Pine View Care Homes Ltd

Silver Birches

Inspection report

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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

Overall summary

This inspection took place on 8 December 2015 and was unannounced.

Silver Birches is a care home that provides residential care for up to 16 people. The home specialises in caring for older people. At the time of our inspection there were 13 people in residence. The provider has commissioned an extension to the building, when completed will provide and extra three bedrooms and further office facilities. On completion the home's capacity will rise to provide accommodation for 19 people.

A registered manager was in post. 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.

At the last inspection of the May 8 2014 we asked the provider to take action. We asked them to make improvements in the storage of people's medicines, infection control and improvements in the safety of the

Summary of findings

building. We received an action plan from the provider which outlined the action they were going to take and be compliant by July 2014. We found that the provider had taken the appropriate action in all three areas.

People were happy and told us that they felt safe. Staff were able to explain how they kept people safe from abuse, and knew what external assistance there was to follow up and report suspected abuse. Staff were knowledgeable about their responsibilities and trained to look after people and protect them from harm and abuse.

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were qualified and suitable to work at the home. We observed there were sufficient staff available to meet people's needs and worked in a co-ordinated manner. Staff received an appropriate induction and on-going training for their job role, had access to people's care records and were knowledgeable about people which was important to meet their needs.

Staff communicated people's dietary needs appropriately, which protected them from the risk of losing weight. People's care and support needs had been assessed and people were involved in the development of their plan of care. People told us they were satisfied with the care provided.

People were provided with a choice of meals that met their dietary needs. Alternatives were provided for people that did not like the meal offered. We noted that the food came out of the kitchen plated, and gravy was brought out separately. There were drinks and snacks available throughout the day. The catering staff were provided with up to date information about people's dietary needs. Medicines were ordered, stored and administered to people safely.

People felt staff were kind and caring, and their privacy and dignity was respected in the delivery of care and their choice of lifestyle. Relatives we spoke with were also complimentary about the staff and the care offered to their relatives.

We observed staff speak to, and assist people in a kind, caring and compassionate way, and people told us that care workers were polite, respectful and protected their privacy. We saw that people's dignity and privacy was respected which promoted their wellbeing.

Staff had a good understanding of people's care needs, though some documents within the care plan and risk assessments lacked depth of information and explanation.

People told us that they had developed good relationships with staff.

People were involved in the review of their care plan, and when appropriate were happy for their relatives to be involved. We observed staff regularly offered people choices and respected their decisions.

People told us that they were able to pursue their hobbies and interests that was important to them. These included the opportunity to maintain contact with family and friends as visitors were welcome without undue restrictions.

Staff told us they had access to information about people's care and support needs and what was important to people. Care staff were supported and trained to ensure their knowledge, skills and practice in the delivery of care was updated, though some of the courses had not been undertaken recently. Staff knew they could make comments or raise concerns with the management team about the way the service was run and knew it would be acted on.

The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals.

Staff sought appropriate medical advice and support from health care professionals. Care plans included the changes to peoples care and treatment. People were confident to raise any issues, concerns or to make complaints.

People who used the service and their visiting relatives spoke positively about the open culture and communication with the staff. We noted that the provider interacted politely with people and they responded well to him. When we spoke with the provider, it was clear he knew people and their relatives.

The provider had a clear management structure within the home, which meant that the staff were aware who to

Summary of findings

contact out of hours. Care staff understood their roles and responsibilities and knew how to get support. Staff had access to people's care plans and received regular updates about people's care needs.

There were effective systems in place for monitoring of the building and equipment which meant people lived in an environment which was regularly maintained. However the internal audits and monitoring of person centred planning did not reveal areas that were not fully detailed.

Staff were aware of the reporting procedure for faults and repairs and had access to external contractors for maintenance to manage any emergency repairs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

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

Staff had received appropriate training and were aware of their responsibilities to keep people safe and report concerns.

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

Staff were aware how to protect people from cross infection within the home.

Good

Is the service effective?
The service was effective.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005.

People received appropriate food choices that provided a well-balanced diet and met their nutritional needs.

People were supported by a knowledgeable staff group, whose training was regularly updated.

Good

Is the service caring?
The service was caring.

People told us the staff were kind and caring and they were treated with kindness and compassion.

We saw positive interactions and relationships between people using the service and staff. Staff engaged with people in a respectful manner and assisted with their individual needs.

People's wishes were listened to and respected. Staff were attentive and helped to maintain people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People using the service and where appropriate their relatives were involved in compiling and reviewing care plans.

Staff knew people's needs and how to respond to behaviours that may challenge.

People said they felt able to approach the manager and staff if they had complaints.

Good

Is the service well-led?
The service was consistently well led.

The provider's quality assurance system had not consistently identified minor discrepancies in policies and procedures, and lack of depth of detail in care planning and risk assessments.

Good

Summary of findings

The service had a clear management structure and had regular monitoring visits by the provider.

There was a system in place to support staff, including regular staff meetings where staff had the opportunity to discuss their roles and training needs and to make suggestions as to how the service could be improved.

Silver Birches

Detailed findings

Background to this inspection

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

This inspection took place on 8 December 2015 and was unannounced.

The inspection team consisted of two inspectors 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 had an extensive knowledge and involvement with older people and their care in residential homes.

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

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

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

We spoke with five people who used the service, the provider [who is also the registered manager], the care manager, three care workers and the cook.

We also looked in detail at the care and support provided to four people including their care records.

Good

Is the service safe?

Our findings

At our inspection of 8 May 2014 we found that there were unsafe arrangements in place for the storage and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made. We found that medicine trolley was appropriately secured and stored in a room where the temperature was regularly monitored. Records showed that the temperature was within the appropriate limits for the purpose of storing medicines safely.

The provider sent us a copy of the medication policy and procedure and arrangements for medication temperature monitoring following our visit.

We looked at the records for eight people who received medicines. These had people's photographs in place, and were completed appropriately, with signatures and countersignatures, where these were required. Information about identified allergies, and people's preference on how their medicine was offered was also included. Some people were prescribed 'PRN' (as required) medicines sometimes called protocols, and these guide staff to the circumstances and regularity when these medicines should be given. These protocols were in place, and provided accurate information for staff. Medication audits were in place and completed regularly which meant the provider could be confident that people had received their medicines as prescribed.

People told us that they received their medicines when they should. We observed how the staff conducted a medicine round. We saw this was conducted professionally, with care and in a competent manner. We also heard the staff gave people clear explanations and instructions when informing them how their medicine should be taken.

At our inspection of 8 May 2014 we found that there were unsafe arrangements in place for the cleanliness and infection control. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining how they would make improvements.

The provider sent us a copy of the infection control policy and procedure and decontamination charts following the inspection.

At this visit we saw that there had been improvements to the security of the laundry, and the door was locked throughout the time of our visit which meant people were protected from entering an environment which could pose a danger to them. Staff were aware what equipment should be used to reduce the risk of cross infection or cross contamination in the home. However, specific detail was missing from the policy and procedure. For example, staff knew the colour coding used to reduce the potential for cross infection, though there was no information in the policy or procedure to confirm this. There were supplies of personal protective equipment placed throughout the home, and staff were aware when to use these to promote good infection control practices. That meant people were protected from cross infection by an informed staff group.

At our inspection of 8 May 2014 we found that the registered person had not ensured that adequate arrangements were in place to protect people from unsafe or unsuitable premises.

The provider sent us an action plan outlining how they would make improvements.

We found improvements had been made as door locks to toilet and bathing areas had been replaced, and locked appropriately. That meant people could be assured their privacy and dignity could now be assured. We found that an extension to the building had been completed, and there was a plan of redecoration being undertaken for the communal areas of the home. We saw where this had commenced, which meant areas that had been affected by the building improvements would be made good.

There were systems in place for the maintenance of the building and its equipment. We looked at the maintenance book and records that confirmed this and where shortfalls were identified, repairs and improvements were recorded.

People we spoke with told us that they felt safe at the service and that staff cared for them in a safe way. One person told us, "I'm quite happy. I've no problems" and

Good

Is the service safe?

"nothing worries me at all here." Another person said, "I can't walk very well, I had a fall some years ago, and I don't like the hoist but the staff are good, and make sure I am safe."

We spoke with the relatives of two people who felt their family members' were safe and well cared for. "We've no concerns at all about [named person] or the care here, they have been in the home for a few years and not had any accidents. Another added, "I like the new dining room (extension). It's light and bright and plenty of space''

During our visit we observed that people were relaxed and happy in the presence of the staff.

Staff were able to talk about the various forms of abuse, how they would recognise the signs of abuse and their responsibility if they suspected abuse had occurred. They were confident that if they reported suspected abuse it would be dealt with appropriately by the senior staff. The senior staff were aware of the policy and procedure and would be able to find the appropriate contact information. A care worker said, "I have not had to report anything but I would go to [and named two of the senior staff and external authorities] if I had any concerns." This confirmed that staff had the contact details available for the local authority safeguarding team and the police if they needed to report anything. In addition the staff told us about safeguarding training and the last time this was updated. We viewed the training matrix which confirmed this.

Staff also said they had attended Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff described ways in which they would work with someone who was presenting with behaviour that challenged, and this reflected how staff properly responded to a situation later that day. Staff were also aware about the provider's whistle blowing policy and were confident to use it if their concerns were not acted on.

We saw a range of equipment used to maintain people's independence and safety such as walking aids, hoists and wheelchairs which were stored safely and were available when required. Staff were aware of how to use this equipment safely. We saw there was a member of staff in the lounge the majority of the time, only leaving briefly to undertake specific requests. We saw people being hoisted safely in the lounge before being transferred to other areas of the home. We saw staff using the footrests on wheelchairs appropriately, which meant that people were transferred safely.

We looked at people's care plans which showed that staff had considered the potential risks associated with their care and support needs. Care plans were supported by appropriate risk assessments. For example a person at risk of developing a pressure ulcer was assessed regularly and their care provided in line with the assessment. We discussed with the provider the need to include more detail into the risk assessments so that staff who were not as familiar with the people using the service would be able to provide care that met people's needs. For example, to clearly indicate the pressure a pressure relieving mattress should be set at to prevent pressure sores developing.

Staff described to us how they supported people safely. This was consistent with people's plans of care, as well as staff being able to explain safety in general terms. Records showed that advice was sought from health care professionals in relation to risks associated with people's care and risk management plans were reviewed regularly.

The provider told us accidents and incidents were reviewed and monitored regularly. This was to identify possible trends and to prevent reoccurrences. The provider also told us accident and incident audits were undertaken to ensure the appropriate action had been taken and a referral for professional support had been made if required. We saw paperwork to back this up.

Regular fire safety checks were carried out, and each person had a personal evacuation plan that detailed how staff should support the person in the event of an emergency. Staff used the provider's procedures for reporting incidents, accidents and injuries. The provider notified us of incidents and significant events that affected people's health and safety, which included the actions taken. The provider was aware of other relevant authorities that were required to be informed if a health and safety issue came to light. We observed good moving and handling techniques in line with care instructions. Hoists were regularly serviced which meant people could be moved safely within the home.

Our observations confirmed that there were sufficient staff available to meet people's needs. Staff responded in a timely manner to people's needs and requests for

Good

Is the service safe?

assistance and reassured people who became anxious or upset. We noted that though there was not a member of staff in the lounge and other communal areas of the home all the time, staff responded to people's needs in a timely fashion.

Staff thought there were enough staff and told us, "Most of us are happy to pick up some extra shifts." A senior member of staff confirmed that agency staff were used on the occasions that a permanent member of staff was not available to cover any staff shortage.

All of the staff said there were enough staff on duty at any time but were concerned about the staffing levels following the completion of the building extension. We saw the tool the provider currently used to calculate the staffing levels and confirmed the current staffing ratio was satisfactory. On the day of our inspection there were 13 people being cared for by three staff, one whom was also responsible for cleaning duties so had limited care duties, plus a person cooking. The owner told us this staffing level would increase when the home was at its new capacity of 19 people.

People's safety was supported by the provider's recruitment practices. Staff described the recruitment process and told us that relevant checks were carried out on their suitability to work with people. We looked at staff recruitment records and found relevant pre-employment checks had been carried out before staff worked unsupervised.

Good

Is the service effective?

Our findings

People told us that they were aware they could make choices about their care and found staff were knowledgeable about meeting their needs. One person told us, "They tell me what's for dinner, sometimes there's a choice of three things." Another said, "The girls [staff] are very helpful, the food's good I really like my dinner." Another person told us, "I came here to be looked after and cared for, they had the doctor in [when I needed them]," and another, "Oh I'm quite happy and the food is good."

We spoke with the relatives of one person who told us, "The TV seems to be on continuously it's never switched off I've never heard any music, that would be nice for a change." We spoke with people about this who were not concerned at the time,

Staff told us they received training on commencing work at the home. One member of staff said, "We use booklets for training and these are handed in to check our competency." Staff also spoke about practical training such as using the hoist and slings. One member of staff said, "It means more if you have felt what it's like to be put in a hoist."

We spoke with a new member of staff. They told us they had received a period of shadowing an experienced member of staff before working alone. They told us they were confident to ask for help and said, "I wouldn't do anything I wasn't happy about."

Staff said there was enough training and they didn't feel they had any gaps in their knowledge. We looked at the overall training matrix which was up to date with the training staff had undertaken. Some staff had not had recent training in a number of essential areas, for example five of the 13 staff had not had moving and handling training since 2011. There was a similar position with only four people having undertaken infection control training. We spoke with the provider about this, and he sent us an updated staff training matrix. This confirmed staff had undertaken updated training or this was now planned to be delivered.

We observed one person who was anxious and was raising their voice. We saw how the staff approached and spoke with them, and calmed the person. We spoke with a visiting health professional, who backed the staff actions stating this was the best way to respond to the person.

We later confirmed the staff response was recorded in the person's care plan. When we spoke with staff they demonstrated they were aware about people's individual needs and told us how individual people were best supported. We saw how changes to people's care and support plans were communicated between the staff at the handover meetings and recorded in a communication book.

We saw where people were continually asked for their consent to care, for example before moving someone a staff member said, "Do you mind if I help you" and waited for consent before completing the task.

In one care file it had been recorded that although a person had capacity, they chose not to sign it as confirmation of their agreement to it. This confirmed that staff understood the need to ask people and record their choices.

The manager and staff had an understanding of the mental capacity act (MCA) and deprivation of liberty safeguards (DoLS) and their role to protect the rights of people using the service. However the provider had still to inform CQC of a recent DoLS authorisation. Discussion with the provider confirmed that they had a clear understanding of the MCA and consideration DoLS had been given to people. Where these were reviewed by the local authority, they considered that no deprivation existed and the DoLS were not granted. That meant the provider had acted appropriately and considered people freedom and liberty in line with current legislation.

Staff told us that people had various levels of capacity and understanding, which varied throughout the day. We saw how staff supported people to make decisions about their daily life, and examples of these were in the care plans we looked at. We saw that staff obtained people's consent before assisting them to meet their needs. This was done with staff explaining what they were going to do before the task began.

People told us they had sufficient amount to eat and drink. The cook told us that the four weekly menus were centred around what people liked. We saw there were three main meal choices on the day. We also saw where there were minor changes made to the menu on a daily basis. On the day of our visit we saw that one person did not want any of the three main course choices on offer. The cook then substituted what the person requested. Though the meals were plated in the kitchen staff offered people the choice of

Good

Is the service effective?

gravy. One person indicated they would like an alternative, and were provided with cheese sauce as an alternative. That demonstrated peoples individual meal choices were promoted.

People were supported discreetly. Aprons were provided for those who needed them and assistance given to those who needed their food cut up. This was done at the table. Staff ensured that plenty of cold drinks were available.

The cook said the majority of the food was frozen but with fresh vegetables. We saw the food offered on the day was well presented and looked appetising. The cook was aware of people's nutritional needs through a list of people's allergies in the kitchen. The cook used this information, and showed she was aware of the need to fortify food for people where they were at risk of weight loss. The menus offered choices and a balanced and varied diet.

The staff were kind and caring in their approach to people, giving them choices and offered support where needed. One person didn't want lunch but in the end the member of staff persuaded the person to have two puddings. At the end of the mealtime staff helped people from the table giving them time and asking where they wanted to go offering the opportunity of a cup of tea or coffee in the lounge.

We saw from people's care records that an assessment of their nutritional needs and a plan of care was completed which took account of their dietary needs. People's weight was measured in accordance with their assessed need and staff knew how to assist those who needed extra support. For example, one person had been referred to a dietician and their plan of care included the recommendations made by the dietician. That showed that staff had followed the dietician's instructions and included the directions to improve the person's health and wellbeing.

When a new menu had been developed staff took it round for people to approve. The provider had also arranged meetings to ascertain people's opinions on food, and further changes to the menu were considered following the feedback. We saw evidence of this from the meeting notes.

Good

Is the service caring?

Our findings

People gave us mixed comments about the staff's attitude. One person said, "The staff are good, [named staff] is nice." Though another said, "The staff don't always say good morning to me but I get a breakfast, lunch and supper it's not bad."

Relatives we spoke with were complimentary about the staff and told us they were involved in their relative's care. Though one person commented, "I'm sure the staff are alright, while I'm here they are fine, I've no problems."

We made a number of observations throughout the time of visit. We saw that positive relationships had developed between people that used the service and the staff team. Staff spoke with people in a friendly and respectful manner. We observed one member of staff responding to a request to turn over the television channel. We saw how the member of staff gave the television control to the person and prompted them how to change the channel for themselves. This means that staff took the time and promoted people's independence.

We also saw where someone needed some assistance to move out of a chair. We saw how the member of staff knelt down beside the person and spoke in a kind and caring way asking how they could best help. That showed the staff thought about how best to communicate with the person and did so in a dignified manner.

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people. Staff told us they were given time to read people's care records which contained information about what was important to them. Staff gave examples of how they maintained people's privacy and dignity when providing care and support. We also saw where staff used a blanket to cover a person when they were being hoisted, which promoted the person's dignity. We also heard the care staff explain clearly what they were doing and why.

One person who we spoke with confirmed they were involved in decisions about their care and we saw that they had signed their care plan and risk assessments. Staff told us they undertake care plan reviews on a monthly basis or more often where required. Where people did not want to be involved in reviews, staff involved peoples relatives when appropriate and with people's permission.

People were appropriately dressed. We asked the staff about promoting people's privacy and dignity. They spoke about offering choices when dressing, at mealtimes and when they went to bed and got up as well as closing doors when personal care was provided. They also talked about knocking on closed doors and waiting to be asked to enter, and we saw this being carried out.

However a shared room did not have a curtain to offer privacy to each person in the room when care was being provided. The provider told us the people knew each other well and did not want this but we could not see documentation to support how this had been agreed. We were told that from the new year, and the new extension bedrooms being available, the shared room would be used as a single room only.

Staff were also aware of the importance of keeping people's personal details and information confidentially. Staff explained they would not discuss or divulge information to anyone but would refer people on to senior managers.

Staff said they had enough information to meet people's needs and were kept up to date with any changes through information at handovers from senior staff and managers. One member of staff said, "I understand some people need extra help to make decisions but I would never take their independence away from them." This was apparent in the way people moved around the home and sat for a time in one area before moving to another seat.

Prior to our inspection visit we contacted a range of social and health care professionals and they told us that they had no concerns about the care provided.

Good

Is the service responsive?

Our findings

People told us they received the care and support they needed to maintain their daily welfare. One person said, "It's a nice place you get some people to talk to, they are all alright." Another person said, "I'm happy, I like being here I've got a nice bed room. I'm not looking forward to Christmas I'm generally worried about my health but then I'm a worrier."

We spoke with the relatives of one person who told us, "They always call the doctor if [named person] is poorly and they let us know."

People looked relaxed and some had visitors who told us they were able to visit at most times throughout the day. One relative said, "I feel the needs of [named person] are met but they sit around a lot with nothing to do. They added, "[named person] was concerned about getting up too early and going to bed too early," and added they felt able to approach the provider if it became an issue. Another person told us, "When [named person] was first in here, I spoke with the manager as one of the care assistants was being rough with them and they [their relative] haven't complained about this anymore." Another person said to us, "[named person] usually sits doing nothing" and there's no arts and crafts."

We observed staff responding appropriately to the requests and needs of people throughout the morning. We observed people in the dining room where they to part in some activities. People were offered the opportunity to either do colouring of Christmas pictures or play dominoes. The staff made this time pleasant and enjoyable, and there was friendly chat between all that took part. However some of the pens being used had nearly dried out, and the dominoes were too small for some people to be able to use as the member of staff had to read the numbers for the person they were playing with. We spoke with the provider about this and he agreed to look at the activities on offer, and the items used by staff, to ensure they were appropriate for people. We also saw where there were some Christmas decorations hanging from the ceiling. A member of staff confirmed these had been made by people in the home, and we saw they had their names on. This meant people were involved in activities in the home.

One person told us they felt their relative had lost weight since being admitted. We looked in detail at the person's records. We found that the person's weight was being monitored as part of their care. There was a risk assessment in place, and part of that instructed staff to undertake regular monitoring of the person's weight. We looked at the persons monthly recorded weights since being admitted and these revealed the person had gained just under one pound. We also saw additional paperwork that had been undertaken by the staff. This tool prompted staff to refer the person on for further professional (dietician) review, when necessary, but this point had not yet been reached. That meant staff were monitoring and responding to the person's health and weight appropriately.

Care plans were in place and contained all activities of daily living. We discussed with the provider how more detail would ensure continuity of care when the staff team increased. For example, details about how personal care should be provided to ensure the persons needs and preferences were met.

There had only been an 'emergency' admission to the home since the last inspection so we could not assess how pre-admission assessments were undertaken. We spoke with a member of staff about these assessments and they explained the process and how before a new person was admitted. They explained that the dynamics of the people already living in the home and the impact on the current staff team were considered before a decision was made. The recent admission had a basic care plan in place and staff were building upon it as they learnt about the person, their needs and their preferences.

The care plan had been kept under review. However care needed to be taken that when a care need altered this was changed throughout the documentation. For example, a person with swallowing difficulties had had the amount of thickener added to their fluids increased and the initial documentation had not been removed. We were confident the right amount was being used as it was always added in the kitchen and the correct amount was displayed on the wall.

We saw care documentation that supported that a person had received the care they required whilst in their bedroom. For example, turning charts were kept in people's room so they could be completed at the time. There appeared a need to archive some documents as one person had completed charts going back more than six months stored in their bedroom.

Good

Is the service responsive?

When we spoke with staff one staff member told us, “We have a person who can be very challenging.” They went on to explain how they sought professional help [health professional] with how to best deal with the persons behaviour that challenged. We saw where the health professional visited the home regularly, and supported the person and staff group. We saw where the care plan recognised the person’s behaviour, and where staff had taken steps to reduce risk from the behaviour they displayed, and this was supported by a risk assessment.

We observed staff worked well together in a calm and organised way. Staff communicated well with people using the service, spoke clearly and gave specific information about the care being offered.

Care records showed that people’s plans of care were reviewed regularly and relatives were invited to attend review meetings which sometimes involved health care professionals. This supported what relatives had told us.

We noted there was an activities plan in place which offered a range of activities for people to be involved with.

People told us that they would talk to the staff or the manager if they had any concerns. One person said, “If people moan I don’t know what they are moaning for.”

People who used the service were asked to complete an audit so that their experiences were recorded. The last questionnaire had been completed in October 2015 when nine questionnaires were completed. Some people had completed the questionnaires themselves, some had been assisted by staff and some of those had signed to confirm their agreement. Staff confirmed that they would ensure that if someone suggested they were unhappy with any aspect of their care they would report the concerns to the manager. We saw that concerns were responded to, dealt with and there was documentation to support how a resolution had been achieved.

The provider had systems in place to record complaints. Records showed the service had received no formal written complaints in the last 12 months and the outcomes of audits and verbal concerns had all been recorded and investigated fully. The manager told us that any lessons learnt from complaints were communicated to all staff to prevent any reoccurrence. People could be assured that their complaints were taken seriously and acted upon. The care manager also told us they had an ‘open door’ policy, which meant people who used the service, their relatives or friends and health care professionals could come to them at any time to discuss any issues they might have. The provider also spent a significant period of time at the home, which will increase when the company office moves to the home early in 2016.

Prior to our inspection we contacted social care professionals for their views about the service. They told us that the management team responded well to concerns and as a result the care of people using the service had improved.

Good

Is the service well-led?

Our findings

People who used the service and their visiting relatives commented about the open culture and communication at the service. Relatives told us the staff contacted them when their family member became unwell or if the doctor had been called.

People who lived at the service were aware who the provider was. One of them said, "Oh, that's the boss there," and stated they saw them visit regularly.

We saw evidence of questionnaires and minutes of meetings that involved the people who lived at the home and their relatives. Staff also confirmed people were encouraged to share their opinion, and assisted people completing questionnaires.

Staff had praise for the care manager. One member of staff said, "The care manager is easy to talk to."

There was a clear management structure in the home and the service had regular visits carried out by the provider. The care manager understood their responsibilities and displayed commitment to providing quality care in line with the provider's visions and values. They told us it was important that people's care needs were met in a timely way and in a respectful manner by staff that were trained and compassionate. They kept their knowledge about health and social care up to date and knew how to access support from external health and social care professionals and organisations, as well as the provider.

Staff demonstrated a good understanding of their roles and responsibilities and also knew how to access support. Staff had access to people's plans of care and received updates about people's care needs at the daily staff handover meetings. There was a system in place to support staff, including regular staff meetings where staff had the opportunity to discuss their roles and training needs and to make suggestions as to how the service could be improved. Staff told us that their knowledge, skills and practice was kept up to date. We viewed the staff training matrix, which showed that staff had updated refresher training for their job role and training on conditions that affect people using the service such as dementia awareness and behaviours that challenge.

Staff received regular supervision which also formed part of their development. The provider said he liked to oversee staff performing tasks, for example administering medication. That would then be followed up where shortfalls were discussed and the session was then recorded. We viewed the staff files and saw a number of supervisions had been placed on staff files.

There was a system in place for the maintenance of the building and equipment, with an on going record of when items had been repaired or replaced. Staff were aware of the process for reporting faults and repairs. Records showed that essential services such as gas and electrical systems, appliances, fire systems and equipment such as hoists were serviced and regularly maintained. The management team also had access to external contractors for maintenance and any emergency repairs.

We saw care documentation that supported people had received the care they required. Some of these were placed in people's bedrooms so they could be completed at the time care was taking place. There appeared to be a need to archive some documents as one person had completed turn charts going back more than six months stored in their bedroom. This did not assist with any monitoring being undertaken by the provider.

There were regular meetings held for the people who used the service and their family where they were enabled to share their views about the service. There were also periodic questionnaires circulated to them as well. These were all used to inform people of changes to the service, and to ask their opinions of the care provided. That meant people could be involved and influence how the service could be improved. The provider also sends out a periodic newsletter which includes information about the events in all of the homes in the company.

When we looked at the management team's monitoring and quality assurance systems, we found they identified issues and followed through with actions to make improvements. We noted on some occasions care plans lacked in depth details and instruct staff how people should be supported. The provider advised us they would follow this up, and add information where necessary. We also found that some of the information in risk assessments could have been more detailed (see safe for details).

We found some of the information in the policy and procedures file needed to be updated, for example the current recruitment policy mentioned criminal record

Good

Is the service well-led?

bureau (CRB) checks, other mentioned the 2008 Health and Social Care Act, and both of these have been updated. Some information was also missing from policies and procedures, for example the colour coding for cleaning and disinfection purposes (see safe for details).

The commissioners who funded people's care packages shared their contract monitoring report with us. The report showed that the home was meeting the quality standards set out in the contractual agreement.