Scaleford Care Home Limited

Scaleford Care Home

Inspection report

Lune Road
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Lancashire
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Tel: 01524841232

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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

This unannounced inspection took place on 18 April 2017.

Scaleford Care Home is situated in a residential area of the Marsh in Lancaster and overlooks the River Lune. Bedrooms are situated over two floors. A stair lift is available to assist people with limited mobility to gain access to the upper floor. There are three lounge areas and a dining room. At the front of the home there is a decking area and maintained gardens. At the time of the inspection visit there were thirteen people residing at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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.

We last carried out a comprehensive inspection of Scaleford Care Home on 07, 08 and 11 January 2016. At the inspection visit we identified no breaches to Regulation but made two recommendations. We asked the provider to review administration of medicines to ensure they consistently reflected good practice guidelines. Also, we asked them to review staff training to ensure there were no gaps in staff training.

At this inspection visit carried out in April 2017, we found the recommendations made had been acted upon. Suitable arrangements were in place for managing and administering medicines. Good practice guidelines were followed when administering medicines. The registered manager had a training and development plan for all staff. We saw evidence staff were provided with relevant training to enable them to carry out their role. When gaps in training were identified plans were implemented to ensure staff received the training in a timely manner.

We noted that refurbishment of the home was still in progress. Improvements had been made in a communal living area and dining area of the home. Refurbishment of bedrooms was ongoing and plans were in place for a new laundry area. We noted adaptations had been made within the home to make it more accessible and dementia friendly.

People and relatives told us care was provided to a high standard by a caring staff team. They repeatedly described staff as kind and caring. We observed positive interactions during our inspection visit which evidenced this.

We observed staff responding to people's needs in a timely manner. Staff were not rushed in carrying out their duties. We observed staff spending time with people who lived at the home. Staff were patient with people.

People told us they felt safe. Staff had knowledge of safeguarding procedures and were aware of their

responsibilities for reporting any concerns. We saw arrangements were in place to protect people from risk of abuse.

The service ensured risk assessments for each person were completed and up to date to address and manage risk. When risks were identified we noted referrals were made to other appropriate agencies in a timely manner to manage the risk and prevent avoidable harm.

We looked at certification and maintenance records and found that premises and equipment were appropriately maintained.

Recruitment procedures were in place to ensure the suitability of staff before they were employed. Staff were provided with training and support at the beginning of their employment to provide them with the relevant skills to provide safe and effective care.

People's healthcare needs were maintained by the service. We saw evidence of health professional involvement when appropriate.

Care plans were implemented for each person who lived at the home. They included support needs and personal wishes of each person. Plans were reviewed and updated at regular intervals.

We observed meal times at the home. Improvements had been made to the dining area environment to enhance the personal experience at meal times. People were offered a variety of meals to suit their needs and preferences. The cook worked alongside staff providing direct support to ensure people's nutritional needs were addressed and monitored.

Staff understood the importance of providing person centred activities. We noted there was an array of items placed around the home to encourage and motivate people to participate in activities.

The registered manager had a sound understanding of Mental Capacity Act 2005 and the associated Deprivation of Liberty Standards (DoLS.) Staff we spoke with were aware of the principles should someone require being deprived of their liberty. Processes were implemented to ensure people were lawfully deprived of their liberty.

The registered manager had developed an auditing system at the home to assess the quality and safety of service provision. We saw evidence that regular audits took place.

We looked at how complaints were managed and addressed by the service. At the time of the inspection no one had any complaints about how the service was delivered and people were aware of their rights to complain.

Feedback was sought from people, relatives and professionals as a means to reflect on service delivery and to improve the quality of the service. We saw evidence of changes being made following suggestions being made.

People who lived at the home, relatives and professionals provided positive feedback about the senior management team. Staff were positive about ways in which the service was managed. They spoke highly of a recent management restructure and the introduction of a new care manager. All staff described the care manager as approachable and knowledgeable and said they had contributed to positive outcomes for the service.

Staff described teamwork as "Good," and said there was regular communication between senior management and staff. They described the home as a good place to work and spoke proudly of their achievements.

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.

People who lived at the home told us they felt safe. Processes were in place to protect people from abuse. Staff were aware of what constituted abuse and how to report it.

Recruitment procedures were in place to ensure people employed were of suitable character.

The registered manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who lived at the home.

Suitable arrangements were in place for the management of all medicines.

On-going refurbishment of the home meant that premises were suitably maintained to ensure they were fit for purpose.

Is the service effective?

Good

The service was effective.

People's needs were monitored and advice was sought from other health professionals, where appropriate.

People's nutritional and health needs were met by the service.

Staff had access to on-going training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good

Staff were caring.

People who lived at the home, relatives and visitors were positive about the attitude and behaviours of staff who worked at the home.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

Staff were aware of the importance of providing stimulation to people throughout the day and ensured there were a variety of social activities on offer for people who lived at the home.

People were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Good

The service was well led.

The senior management team had good working relationships with the staff team and staff commended the way in which the service was managed.

Regular communication took place between management, staff and people who lived at the home as a means to improve service delivery.

The registered manager displayed a commitment to developing and maintaining a high quality service.

Scaleford Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 April 2017 and was unannounced. The inspection team consisted of an adult social care inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We contacted the local authority commissioning team and safeguarding team as part of our planning process to see if they had any relevant information regarding the registered provider. We received no information of concern. We also reviewed information shared with us from Healthwatch. Healthwatch is the national consumer champion in health and care. They have significant statutory powers to ensure the voice of the consumer is strengthened and heard.

During the inspection visit we spoke with four people who lived at the home, five relatives and two professionals who visited the home. We did this to obtain their views about the quality of the service provided.

Some of the people who lived at the home were living with dementia and were unable to provide verbal feedback to us. We therefore carried out a SOFI (short observational framework for inspection.) This allowed us to try and understand what people were experiencing through observations.

Information was gathered from a variety of sources throughout the inspection process. We spoke with five members of staff. This included the care manager, the cook and three members of staff who provided direct care. The registered manager was unable to meet with us at the time of the inspection visit. We spoke with

them by phone after we had completed the inspection.

We looked around the home to ensure it was suitable for people who lived there. We checked water temperatures and window restrictors to ensure good practice guidelines were being met. We also reviewed the cleanliness of the home to ensure infection prevention control systems were in place.

We looked at a variety of records. This included care plan files relating to three people who lived at the home and recruitment files belonging to three staff members. We viewed other documentation which was relevant to the management of the service including medicines records, health and safety certification and training records.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe and comfortable in the surroundings. Feedback included, "Oh yes, I feel safe." And, "Isn't it quiet and peaceful?"

Relatives told us their family members were safe living at Scaleford Care Home. They told us, "Everyone is safe here. They are well looked after." And, "They can't be with [relative] all day but there is always someone to keep an eye out."

At the last inspection visit we made a recommendation about the implementation of good practice guidelines for PRN medicines. PRN medicines are prescribed to be used on an "as and when basis". We noted the service had taken action to ensure any prescribed PRN medicines were clearly documented. We noted PRN protocols were in place and instructions for administering PRN medicines were clear and informative. This reduced any risks of errors when administering.

Medicines were stored securely in a trolley when not in use. Storing medicines safely helps prevent the mishandling and misuse of medicines. Tablets were blister packed by the pharmacy ready for administration. PRN medicines were kept separate to medicines prescribed every day.
We looked at systems for storing and prescribing controlled drugs and carried out a stock check of medicines. We noted the medicines and the controlled drugs register matched up.

We observed medicines being administered. We noted good practice guidelines were followed. One senior staff member held responsibility for administering medicines on each shift. We observed them taking their time and not rushing when carrying out their drugs round. The senior member of staff sought consent from each person before administering medicines. They informed each person what they were administering and why it was important they took the medicine. The staff member administering the medicines also stayed with the person to ensure they had taken the prescribed medicine. This allowed the staff member to be certain the medicine had been administered to the right person at the right time.

Staff told us they were unable to administer medicines unless they were trained. They told us the care manager had started implementing monthly competency checks to assess their practice. The care manager said they were currently in the process of training further staff to administer medicines so more staff had the skills to be called upon in the event of an emergency. This showed us the manager was proactive in ensuring processes were robust.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. On the day of the inspection visit there were three staff providing care. They were supported by a care manager who told us they provided a mixture of hands on care and administrative support during their shift. There was also a cleaner and two cooks on duty.

People and relatives praised the staffing levels at the home. Feedback included, "There are always plenty of staff if you want anything." And, "Staffing levels are good for the amount of people living here and their

needs." One staff member said, "We don't feel rushed anymore."

On the days of the inspection visit we observed people requesting assistance. Staff responded immediately. Staff had time to sit and interact with people who lived at the home. We noted from care records that two of the people who lived at the home required oversight in communal areas. We observed constant oversight being provided, discreetly at all times as indicated within the care records. This meant that safety was promoted and risks were reduced for people who lived at the home.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed records related to three recently employed staff. Records showed full employment checks had been carried out prior to staff commencing work. At least two references were sought for each person, one of which was from their previous employer. This allowed the service to check people's suitability, knowledge and skills required for the role.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all prospective staff providing personal care within health and social care. We noted DBS checks were in place for all new starters. A staff member who had recently been recruited confirmed they were subject to all checks prior to commencing work.

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. We spoke with one staff member who was the safeguarding champion for the home. Safeguarding champions are identified individuals who have up to date training and knowledge within the realms of safeguarding. The role involves promoting good practice and acting as a role model. They told us they attended meetings with other service providers to keep up to date with good practice guidelines for responding and reporting abuse.

We looked at identified safeguarding incidents and noted the service took appropriate action when required. The service had introduced a safeguarding incident file so that all safeguarding alerts could be stored together. This allowed the senior management team to regularly review all incidents to look for any trends or themes. Staff had access to a comprehensive safeguarding policy and procedure. We noted this signposted staff to good practice guidelines for reporting and responding to abuse.

Staff told us they had received training to support them to respond and report abuse. They were able to describe different forms of abuse and were confident if they reported anything untoward, the senior management team would take immediate action. Feedback from staff we spoke with included, "I would report any concerns. It would depend on who I thought was abusing but I would follow up through the (management) system." And, "Bruises are logged straightaway it usually turns out to be nothing but we always note them." Staff we spoke with were also aware of their rights to blow the whistle on inappropriate practice.

We looked at how the service managed risk. Risks were addressed within people's care plans. We saw a variety of risk assessments were included. These included falls risk assessments, risk assessments for moving and handling, managing behaviours which may challenge the service, tissue viability, usage of bed rails and malnutrition. We saw evidence action was taken when people were placed at risk of harm. For example, one person was referred to the falls team following a fall for advice and guidance on how to support them safely.

One staff member told us they were proud of improvements in the ways they managed risk at the home.

They said, "Everything is so much better now. We are trained to deal with incidents and we have much more knowledge about how to manage challenging situations."

The registered manager kept a record of all accidents and incidents that occurred at the home. These were cross referenced to the safeguarding records to ensure all appropriate accidents had been reported to the Local Authority Safeguarding team.

Accidents and incidents were reviewed to look for emerging patterns and action was taken to prevent any further harm occurring. For example, we noted new equipment was sourced for one person after they had experienced a number of similar fall related accidents.

We walked around the home to check the environment was suitable to meet the needs of people who lived there. We noted on-going refurbishment works were still progressing. The care manager said rooms were not being made available to people until they had been refurbished. Relatives we spoke with were positive about the improvement works that had been undertaken so far. One relative said, "They've been decorating a lot lately it brightens up the place."

During the walk around the home we found equipment was suitably stored and communal areas were organised and tidy. We viewed cleaning schedules and cleaning audits maintained by staff at the home. The care manager told us they routinely carried out spot checks of cleaning to ensure the home was maintained to a clean standard. We checked water temperatures in communal areas and peoples bedrooms. We found water was delivered at a suitable temperature which minimised the risk of scalding. Radiators had covers on them to protect people from direct heat. All windows at the home had been assessed in line with good practice guidelines and window restrictors were fitted when required.

Equipment used was appropriately serviced. Fire alarms and equipment had been serviced within the past twelve months. We saw documentation to evidence a gas safety check and electrical checks were up to date.

Good

Is the service effective?

Our findings

People who lived at the home told us they were cared for by a staff team who knew them well. One person said, "I am happy here, they look after me well."

Relatives and professionals praised the effectiveness of the service. One relative said, "When [relative] first came here they couldn't walk now they have them mobilising with a frame and that's really good, very impressive!" Professionals praised the improvements made at the home and said there was a general consensus between their staff team that the home provided good and effective care to people. They told us they had not heard a negative comment about care provided by staff at the home.

We looked at how people's health needs were managed by the service. From records viewed, we saw people had regular appointments with health professionals to maintain good health. We saw evidence of general practitioner, dentists, chiropody and optician involvement at the home. During the inspection visit we observed health professionals visiting the home to review the health needs of people. This demonstrated that the service sought advice in a timely manner.

Individual care records showed health care needs were monitored and action taken to ensure optimal health was maintained. A variety of assessments were in place to assess people's nutritional needs, tissue viability and mobility needs. These were reviewed on a monthly basis by a keyworker responsible for monitoring the person's care. Changes in assessed needs were recorded within a person's care plan. Relatives told us they were consulted when their family member's needs changed.

We observed a meal being served in the dining room. Tables were decorated with linen tablecloths and napkins. Flowers were in vases on each table. Meal times were relaxed; staff did not rush and took their time attending to people's needs. People were offered different meals to encourage them to eat. When people did not want to eat we noted staff persevered offering different alternatives to entice people. On the day of the inspection we noted a variety of meals were offered at both meal times. At lunch time, homemade chicken and leek pie, sandwiches and scotch broth was offered to people. We overheard people commenting on how delicious the pie was. The service considered people's hydration needs. We saw a selection of drinks were offered throughout the day. One person told us, "I can ask for a cup of tea whenever I want."

We spoke with staff to see how the needs of people at risk of malnourishment were met. Staff told us there was good communication between the cook and the staff team to ensure dietary needs were met. One staff member said, "[Cook] is really good, they monitor what people eat and the calorific intake." We spoke with the cook as part of the inspection process. They had a good knowledge of people's needs and action required to meet people's nutritional needs.

People who lived at the home had their weight monitored on a monthly basis. This increased if a person was at risk of malnourishment. When people were at risk of malnourishment, referrals were made to health professionals for support and guidance. When required, records of food intake were maintained for people

who were identified at risk.

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 take 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw applications had been made to deprive people of their liberty when required. The registered manager reviewed these on a monthly basis as part of their monthly audit.

We checked whether the service was working within the principles of the MCA. Care records maintained by the service addressed people's capacity and decision making. When people lacked capacity to make decisions there were robust procedures to ensure decisions were made lawfully. For example, we noted best interest decisions had been made in relation to one person residing at the home and the provision of personal care for the person. We noted good practice guidelines were consistently followed. For example, when people had no family representatives independent advocates were involved in decision making. Independent advocates speak up for people who cannot make their own decisions or may need some support in making a decision. They always work in the interests of the person and no other bodies.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity, what to do when people lacked capacity and the importance of involving relevant people in decision making.

As part of the inspection process we reviewed staff training. Staff told us training opportunities had improved at the home since the last inspection visit. One staff member said, "Training is good now, we can be more proactive." Another staff member said, "I have most of my training required. It's mostly up to date."

We looked at the training matrix maintained by the registered manager. The care manager told us they had reviewed the training matrix produced by the registered manager and had amended it to enable them to plan training more effectively. We noted from records maintained that staff were provided with regular training. In the past twelve months training had been provided in first aid, dementia awareness, moving and handling, safeguarding of vulnerable adults, challenging behaviour and person centred care. This meant that staff had been provided with the necessary information to deliver high quality and effective care.

We spoke with a member of staff who had been recently employed at the home. They told us they undertook an induction period at the start of their employment. This involved reviewing their training needs and shadowing more senior members of staff. They told us the induction process suited their needs and further training was planned.

We spoke with staff about supervision. Staff confirmed they received supervision from the senior management team. Staff said the care manager was approachable and they were not afraid to discuss any concerns they may have in between supervisions. We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions. This showed us the senior management was proactive in ensuring high quality care was delivered.

Good

Is the service caring?

Our findings

People who lived at the home told us staff were kind and caring. Comments included, "The staff are good and very kind." And, "All staff are good but the older staff are brilliant."

Relatives were complimentary about the staff attitudes and behaviours. Responses included, "[Relative] is very well looked after." And, "[Relative] has never wanted for anything since moving here. Staff are friendly and caring."

We observed positive interactions between staff and people who lived at the home. Staff frequently checked the welfare of each person to ensure they were comfortable and not in any need. We observed one staff member asking a person if they were warm enough as they thought they may have been cold.

Staff were proactive and took time to sit with people and chat when they looked lonely or in need. We observed one person sat in a chair alone. A staff member saw the person and sat alongside them. They tried to promote communication by talking to a person about their life history. Staff knew the person's life history and used facts to stimulate and develop conversation. The person responded well to the conversation and joined in.

Staff recognised the importance of promoting people's dignity and individuality. We observed staff offering people the use of aprons at lunchtime to protect their clothing. One staff member offered to take one person to their room after lunch so they could freshen up in the privacy of their own room. On another occasion we observed a member of staff offering to support a person to put their make-up on before their partner visited. The person smiled when staff offered to assist them. This showed us that staff understood the importance of ensuring people felt good in themselves.

Staff spoke fondly about the people who lived at the home and the relationships they had developed with people. One staff member spoke about how difficult it sometimes was when people passed away. They said, "I miss them."

We observed staff knocking on doors before entering rooms. This showed us that staff understood the importance of respecting people's privacy.

We observed staff talking to people supporting them to make choices. Staff spoke with people calmly and in a gentle manner. They explained things slowly and checked for understanding. This promoted people's independence and decision making.

Relatives told us people were always clean and well presented when they visited. Feedback included, "We have never found [relative] dirty or unclean." And, "My [relative] is always clean and tidy and whenever I visit they are always wearing their own clothes."

One relative told us staff sometimes went above and beyond their expected role. They told us staff had

come in on their day off and had voluntarily supported people to go out for the day. We spoke with one member of staff who had supported people in their own time. They said, "It's not like being at work. It's great. People loved it."

Relatives praised the welcoming and caring atmosphere within the home. They told us they could phone up and speak to their family member whenever they wished and said they were always made welcome when they visited. One relative said, "Staff are lovely, we always get a hello and an offer of a drink when we visit."

One relative told us that staff showed an interest in people who lived at the home and encouraged people to maintain their identity. They told us their family member used to be a singer in a band. They said when they recently visited the home they found the person had been encouraged by staff to sing to other people who lived at the home. This promoted the person's identity and well-being. Another relative described the home as one large family and commended the way their family member had settled in at the home. They said, "[Relative] is like one of the Scaleford family now."

We spoke with the care manager about the usage of advocacy at the home. They told us that when people who lived at the home had no family members they routinely encouraged advocates to be involved. Advocates are independent individuals who can support people to make decisions.

Good

Is the service responsive?

Our findings

People who lived at the home and relatives told us that care provided was individual to their needs. Feedback included, "I like soup and they always make sure I have it." Also, "I go to bed and get up when I want." And, "They care for [relative] in a personable way."

We looked at activities to ensure people were offered appropriate stimulation throughout the day. People told us there were a variety of activities on offer at the home. One person said, "There are activities going on if you want them."

Whilst walking around the home we noted various activities were present in communal areas. For instance, there was an arts and crafts table set out with accessories. We noted puzzle books dotted around the home, as were reminiscence books, board games, artefacts and jigsaws. We also observed peoples art work on show. We saw vases had been made by people who lived at the home which were placed on dining tables. The service maintained a file with pictures of all activities that had been organised. This included photos of activities from an Easter party, a visiting musician and from an afternoon when they had a fun sweepstake for a horse racing event. People were laughing and taking part in activities.

We observed people being offered activities. People living with dementia were offered twiddle muffs to relax them when they were sat in their chairs. We observed people looking relaxed and using these. Another person sat in a chair singing and asked a staff member to dance with them. The staff member happily obliged and danced with them. Both people chuckled and laughed as they danced. One person was supported to do a word search puzzle whilst another person was offered a magazine to read.

We spoke with staff about the provision of activities. One staff member said, "Things have changed. We are getting resources to do things. We are doing gardening, arts and crafts now. We can just ask [manager] for things and they will provide them." Staff told us that activities were centred around people's wishes and needs. One staff member told us one person who lived at the home used to sit and pull out their hair. They said, "We have given them a hair brush. They sit and comb their hair now and don't pull it out."

The home had appointed a member of care staff to take on responsibilities of coordinating activities. Staff said they offered activities whenever they thought they were appropriate. One staff said, "We choose the right moments to do activities." Staff told us activities tended to be frequent and short to keep people engaged.

People who lived at the home were encouraged to participate in household tasks if they wished. We saw people setting the tables for lunch and sweeping up after lunch. One family member said this was a very important aspect of daily living for their family member and were pleased they were offered the opportunities. This demonstrated people were engaged to participate in activities that were meaningful to them.

Cultural needs were supported by the registered provider. A number of individuals from nearby places of

worship attended the home on a regular basis to meet people's religious needs.

We looked at care records belonging to three people who lived at the home. We saw evidence pre-assessment checks took place prior to a service being provided. One staff member said, "We know our skills now and we just don't take anyone in to live at the home." Care records were person centred and contained detailed information surrounding people's likes, preferences and daily routines. Care plans highlighted key points of people's likes and dislikes. For example, people were asked what they liked to be called and what were their favourite items of clothing.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence. Professional's and relatives were involved wherever appropriate, in developing the care plan. We saw evidence records were updated when people's needs changed. People's consent was sought throughout the care planning process.

People who lived at the home and relatives said they were happy with the service provided. They told us they had no complaints. Relatives said they were confident any concerns raised would be dealt with by the management team. A poster was on display in a communal area which highlighted how to complain. We spoke with the care manager about complaints. We saw evidence that action was taken in line with the service's policy when concerns had been raised.

Good

Is the service well-led?

Our findings

People who lived at the home and relatives praised the way in which the home was run. One person said, "It's well run, they know what they are doing."

A professional we spoke with told us they had witnessed lots of positive changes at the home. They told us the home had greatly improved over the past few months and they felt the home was well managed.

Staff were proud of improvements made at the home and the way in which it was now managed. They spoke enthusiastically about the developments made. They told us teamwork was good and the home was a good place to work. Staff said there was a relaxed stress free atmosphere at the home with positive relationships between staff and management. One staff member said, "I am proud of the way the home is improving, the way it is run and the support provided from management."

The home had recently recruited a new care manager to join the senior management team. Staff spoke highly of the new care manager they described them as knowledgeable and approachable. One staff member said, "She is very capable. She has a quiet way of leading, which is good." Another staff member said, "She is an asset to the team."

We spoke with a senior member of staff about the improvements made. They told us they now felt supported by management in their role and this helped them feel more confident in managing difficult situations. They said, "I am not afraid to challenge poor practice now as I know I am supported."

There was regular communication between staff and managers. Handover logs were completed at the end of each shift so that all relevant information could be shared and action taken when necessary. Staff told us they were kept up to date through formal team meetings. We saw evidence these had taken place.

People who lived at the home were consulted with. We saw evidence the registered manager held residents meetings for people to express their views on how the service was managed and organised on a monthly basis. People were routinely asked during the meetings if they had any complaints about service provision.

The registered manager was committed to seeking views about the quality of service provision as a means to improve service delivery. Questionnaires were sent out to people who lived at the home, relatives and professionals on a frequent basis. We viewed seven returned surveys that had been recently completed. Feedback provided by relatives and professionals was of a positive nature. Feedback included, "Staff were courteous and professional at my visit." And, "The home needs decorating but it is spotlessly clean." We noted three people who lived at the home had made requests for cooked breakfasts to be available. We spoke with the cook about this. They told us they had acted upon this feedback and people were now offered cooked breakfasts if they wished. This showed us the service was committed to listening to people and making improvements.

The care manager said communication with the senior management team was good. They said they had

regular meetings with them to discuss any concerns.
The registered manager had a range of quality assurance systems in place. These included audits of medicines, infection control medicines audits and environmental audits.

The registered manager was aware of their responsibilities for reporting incidents to the CQC. We noted when incidents had occurred notifications were submitted in a timely manner.