Mr & Mrs B Peggs

Beechwood Gardens

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

Summary of findings

Overall summary

Beechwood Gardens is registered to provide accommodation and personal care for up to 30 people. The home provides a service for older people living with dementia. There were 12 people living at the home on the day of our inspection visit. Seven people lived at the home permanently and five people were staying at the home for a short period following time spent in hospital.

We inspected Beechwood Gardens on 31 May 2017. The inspection was unannounced. At our previous inspection in February 2016 the service was in breach of Regulation 9, Personal Care, of the Health and Social Care Act 2008 because people were not receiving choice about their food or activities. Following our inspection the provider sent us a plan of how they would improve the choices people receive. At this inspection we found that improvements had been made and the provider was meeting the legal requirements.

There was a registered manager in post at the service. 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.

People, their relatives and staff said Beechwood Gardens was a safe place to live. Staff understood their role in keeping people safe and for reporting concerns about abuse or poor practice within the home. There were systems and processes to protect people from risk of harm. These included a risk management process, a thorough staff recruitment procedure and an effective procedure for managing people's medicines.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards DoLS). Staff had completed training in the MCA and understood how to support people to make decisions about their daily lives. Where people lacked capacity to make decisions about their care, decisions had been made in the person's best interests.

People told us staff were friendly and caring. Throughout our visit staff showed people kindness and treated people with respect. People were treated as individuals and were encouraged to make choices about their care. Staff protected people's privacy and dignity when providing care.

Staff had up to date information about people's care and a good understanding of people's needs and preferences. People's care records contained individualised information about how people liked to receive their care.

There were enough suitably trained staff to keep people safe and to meet people's needs. Staff received the training and support they needed to meet people's needs effectively. All staff had been trained to understand dementia so they could interact effectively with people living in the home.

People's health needs were monitored and people were referred to healthcare professionals when a need was identified. There were processes to ensure people's nutritional needs were met and people had enough to eat and drink during the day.

Visitors were welcomed and relatives and friends could visit at any time. There were processes in place for people and relatives to express their views and opinions about the home. People and relatives told us they were listened to and were confident they could raise any concerns with staff and the managers.

People told us they were happy with their care and had no complaints about the service they received. People who lived at the home, relatives and staff said the home was well managed. There were systems in place to monitor the quality of the service. This was through feedback from people and their relatives, staff meetings and a programme of checks and audits.

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.

Staff knew what action to take if they had any concerns about people's safety or wellbeing. There were enough suitably skilled staff to meet people's needs safely and consistently. Staff understood how to manage identified risks to people's care and there were safe procedures for recruitment of staff and managing and administering medicines.

Is the service effective?

Good

The service was Effective.

All staff received an induction and training to meet the needs of the people who lived at Beechwood Gardens. Where people lacked capacity, managers and staff understood the principles of the Mental Capacity Act 2005 so people's rights were protected. Arrangements were in place to ensure people received good nutrition and hydration. People's health was monitored and healthcare professionals were involved to maintain people's health and wellbeing.

Is the service caring?

Good

The service was Caring.

There was a regular team of staff who people were familiar with and who knew how people liked to receive their care. Staff demonstrated they cared about people and respected their individual wishes. People were supported by staff in a way that maintained their privacy and dignity. People and relatives were involved in planning end of life care.

Is the service responsive?

Good

The service was Responsive.

People were happy with their care and had no complaints about the service they received. Staff had a good understanding of people's individual needs, their preferences, and how they liked to spend their day. Staff were kept up to date about people's

care needs through care records and a handover meeting at the start of each shift, which assisted staff to provide the care and support people required.

Is the service well-led?

Good

The service was Well Led.

People, relatives and staff told us there was good management and leadership in the home. The managers and care staff understood their roles and responsibilities. Staff felt supported to carry out their roles and said the managers were available and approachable. The quality of service people received was regularly monitored through a series of audits and checks.

Beechwood Gardens

Detailed findings

Background to this inspection

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

The inspection took place on 31 May 2017 and was unannounced. The inspection was undertaken by two inspectors.

Before our visit we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Following our visit we received concerns about some aspects of the service, which we had shared with commissioners, we contacted the registered manager and followed up these concerns and found that they were not substantiated.

We spoke with five people who lived at the home and two relatives. We spoke with the provider, the registered manager and five members of staff including care staff, domiciliary staff and the cook.

We observed people's care and support during the day. Most people at Beechwood Gardens were unable to share their views and opinions about how they were cared for as they were living with dementia. To help us understand people's experience of the service 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 to

us.

We reviewed five people's care records to see how their support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We looked at other records related to people's care including the service's quality assurance audits, records of complaints and incident and accidents at the home.

Good

Is the service safe?

Our findings

All the people living in the home had varying degrees of dementia, so it was difficult to ask some people specific questions about feeling safe. One person told us ""I feel safe, I've never had any trouble." The family members we spoke with told us that they had no concerns. One relative said "I could leave my mum at Beechwood and never worry about her safety." Staff we spoke with told us people were safe. One staff member said this was because, "We know each person well, if something changes we pick it up quickly."

Staff knew and understood their responsibilities to keep people safe and protect them from harm. All staff, including non-care staff told us they would not hesitate to report concerns. Staff understood what constituted abuse and what to do if they suspected someone was at risk. For example one staff member told us if they noticed any changes in people's behaviour or unexplained bruising they would document it and report it to the registered manager.

Staff had received training in keeping people safe and had access to the information they needed to report any safeguarding concerns for example, safeguarding information was displayed in the registered mangers office. One staff member said, "I would go straight to [registered manager] and if they didn't deal with it, I would go to [provider]. If they didn't do anything, I would call safeguarding myself."

Staff said they would have no hesitation raising any concerns they had about poor practice within the home. One staff member told us, "We know about whistle blowing and the registered manager is approachable." Another said, "There is a policy for whistle blowing and CQC's number is on the wall in the office." The registered manager understood their responsibility to report safeguarding concerns, and had referred any concerns to the local safeguarding team and submitted notifications to us as required.

The provider had taken measures to minimise the impact of unexpected events. Fire safety equipment was regularly tested and maintained. Staff knew about the fire safety procedure and how to evacuate the building in case of fire. One staff member told us, "If the alarm went off now we would go to the reception area. The manager would look to see where the fire was and two staff would go to see if it was a genuine fire." They went on to say, "It's important to put two fire doors between you and the fire." This demonstrated they knew how to keep themselves and others safe.

The registered manager told us there was a contingency plan in place should an emergency occur that meant people were unable to stay in the home. Each person had an emergency evacuation plan so staff and the emergency services would know what support people needed to evacuate the building.

There were procedures to reduce the risk of falls to people. Staff were aware which people were at risk of falling due to poor mobility and associated with dementia. One staff member said, "You can't always help falls happening but you have to try and prevent them. You make sure there is no clutter on the floor and there is nothing in their way." Another said, "We have to check on them (people) regularly and someone has to be around in the lounges." Staff knew how to assist people off the floor if they had fallen. Staff told us they were unable to lift people manually and had been shown how to use a hoist to do this.

Accidents and incidents in the home were recorded. The records were checked by the managers to identify any trends or patterns. The manager had identified the risk of increased falls for some people and actions had been taken to reduce the risk. One person had recently been admitted to the home following a fall. Records told us that the GP had seen them and had prescribed antibiotics for a urinary tract infection. Urinary tract infections can cause people to become dizzy or light headed and increase the risk of falls. By recognising this and completing the course of antibiotics the risk of falls for the person were reduced.

People had mobility care plans and risk assessments completed which provided instructions for staff if the person required assistance moving around. Staff had a good understanding of people's mobility skills and who required equipment to help them move. We observed staff helping people who walked with a walking frame. They walked at the person's pace, with their hand on the person's back in case they stumbled. People were not rushed, and the staff member gently reminded them to use both hands on the walking frame for safety. We observed staff using a hoist to move people during our visit. People were transferred safely and staff provided them with reassurance through out the process, explaining what they were doing.

People who required assistance to move around had plans completed to reduce the risk of skin damage. Staff understood how to reduce the risks of skin damage to people. We were told if staff noticed any changes they reported this to the senior care workers or registered manager. Staff told us, "They [people at risk] have pressure relieving mattresses and cushions. If people are in bed we turn them. For people sitting in armchairs, we try and encourage them to stand up to relieve the pressure. Good hygiene is important and using the proper creams if they have been prescribed." Another said, "If I notice a skin tear, straightaway I would call the senior carer to have a look and they would get the district nurse." And, "We make sure their pads are changed regularly. We make sure they have cushions and they are always in place."

We saw the correct equipment was in place to reduce the risks of skin damage such as pressure relieving equipment and mobility aids to safely transfer people. We observed when people were transferred using a hoist, staff were diligent in ensuring the pressure relieving cushions were in place for them to sit on. Staff knew which people were at risk of developing sore skin. One staff explained to us in detail how one person's skin was cared for and the reasons for this. They told us the person had to be handled very gently as their skin was fragile and they were at risk of skin tears. The registered manager told us that they were very proud of how they cared for people with reduced mobility and that no one in the home had any skin damage.

People, staff and visitors to the home all said there were enough staff to meet people's individual needs. One relative told us, "I come at varying times and in the week it seems ok, the staff work hard." A staff member told us, "I do (think there are enough staff), there is always enough staff and an extra member of staff to watch for falls and things like that in the lounge." Another staff member said staffing levels were always sufficient to keep people safe. The manager told us the usual staffing in the home was four care staff each day, plus two cleaners and the chef. The manager went ont o explain this was the staffing for the current number of residents and they would only agree to take additional residents if they were able to increase staffing accordingly. We looked at staff rotas which confirmed the staffing levels we had been told. Throughout our visit we saw there were sufficient staff to provide the support people required to promote their wellbeing and to keep them safe.

The provider followed a thorough recruitment process to ensure staff were safe to work with people who lived in the home The provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about newly recruited staff. The DBS is a national agency that keeps records of criminal convictions. One staff member told us, "It took a while before I started. I couldn't start until my references and my DBS check came back." We checked the files of three staff which confirmed all the checks had been carried out before they were able to commence work in the home.

We checked to see whether medicines were managed safely. Medicine administration records we looked at had been signed by staff to confirm medicines had been given as prescribed or a reason had been recorded why they had not been given. Where people were prescribed medicines "when required" for pain relief, there were protocols (plans) in place to ensure staff gave them safely and consistently. Some people required their medicines to be given 'covertly' i.e. hidden in food or drink. Protocols had been signed by the person's GP to agree to this method of administration, however, not all had been discussed with a pharmacist to ensure medicines remained effective if crushed. We brought this to the attention of the registered manager, who advised us they had spoken with the pharmacist to confirm these arrangements were suitable however they would ask the pharmacist to confirm this in a written document. Senior care workers were responsible for administering medicines; they had completed training and were assessed as competent to give medicines safely.

We asked staff if they would be happy for a relative to live at Beechwood Gardens, staff told us they would. One staff member said, "I would, absolutely. I know I can trust the people in this building. I trust the management and the carers so I know a member of my family would be safe."

On the day of our visit the home was clean, warm and homely.

Good

Is the service effective?

Our findings

At our previous inspection in February 2016 the service was in breach of Regulation 9, Personal Care, of the Health and Social Care Act 2008 because people were not receiving choice about their food. At the time people were offered only one choice of meal. The cook had told us that people could ask for a different meal however people were not aware they could ask for an alternative. The provider had taken action to improve the choices offered and at this inspection was meeting the legal requirements.

At this inspection people and relatives we spoke with were happy with the range and choice of meals provided. A relative told us, "The food is good, I come at least every other day and my family member always seems to enjoy their meals." Photographs of choices for each meal were displayed in the lounge enabling people to see what they could have and when meals were served staff asked each person what they wanted. The menu was varied with a good selection of options available. There were two choices of main meal each day both at lunch time and for the evening meal.

The chef was provided with updated information about people's dietary requirements. This included special diets and information about people's weights so they knew if anyone was losing weight. The chef had a good understanding of people's dietary needs including pureed diets and how to fortify food to add extra calories by using butter and cream. The chef told us, "The food that goes out isn't bland. It is full of flavour and tasty." A staff member confirmed people could have snacks throughout the night if they wanted them. Throughout the day we saw people were offered various hot and cold drinks, where people refused, staff encouraged people to have a drink.

We observed the lunchtime meal in the dining area. People were shown the choices of drinks and meals available so they could choice what they preferred. People were served food to suit their dietary needs, for example, people who required fork mashable or pureed food received this. People who were able to eat independently were encouraged to do so. Where people needed assistance, a staff member sat beside them and helped them at the person's pace. The atmosphere was relaxed and friendly. The food looked hot and appetising and people's lunchtime experience was not rushed.

Where people required special diets, for example soft or pureed food to minimise the risk of choking, records showed referrals to and involvement from dieticians and the speech and language team (SALT). Where risks had been identified, a care plan was in place to minimise the risk. Staff had a good awareness of people's dietary requirements.

We asked relatives if they thought staff had the knowledge and understanding to meet their family member's needs. They told us, "I think they do, they seem to know what they are doing."

New staff received an induction and training when they started work at the home to make sure they could meet people's needs. The registered manager responsible for staff training told us the induction programme was based on the Care Certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, and behaviours expected from staff working in a care environment. Staff told us during their

induction they also completed a number of shadow shifts so they could get to know people and understand their individual needs. One staff member said, "The first two weeks I did shadowing. I worked with different carers, watching what they did and to get to know people."

Staff said they received regular training to refresh their knowledge and keep their skills up to date. Staff told us about their training, comments from staff included, ""We have regular training and update our back manual handling every year."

Staff told us they had received training to support people living with dementia. All the staff said the training was interesting and had made them think about their practice. One staff member said, "I found it really interesting. I learnt a lot about the different types of dementia. The training made you think about how people might feel if you approach them from behind. It taught me how to approach customers and to understand how they were feeling and what they were seeing." Another said, "It (the training) was in depth. It broadened my knowledge so I appreciate what people are going through and how to respond to them. So if they ask for a cup of tea and when you bring it they say they didn't ask for it, I learnt you don't need to argue, just take the cup of tea away."

Throughout the day we saw staff undertake tasks that demonstrated their knowledge and understanding of working with people living with dementia. Staff approached people with respect and friendliness which encouraged people to have meaningful interaction with them. Where people showed signs of agitation staff lowered the tone of their voice when they spoke to them, which calmed the person.

Staff told us their knowledge and learning was monitored through supervision meetings and observations on their practice. Staff had regular supervision meetings with the registered manager during which they discussed their personal development and training requirements. Records showed where staff had requested, or been observed to need, further training or support to carry out their roles effectively this had been arranged. For example, following an observation of one staff member we saw they had completed further moving and handling training to ensure they knew how to move people safely.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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 manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager explained, "If I had a concern about anyone, I would arrange for a mental capacity assessment and hold a best interest meeting." Where people did not have capacity, decisions were made in their best interests in consultation with family and others involved in the person's care. For example, where people refused medicines that were important for them to take, it had been agreed for this to be given covertly (disguised in food or drink).

All the people at Beechwood Gardens were living with dementia and had restrictions on how they lived their lives. People were under constant supervision and were unsafe to leave the home on their own. Applications for DoLS for people who lived permanently in the home had been authorised and documents to confirm this were available on people's care files. Staff had received training in the MCA and understood the need to support people to make their own decisions. One staff member told us, "It is up to the person. We show

them options for them to choose what to wear and what they want to eat. It is their home." Another said, "We don't assume what people want we always give a choice." Staff told us how they supported people who did not make decision for themselves, "We make decisions for them in their best interest. Staff understood people had the right to refuse certain aspects of their care, for example, one staff member said, "Some customers make their own decisions and if they say no to you, you can't force them."

Records showed people's health and welfare was monitored and referrals made to health professionals when needed. People had assessments of their nutritional needs completed and where people were at risk of dehydration or malnutrition their food and drink intake was monitored to ensure they received sufficient.

People were weighed regularly, if their weight fluctuated this was monitored more frequently. People received regular visits from their GP or the district nurse to monitor health conditions. Care records contained a hospital passport, which was a summary of people's physical and emotional needs should they need to be admitted to hospital. This would support hospital staff to understand peoples existing health conditions, their mobility and capacity to make decisions.

Good

Is the service caring?

Our findings

Relatives spoke positively about the staff, their caring attitude and the care they provided. Their comments included, "It is absolutely wonderful. [Name] moved from assisted living and has settled in so well, we were concerned they might not but [person] has, and is eating a lot more now too." Another said, "They [staff] try so hard for everyone, not just [name]."

During the day we observed interactions between staff and people who lived in the home. Staff were observed to be caring and attentive with people. There were mutual caring relationships between staff and people, who showed affection for each other and shared a lot of humour. One staff member told us, "I love working in the home, I've been here since it opened and the customers are all special to me."

Staff seemed committed to making people feel cared for and happy. One staff member told us, "Just seeing the customers smile makes me smile." Another said, "I believe all staff and management care so much about the residents." A staff member told us what 'caring' meant to them, "It is just being a loving, caring person for the residents. It is being there for them." Another member of staff told us there were times when they came in on their day off to support the activities the home had planned for the day. When we asked why, they responded, "For the residents really."

Staff were aware of people, for example, at lunchtime a staff member noticed one person appeared cold and immediately fetched their cardigan. When using the hoist to move people, staff explained exactly what they were doing and provided reassurance (verbal and physical) throughout the procedure.

Staff supported people to feel valued. Staff knew people's preferred names and spoke to people in a positive and respectful way. When walking with people, staff chatted to them at the same time, and when they passed people they stopped to say hello and have a chat. A care worker told us, "I always stop to talk to people."

All staff we spoke with and observed clearly knew people well and were responsive to people's requests. During personal interactions their knowledge of individual's preferences and needs were evident. One person was holding a doll when they sat down for lunch. A staff member said, "Shall we put the baby in there and we will get her some food later on." One person's relative had brought in various items for them to hold because they felt comfort from holding things. Staff ensured the person had this when their family member left.

Staff maintained people's privacy and dignity. During our observations staff spoke discreetly to people when they asked about personal care and escorted people to bathrooms or their bedrooms to deliver this in private. Staff told us how they supported people's privacy, comments included, "I talk to them and make sure it is what they want. Some people don't want you to wash certain areas. They want to do it themselves, so you let them do it. I make sure they are always covered up."

People were supported to do things for themselves and to remain as independent as they could be. Staff

told us how they promoted people's independence. Comments included, "By giving choices and allowing them to do what they want to do." We saw people were treated as individuals and were encouraged to make choices about their care. This included how people wanted to spend their day, what clothes to wear, where they would like to sit, and their choice of food. Another said, "Some people like to walk around and we never stop them." We saw people walked freely around the home spending time in different areas if they chose.

Staff supported people to maintain relationships with family and those closest to them. Relatives and visitors told us they were welcome to visit at any time. One relative told us, "I love coming here, it's so friendly." When we asked staff what was the best thing about the home, they told us, "The residents."

People and family members were involved in planning end of life care. This included where they wanted to receive the care and any religious observances they wanted. Prior to our inspection we received correspondence from a family member praising the end of life care provided by the home. They explained that the care and consideration provided had helped their relative have end of life care that was peaceful and painless. The family member also praised the support that was given to them and other family members by the registered manager and all the staff.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A relative told us, "[Name] has been here for quite a while, the staff always give 100%, they go out of their way to help and support."

Staff we spoke with had a good understanding of people's needs and preferences and how they liked to spend their day. Staff told us care plans contained information about people's preferences and background history so they got to know about the person. We asked why it was important to know about people's backgrounds, one staff member told us, "It is a good conversation starter," another said "So you know how to treat them. What their wishes are and what they like so you don't go against what they believe in. Knowing what they like means you are treating them with dignity." Staff said they had time to read care plans, "When we start they encourage us to read the care plans and let you know when they are updated as well." Another said, "Because the people have been here a long time we know their care plans. If they are new, we read the care plans."

Staff were responsive to people's needs. For example, a family member told us that a person had reduced mobility during a time at hospital. They told us they were reassured the home's staff were supporting the person to increase their mobility so they could walk. The family told me the staff were 'always open to questions and will find out the answers." They went on to say they were very good at keeping them informed of any changes.

Staff told us they had a handover meeting at the start of their shift which updated them with people's care needs and any incidents since they were last on shift. Staff said this kept them updated about people's care. One staff members said, "You get told in the handover what happened on the last shift and everything is passed over. Senior carers let staff know about any changes."

A staff member said, "If I have annual leave, when I come back I have to have an update of everything that has happened while I have been off." Another staff member told us they had just returned from three weeks annual leave, they said, "Immediately after handover the registered manager took me to the office and gave me a run down about all the people and what had changed." This made sure staff were kept up to date about any changes in people's care to enable them to provide the support people required.

Staff told us that communication in the home worked well and that staff were responsive to people's needs. Comments included, "There is really good communication here. In handover, the registered manager will explain if somebody has had a fall and if they are at risk of falls. We always have things explained to us." Another staff member said that incidents where people became distressed and agitated were dealt with calmly and well. "We have had situations. The carers come and talk to the person and calm the person down, they manage it very well." Throughout the day we observed staff responded to requests for assistance from people quickly.

We looked at five people's care records. Care plans contained relevant information for staff about people's needs and how they liked their care provided.

Care plans had been updated monthly, and staff had documented any changes. Where people had specific behaviours related to living with dementia there was instructions for staff about how to recognise triggers to changes in people's behaviours. Staff we spoke with understood people's behaviours and how to respond if people became upset. Plans contained information about people's communication skills. Where people were unable to communicate verbally, the signs and gestures people used to communicate were recorded, for example, ''[Person} smiles and nods to confirm happy with assistance.'

There were things for people to do during the day. Staff told us, "We do activities as well, putting music on and dancing with them." On the morning of our visit the provider was in the main lounge and reminiscing with some people about music, and put music on they thought they might enjoy. There was a TV in the lounge, and people could have music or TVs in their rooms. There was a selection of dolls for people to use, and one person had three dolls which were secure in the person's walking frame. Another person enjoyed sitting in the garden. They told us they had previously lived in places where he couldn't go outside but they enjoyed the garden, and their grandchildren liked visiting and playing in the garden too.

A member of staff said people loved doing chair exercises, singing and aerobics and that the hairdresser came to the service once every two weeks. It was difficult to determine how well the service supported personalised activities as just under half the people in the home were on short stay contracts however people and relatives told us they enjoyed the activities provided.

Staff knew how to support people if they wanted to complain and complaints information was available to people and visitors in the entrance hall. One staff member told us, "If someone wanted to complain I would ask them about their complaint and ask if they were happy to talk to the registered manager, and take them to them." We looked at the complaints record and found no complaints had been received since our last inspection. The registered manager said they had not received any formal complaints. They said this was because they "Made sure everyone knew it was okay to let them know if they were not happy about something at an early stage so it could be corrected."

Good

Is the service well-led?

Our findings

People told us the home was well managed and described the management of the home as approachable and friendly. A visitor told us, "The manager and [providers] are lovely; the home is very well managed. They talk to you and make sure everything is ok."

Relatives and staff told us the registered manager and provider were always available whenever they wanted to speak with them. The registered manager was knowledgeable about the care and support needs of all the people living at the home. We observed people had no hesitation approaching the registered manager or provider to say hello, or request assistance. The registered manager conducted a 'walk around' every day, and explained they used the 'walk around' to observe staff practice and to check the environment.

The home had a registered manager who understood their roles and responsibilities and what was expected of them. The ratings from the last inspection were displayed in the entrance hall and a copy of our last report was available for visitors to read. Statutory notifications had been sent to us as required and the Provider Information Return (PIR) which they were required to send to us; had been completed and returned. We found the information in the PIR was an accurate assessment of how the service operated.

There was good management and leadership within the home. Staff told us they enjoyed working in the home and felt well supported by the registered manager and the provider. One staff member described it as "lovely" and when asked why responded, "The residents, the staff and the management. If you have a problem you can go and speak to them about it." Other staff told us, "We are all one team," and, "It is lovely. It is well organised," "I enjoy it. I like the idea of helping people. I like the atmosphere and we work well as a team."

Staff told us there was good team work, and support, with comments such as "I think the registered manager and provider are lovely and very supportive. They are always here for extra support. They will come and give us a hand when needed." All staff we spoke said they would be able to raise any concerns with the registered manager. Staff said their concerns would be taken seriously and responded to.

Staff told us they received supervision and observations of their practice. One staff member told us they would be confident to go to the registered manager at any time if they had problems. They said, "[Registered manager] checks what you are doing and talk to you about it in your supervision. They will tell you any areas you need to improve and you can tell them any concerns you have about your job." Another told us they had supervision "Usually every three months," and "I get a chance to talk about how I'm feeling. {Registered manager] sits and they listens and if I have any issues, they are sorted immediately."

Staff said, they had other opportunities to share their views and opinions at staff meetings. We were told, "Everybody gets to have their say." Another said, "We used to have team meetings once a month but now we are a smaller team we have them more infrequently, just when we have things we need to discuss. It works well and means we're not wasting time with a pointless meeting if no one has anything to raise."

The provider and managers used a range of quality checks to make sure the service was meeting people's needs. These included checks to ensure staff reviewed care plans and kept up-to-date records of care. Medication records were audited to make sure people had received their prescribed medicines. Accidents and incidents were recorded and monitored for trends or patterns. The number of accidents in the home were low which meant trends were not established and the procedures that were already in place were adequate at keeping people safe. The provider visited the home daily which they said allowed them to provide on-going monitoring of the
care provided.

The registered manager worked in partnership with other professionals to ensure people received appropriate care and support. This included social workers, G.P, mental health team, the district nurse team and the local authority contracts team.