat or drink when they wanted to. One person commented, "If you want a snack that's not a problem".

Relatives were happy with the meals provided at the home and the support people received with nutrition. Comments included, "There's a jolly atmosphere. They're not rushed" and "People are always given two options for the main meal".

We observed lunch taking place in one of the dining rooms. It was a buffet lunch to celebrate a person's birthday. We saw that dining tables were set with table cloths, place mats, cutlery and condiments. The food was well presented and there was lots of choice. People were asked if they wanted to wear a tabard to protect their clothing. The atmosphere was relaxed and we saw staff supporting people sensitively with their meals. People were supported by staff at their pace and with patience. We noted that people were able to have their meal in the lounge or their room if they preferred to. We noticed that the options available at each mealtime were displayed on the wall in the dining areas. This helped to ensure that people were aware of the choices available.

A nutrition and hydration assessment had been completed for each person living at the home and any special dietary requirements were documented. Record showed that people's weight was recorded monthly or more regularly where appropriate. We found evidence that appropriate professional advice and support, such as referral to a dietician or the speech and language therapy service, had been sought when there were concerns about people's weight loss or nutrition. We spoke with the cook who was aware of people's special

dietary requirements, such as people who were diabetic or required a soft diet. She told us that she was kept updated by staff regarding any changes in people's needs. One relative told us, "They've got things in place. They did a risk assessment on [my relative's] food. He had choked on food at a previous home. They got a detailed history when he arrived here". We noted from the Provider Information Return that further staff training around nutrition was planned.

We looked at how people were supported with their health. People who lived at the service told us staff made sure their health needs were met and they could see a doctor or nurse if they needed to. Comments included "If you don't feel well, you just tell them and the doctor's here" and "I can see my GP when I want. I go and see him with the carers". One relative told us, "The GP's called in if needed".

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses, chiropodists, the falls prevention service, physiotherapy and speech and language therapy services. Healthcare appointments and visits were documented in people's care records. This helped to ensure people were supported appropriately with their healthcare needs.

We received responses from two of the community healthcare professionals we contacted for feedback about the service. One professional told us that there had previously been issues with night time medication at the home and instances of medication not being given for some time but not being followed up. They told us that the new manager at the home was keen to engage with them and appeared to take on board suggestions for improvement. They did not have any current concerns about the home. Another community professional told us they had good working relationships with staff at the home, who they felt were always receptive to their involvement. They felt that some improvements could be made regarding making sure that patient information was communicated between staff in a timely manner to ensure continuity of care.

We found that some of the bathrooms at the home required updating.
Bathrooms suites were dated, some of the wall tiles were cracked and the paint on wood work was flaking in places. We discussed this with the registered manager and the general manager. They advised that all required improvements had been identified and we saw evidence of this in the environmental audits that had been completed. They told us that improvements were planned. During our inspection, the maintenance person completed some minor repairs to ensure that bathroom areas remained safe until the improvements had been completed. Following our inspection the general manager provided us with an improvement plan for the home, which included the replacement of some of the bathroom suites and the complete refurbishment of one bathroom. The improvement plan included reasonable timescales for completion.

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that staff were caring. Comments included, "I love the staff, they're very good with me", "I've been cared for very well" and "The staff treat me as part of their family". Relatives also felt that staff were caring. Comments included, "Staff are very kind. I've never seen a member of staff who wasn't caring", "When I come [my relative's] quite happy. He knows the staff's names" and "There isn't one member of staff I don't like".

During the inspection we observed staff supporting people at various times and in various areas around the home. We saw that staff communicated with people in a kind and respectful way and were sensitive and patient. The atmosphere in the home was relaxed and conversations between staff and the people living there was often friendly and affectionate. It was clear from our observations that staff knew the people who lived at the home well, in terms of their needs, risks and preferences.

People told us they were involved in decisions about their care and could make choices about their everyday lives, such as where they spent their time and what activities they took part in. Comments included, "If you want, you can go to your room and shut the curtains or you can sit around a table with your friends and relax" and "They let you choose your own clothes. In a morning they say 'Good morning, how are you today? Would you like to get up? What would you like to wear today?" People told us they had choice at mealtimes and we saw evidence of this during our inspection. People were given the time and support they needed to do things such as eating their meals, taking their medicines and moving around the home. Staff did not rush them.

People told us staff respected their privacy and dignity. One person commented, "They're very respectful when you have a shower. They hold a towel up in front of you. Anything not to embarrass you". Another person told us, "The carer comes with me when I have a bath. Makes sure the door is shut, uses the hoist, does my back and feet, all done gently. I can do the rest". We observed staff knocking on people's bedroom doors before entering and explaining what they were doing when providing care and support, such as administering medicines or helping people to move around the home. Reminders of the importance of staff respecting people's dignity were included in people's care plans. One member of staff had recently been nominated as the dignity champion at the home. They told us they would be attending further training on dignity and attending local meetings. They would then pass this knowledge on to other staff to promote people being treated with dignity at the home.

People told us they were encouraged to be independent. We observed that equipment was available to support people to maintain their mobility and independence, such as walking aids and adapted crockery. Staff understood the importance of encouraging people to be independent and could give examples of how to maximise people's independence and choice.

We noted that where appropriate, people who lived at the home could have access to the codes for the keypad locks on the doors. This meant that where people were safe to, they could leave the home if they chose to, which contributed to their privacy, dignity and independence. We observed one person doing this

during our inspection.

We looked at the arrangements for supporting people with their personal care. People who lived at the home told us they received support with their personal care regularly. One person commented, "They help me in the bath. I'm not rushed". Relatives told us they were happy with the personal care and support their family members received. Comments included, "[My relative] always appears well turned out" and "[My relative] gets help with shaving and showering".

On the first day of our inspection, a birthday party took place for a person who had no visiting family. The walls had been decorated with balloon and posters. There was a buffet lunch which was well presented, with lots of choice of savoury and sweet food. People were able to help themselves. There were a variety of alcoholic and soft drinks available. People sang happy birthday to the person and there was a relaxed and happy atmosphere, with people smiling and chatting easily with each other and staff. Comments from people included, "I enjoyed that", "That was very nice, thank you very much" and "It was very good. I would recommend that the chef gets a rise". One relative told us, "They always bake a cake for birthdays and sing happy birthday".

The registered manager provided us with a copy of the service user guide that was issued to everyone who came to live at the home. The guide included information about health and safety, respecting people's personal preferences and how to make a complaint.

We noted that the home issued a quarterly newsletter. We reviewed the newsletter from July to September 2017. It contained information about monthly residents meetings, religious services, activities, visiting entertainers, fundraising events and a word search. There was also information about new staff, the home's three dignity champions and a guide to staff uniforms. The newsletter was colourful and well presented, with lots of pictures and photographs of people participating in recent activities and events.

The visiting policy advised that there were no restrictions on visiting and this was confirmed by the people who lived at the home and their relatives. One person commented, "Family can come whenever they want. No problems with that".

Information about local advocacy services was displayed in the entrance area of the home. Advocacy services can be used when people do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The registered manager told us that at the time of our inspection, two people were being supported by an advocacy service. We saw evidence in one person's care file of visits they had received from their advocate.

The home had a dedicated end of life care room on one of the units. The registered manager told us that the room had been chosen as it was located slightly away from the main corridor and offered a more quiet and peaceful environment. We noted that the room had an extra bed and was ensuite so that relatives or friends could stay with and support people who were at the end of their life. The registered manager told us that a number of staff had completed end of life care training in 2016 and the staff we spoke with confirmed this. This helped to ensure that people were supported appropriately at the end of their life.

Good

Is the service responsive?

Our findings

During our previous inspection on 19 November 2015 and 6 January 2016, we found a breach of the regulations relating to a failure to consider the risks to people's safety as part of the pre-admission assessment process. We found that effective strategies were not in place to support people who posed a risk to themselves or other people who lived at the home. During this inspection we found that pre-admission assessments included information about people's risks. We found that care plans and risk assessments included clear strategies for staff to follow when supporting people whose behaviour could pose a risk to themselves or others.

People who lived at the home told us they received care that reflected their needs and their preferences. One person said, "I go to bed quite late but I don't disturb anybody". Another person told us, "They [staff] know that I like Weetabix for breakfast". Relatives told us their family members' needs were met. One relative commented, "The staff know what [my relative] likes and doesn't like. They know all about her". Another relative told us, "They ask [my relative] how she wants to dress. She is asked her opinion about things".

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. Preadmission assessments included information about people's needs and risks, including those related to mobility, nutrition, communication, medication and personal care. Information about any risks that people posed to themselves or others were also included.

The care plans and risk assessments we reviewed were individualised and included information about people's likes and dislikes as well as their needs. There was clear information about what people were able to do and what they needed support with, as well as how that support should be provided by staff. Information about people's interests and hobbies was also included. We found that the care plans and risk assessments we looked at had been reviewed regularly and appropriate action had been taken when people's needs had changed.

We looked at how people were supported with their spiritual or religious needs. We noted that information about the religious services that took place at the home was included in the service user guide and the home's newsletter. The staff we spoke with confirmed that religious services took place at the home regularly. Information about people's spiritual or religious needs had been recorded in their care plans and any support they needed to meet their needs. This helped to ensure that people received appropriate support.

We noted that people's ethnicity and sexual orientation had not been recorded in their care files. We discussed this with the registered manager who amended the care documentation used by the home to include this information. She told us that people would be asked about their ethnicity and sexual orientation in future as part of the pre-admission and care planning processes. We asked staff how they would support a person who was lesbian, gay, bisexual or transgender. Staff were clear that they would not discriminate against the person and could give examples of how they would address any potential

discrimination or prejudice from other people who lived at the home. One staff member described how they had previously addressed an inappropriate racial comment made by a person who lived at the home about a staff member. We found that this had been addressed appropriately and respectfully.

We found that relatives had been consulted where people lacked the capacity to make decisions about their care. Records showed that relatives were kept up to date with any changes in people's needs or any concerns, such as if their family member had experienced a fall or if they were unwell.

People told us that staff came when they needed them. One person commented, "I don't use the buzzer but staff come straight away when I need them". During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as personal care and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment. They could move around the home freely and choose where they sat in the lounges and at mealtimes.

We saw that staff were able to communicate effectively with people. Staff spoke clearly and repeated information when necessary. We observed that people were given the time and information they needed to make decisions. When people were upset or confused staff reassured them sensitively. The registered manager showed us communication aids that had been used at the home, which included large print cards for with people who were visually impaired. This meant that information was provided to people in an accessible format. She also showed us information that had been used by staff to facilitate communication with a person whose first language was not English.

We looked at how the service ensured that people received consistent care when they moved between different services. The registered manager told us that the 'This is me' document which provided a summary of people's care needs, their admission sheet and a copy of their medication administration record (MAR) went with people when they attended hospital. This meant that hospital staff were made aware of people's risks and needs.

We looked at the activities available to people who lived at the home. The people we spoke with were happy with the activities available. One person told us, "Four or five of us go out to a pub for a meal. We go with two carers in cars about once a month. It's a nice change. We have a Christmas do. We do all sorts with [activities co-ordinators]". Another person commented, "We have a music night and quizzes. I'm quite happy reading. We have trips out to the seaside usually, about once a month". The relatives we spoke with were also happy with the activities available at the home. One relative told us, "[My relative] gets asked every time. Most days a volunteer comes in with a guitar for a sing along".

The service employed two activities co-ordinators. We spoke with one of the co-ordinators who told us that activities took place daily and showed us photograph albums of people's involvement in past activities. Daily records were kept which documented people's involvement in activities such as quizzes, arts and crafts, music, dominoes, movies, bingo, baking and ball games. We noted that people who were unable to participate in some activities due to their complex needs, were also offered activities, often on a one to one basis. These included music, hand massage, nail care, movies and pampering. We noted from the home's newsletter that a summer fayre was planned for 12 August 2017, with all proceeds going to the residents' fund. We noted a sign in the entrance area advertising a residents' pub lunch on 12 July 2017 and a singer visiting the home on 19 July 2017. The Provider Information Return advised that further community activities were planned including swimming, trips to the cinema and a short holiday in Blackpool.

We observed people taking part in a variety of activities during our inspection including quiz and a sing

along. People were smiling and tapping their toes. They seemed to enjoy the entertainment. People were also watching Wimbledon during our inspection and strawberries and cream and Pimms were available to celebrate the occasion. We noted that people could have alcoholic drinks regularly if they chose to. One person had a pet cat which they told us also brought pleasure to other people who lived at the home. There was a pool table and Subbuteo table in one of the lounges and we saw people using them regularly.

A complaints policy was available and included timescales for investigation and providing a response. The contact details for the CQC and the local authority were included. Information about how to make a complaint was also included in the service user guide. We reviewed the one complaint received in 2017 and saw evidence that it had been investigated appropriately and responded to within the timescales of the policy.

People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so. One person commented, "I would talk to staff. You can talk to the general manager and she'll listen to you very well. You can talk to the manager as well". Another person told us, "I'd tell a nurse first and she would take me to the matron. I've never had to do that. I would feel comfortable doing so. It's very relaxed". Relatives also felt able to raise concerns or make a complaint. One relative told us, "I say stuff to staff and they deal with it right away. I can talk to [registered manager] or [general manager]. No qualms whatsoever". Another relative commented, "I've not had any complaints here".

We looked at a variety of thank you cards received by staff at the home. Comments included, "The high standard of care given to [my relative] while she was on palliative care was excellent" and "Thank you so much for the care and attention you gave to [my relative]". We noted that people also left comments in the visitors book. Recent comments included, "[My relative] is always well cared for and looks presentable. The staff are friendly and helpful" and "[My relative] is treated with every courtesy and respect. I am always consulted on his care needs. The staff are second to none".

Good

Is the service well-led?

Our findings

People who lived at the home told us it was well managed and that the staff and management were approachable. Comments included, "It's very well managed. They always come to you and ask you if you're alright", "It's very relaxed everywhere" and "A lot of patients make noise but the atmosphere is smashing and the staff will help you. They're amazing and kind". Relatives also felt that the home was managed well. One relative told us, "They've tried their hardest to make it homely for people and the staff talk to people".

During our inspection we observed that the home was calm and organised. The registered manager and general manager were able to provide us with the information we needed quickly and easily and were clearly familiar with the needs of people who lived at the home.

We noted that it was the service provider's vision, 'To raise and maintain the levels of the quality of life and personal fulfilment for each of our residents'. During our inspection we saw evidence that this vision was promoted by the registered manager, the general manager and staff at the home. The registered manager informed us that she received regular support from the general manager and could contact her if she had any concerns. She told us the provider ensured that the necessary resources were made available to provide people with safe and effective care.

We saw evidence that staff meetings took place regularly and this was confirmed by the staff we spoke with. We reviewed the notes of the most recent full staff meeting, nurses staff meeting and care staff meeting and noticed a high level of attendance by staff. The issues addressed included standards of care, areas for improvement, security, staff training, meals, staffing levels, handovers, health and safety and infection control. Staff told us they were encouraged to raise any concerns or make suggestions during the meetings and we saw evidence of this in the meeting notes. We saw that staff awards had taken place during the general staff meeting, including employee of the year and staff with 100% attendance. The meeting notes also included thanks from the general manager for staff members' hard work and support.

We reviewed the results of the staff questionnaires issued in June 2017 and noted that 16 staff had responded. We noted that high levels of satisfaction had been expressed about almost all issues including the management team, the working environment, staff morale, responses to concerns from people living at the home, supervision, training and standards of care at the home. The lowest scoring areas related to one specific staff role and the response to staff complaints. The general manager told us that they were in the process of addressing the lowest scoring areas. We noted in the notes from the June 2017 staff meeting that staff had been asked to provide additional information about any negative feedback they had provided in the questionnaires, to ensure that their concerns could be addressed.

A whistleblowing (reporting poor practice) policy was in place. Staff told us they felt confident that the registered manager or the general manager would take appropriate action if they raised concerns about the actions of another member of staff. This demonstrated the staff and management's commitment to ensuring that appropriate standards of care were maintained at the home.

The staff we spoke with during our inspection told us they felt well supported by the registered manager and the general manager. Comments included, "The manager is very competent and supportive" and "The management are approachable and let staff raise concerns. Staff feel listened to".

We noted that the service had been awarded the Investors in People Award in March 2017. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework.

During our inspection we observed people and their visitors approaching the registered manager and the general manager directly and saw that they communicated with them in a friendly and professional way. We observed staff approaching them for advice or assistance and noted that they were friendly and supportive towards staff. We saw that both the registered manager and general manager were directly involved in people's care and spent time interacting with people and assisting staff to support people. It was clear that they were familiar with people's needs, risks and personalities.

We looked at how the service sought feedback about the care people received and involved them in the development of the service. People told us residents meetings took place regularly. Comments included, "We have residents meetings about once a month or maybe more. We talk about anything: are we happy with the cleaning; do we get enough food at mealtimes; do we get enough attention?" and "We have meetings every week. We talk about all sorts such as food and care".

The registered manager told us that residents meetings took place monthly. We reviewed the notes of the meetings held in May and June 2017 and noted that a total of 16 people had attended. Issues discussed included the home environment, food and drink, activities and complaints. We noted that people were asked for their feedback and suggestions and could raise concerns during meeting. We saw evidence that the one concern raised had been addressed appropriately.

The registered manager informed us that satisfaction surveys were given to people who lived at the home yearly, to gain their views about the care being provided. We reviewed the results of the surveys from June 2017. We noted that a high level of satisfaction had been expressed about most issues including the quality of care provided, the friendliness of staff, the cleanliness and decor of the home, being treated with dignity and respect and confidentiality. The lowest scoring areas related to the activities and meals provided at the home. We saw from the notes of the residents meeting on 27 June 2017 that both meals and activities had been discussed. The general manager told us that these issues would be discussed again at the next residents meetings to ensure that activities and meals at the home reflected people's preferences. None of the people we spoke with during our inspection raised concerns about the meals or activities available at the home.

Records showed that the registered manager audited different aspects of the service regularly, including medication, equipment, infection control, the home environment, health and safety, equipment, complaints and falls. We noted that the general manager also audited the home regularly, which included health and safety, infection control, staff supervision, handovers, care documentation, medication, accidents and incidents and the audits completed by the registered manager. As part of her audits, the general manager also sought feedback from people who lived at the home, visitors and staff about their experiences of the home and the care provided. We found evidence that the audits completed had been effective in ensuring that appropriate standards of care and safety were being maintained at the home. The Provider Information Return advised that the general manager planned to introduce some additional audits around dignity in care and activities.

Our records showed that the registered manager had submitted statutory notifications to the Commission about people living at the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.