Bestcare UK Limited

Saxondale Nursing Home

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

This inspection took place on 7 June 2018 and was unannounced. The last comprehensive inspection took place in April 2017. At that inspection, we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in Regulation 19: Fit and proper persons.

The registered provider sent an action plan detailing how they were going to make improvements. This inspection took place to check if improvements had been made. We found that the registered had made sufficient improvements to meet the requirement of this Regulation.

Saxondale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Saxondale Nursing Home is registered to provide accommodation for up to 36 older people. Accommodation is provided over two floors, accessed by a passenger lift. Communal lounges and dining areas are provided. On the day of the inspection there were 30 people living in the home.

The service had a registered manager. 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 told us they felt safe at Saxondale Nursing Home and staff told us they would report any concerns to the registered manager. Systems and processes were in place to ensure that people were protected from abuse and improper treatment.

Visitors said they were made to feel welcome at any time and were very positive about the care their relatives received.

Staff were knowledgeable about people living at the home and understood how to meet their diverse needs.

We observed warmth and affection between staff and people who used the service. People were treated with dignity and respect.

We found the home was clean and odour free. Bedrooms had been personalised and communal areas were comfortably furnished. The home was adequately maintained, and equipment had been serviced to make sure it was safe to use.

Staff recruitment procedures were robust and ensured people's safety was promoted.

Sufficient numbers of staff were provided to meet people's needs.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

Staff told us they felt supported by the registered manager.

People told us they and their relatives had been involved in their plan of care and had participated in regular reviews.

We found systems were in place to make sure people received their medicines safely, so their health was looked after.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences, so people's health was promoted, and choices could be respected.

People were supported to take part in a variety of activities.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies in the service support this practice Wherever possible, people were involved in decisions about their care and were offered choices.

People and staff were happy with the service and praised the manager. There was a positive and open culture within the service. Staff said they felt able to raise concerns and were confident they would be responded to.

There was a complaints procedure in place and we saw where concerns had been raised these had been dealt with appropriately.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified, action was taken to address these shortfalls.

People using the service were asked for their views and were able to influence the way the service was managed.

Accidents and incidents were investigated, recorded and monitored and action was taken to help control risk and prevent further accidents and incidents from happening.

The registered provider has made progress since our last inspection to improve the service for people living at Saxondale Care Home. These changes are very recent and need to be sustained.

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 we spoke with told us they felt safe and had no worries or concerns. Staff had undertaken safeguarding training and were aware of their responsibilities in keeping people safe.

We found there were sufficient staff to meet people's needs.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

Is the service effective?

Good

The service was effective.

People were offered a choice of nutritious meals and their nutrition and hydration was well monitored.

The service acted in accordance with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff had undertaken training to ensure they had the skills and knowledge to support people effectively.

Is the service caring?

Good

The service was caring.

People made positive comments about the staff and told us they were treated with dignity and respect.

Care staff that were kind, sensitive and respectful towards people. We saw people laughing and smiling with staff members.

Relatives made positive comments about the staff and told us their family member was treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Prior to moving into Saxondale Nursing Home a pre-admission assessment was undertaken to assess if the home could meet the needs of the people being referred to the service.

Where people's needs changed, the registered provider took action to ensure that their changing needs were assessed, and care was adapted accordingly.

People and relatives were confident that if they raised any concerns or complaints, these would be taken seriously and appropriate action taken.

Is the service well-led?

Good

The service was well led.

People, their friends and relatives, and staff told us the manager was approachable and responsive.

There were processes in place to ensure the quality and safety of the service were monitored.

Surveys were sent out to service users, relatives and staff members as a means of gaining feedback on the service.

Saxondale Nursing 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 registered 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 was unannounced and took place on the 7 June 2018.This meant that the home's management, staff and people using the service did not know the inspection was going to take place. Two adult social care inspectors carried out the inspection 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.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received, and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We used information the registered provider sent us in the Provider Information Return. This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received since the last inspection including notifications of incidents that the registered provider had sent us.

Before our inspection, we contacted staff at Barnsley Local Authority and Barnsley Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All the comments received, and feedback received were reviewed and used to inform this inspection.

During our inspection, we spoke with six people who were receiving support to obtain their views about the service. We spent time in communal areas speaking with people and observing how staff interacted with each other and the people they were supporting. We spoke with the regional manager, the registered manager, one nurse, the housekeeper, the cook, one domestic, the activities co-ordinator, one senior carer

and two members of the care staff to obtain their views.

We reviewed a range of records, which included three people's care records, three staff support and employment records and reviewed records relating to the management of medicines, complaints, training and how the registered manager monitored the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection on 4 April 2017, we found evidence of a breach of Regulation 19, Fit and proper persons of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the registered provider did not have a safe recruitment procedure in place. We found there were gaps and inconsistencies in staff personnel files and the necessary pre-employment checks had not been completed before the person started working.

The registered provider sent us an action plan identifying actions to be taken and timescales for completion for them to meet regulation. At this inspection, we checked that sufficient action had been taken by the registered provider to meet the requirements of the regulation.

We found the registered provider had reviewed their recruitment procedures to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided an employment history and two references. This showed safe recruitment procedures were in place to keep people safe.

People we spoke with told us they felt safe living at the home. Relatives and visitors told us they thought their family member were in a safe place. People told us if they had a concern they would talk to a member of care staff and felt sure they would take the issue seriously and refer it to the appropriate person. One person told us, "Oh yes, I feel safe here, I'm settled most of us get on here" and a visiting relative told us, "It's the best place [my relatives] been in."

We saw a policy on safeguarding vulnerable adults was available. Staff knew these policies and procedures were available to them. All the staff spoken with and the staff training records we checked confirmed staff had been provided with safeguarding vulnerable adults training. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to keep people safe. Staff we spoke to told us they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to keep people safe.

Staff knew about whistleblowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling the manager or someone they trust. This meant staff were aware of how to report unsafe practice. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about people's safety had been identified.

The registered manager had referred safeguarding incidents to the local authority safeguarding team and to the Care Quality Commission. We saw the registered manager kept a log of these incidents, investigated them and appropriate action had been taken by the management to reduce the risk of repeat events. This

meant systems were in place to make sure people were protected from abuse or avoidable harm.

The service had a policy and procedure in place to support people who used the service with their personal finance. Staff handled small amounts of money for some people. For example, when going out shopping for personal items. We found clear records of each transaction had been completed and records checked showed relevant receipts had been retained. We saw each transaction had been signed by two people and the administration officer had undertaken regular checks of the records to make sure safe processes had been adhered to. The registered manager also checked records of financial transactions. These procedures helped to ensure people were protected from financial abuse.

We found care records included completed risk assessments giving details of any potential risk to the person and how this risk could be minimised or eliminated. These included risks such as falls or trips. The assessment assessed the likelihood of harm occurring, how the person would be affected and considered any additional control measures to be implemented to reduce the risk rating.

We saw that risk assessments were reviewed every month to ensure they still met people's needs. This meant staff had access to guidance about how to care for people safely.

Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. We saw when an accident had happened, the cause and effect of each accident or incident was investigated. This meant that similar incidents were linked together to identify any trends and common causes and action plans were put in place to reduce the risk of them happening again.

We observed that there were staff on duty in sufficient numbers to keep people safe. We saw when people asked for assistance, staff attended quickly. There were always staff available in the communal areas of the home. This showed sufficient levels of staff were provided to meet peoples identified support needs.

We found peoples medicines were managed safely. Medicines were stored in a clean and secure treatment room. A lockable trolley was used during medicine rounds. The temperature of the treatment room was monitored daily. However, on the day of the inspection we noted that the thermometer was not working in the room trolleys were being stored on the ground floor and the temperature of the room was not being monitored appropriately. We spoke to the registered manager about this and the registered manager took immediate and responsive action to replace the thermometer.

There was additional storage for controlled drugs, (CDs) which the law states must be subject to a higher level of security and scrutiny. We checked the stock of all CDs at the home and found it corresponded with the home's records.

We checked records of medication administration and saw that these were kept appropriately. However, some people had been prescribed medication to be taken on an "as required" (PRN) basis. The medicines record's we checked did not have the protocols to advise staff what symptoms people might show which would indicate this medication was required, and what the expected outcome was.

We spoke to the registered manager about this and they took immediate and responsive action to address this concern on the day of the inspection. Following the inspection, the registered manager contacted us to say that PRN protocols were now in place.

Some people had been prescribed medicines that needed to be taken at a certain time either before eating or after eating. For example, one person had been prescribed Lansoprazole, which should be taken 30

minutes before food to provide most optimal benefits. It is important that medicines are administered as the manufacturer instructs to make sure they have desired effect. We discussed this with the registered manager and they told us they would take immediate and responsive action to address this concern.

There were systems in place for stock checking medication, and for keeping records of medication that had been destroyed or returned to the pharmacy.

The staff member we spoke with about medication had a good understanding of the system. Care staff had undertaken training in the administration of medication and their competency had been checked. The registered provider carried out an audit of medicines every month to make sure safe procedures had been adhered to.

The registered provider made sure risks in relation to the building were managed, with contingency plans in place for emergencies. We saw people had emergency evacuation plans, which provided staff with guidance in how to support people to safety quickly and efficiently when required.

We found the control and prevention of infection was managed well. The service had policies and procedures in place about infection prevention and control. We saw evidence that staff had received training in infection control and the service had an infection control champion. Staff told us that they had access to personal protective equipment (PPE) (aprons and gloves).

Good

Is the service effective?

Our findings

People we spoke with told us they thought the care staff were all well trained and performed their jobs well. One relative we spoke to said, "I think they [staff] are well trained. They [staff] had a training session the other morning. I keep seeing them [staff] training and they do know what they are doing."

Staff told us they had an induction to their job. The registered manager told us, "All new members of staff had a five-day induction period." One new employee told us that they had worked with more experienced members of staff so that they got to know people and how they preferred to be supported. They told us that this had been very helpful and had given them the confidence to carry out their roles and responsibilities effectively.

The service had innovative ways of ensuring that staff received the training they needed to deliver a high standard of care. We checked the staff training matrix which showed staff were provided with relevant training. This included shadowing more experienced members of staff and completing mandatory online and face to face training.

We saw mandatory online training included safeguarding, understanding MCA and DoLS, and person-centred care. Mandatory face to face training was for more practical sessions. For example, safer people handling. The training matrix also showed training in specific subjects was also undertaken. For example, end of life care training, dementia training and tissue viability training.

Staff had been trained and appointed as 'champions'. Champions were staff that showed a skill or interest in a certain area. For example, dementia, promoting people's dignity, tissue viability, end of life care and infection control and acted as role models for other staff told us that they had received a lot of training. This meant that staff had the appropriate skills and knowledge to support people.

Staff who had not worked in care before were expected to complete the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers should adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality high-quality care and support.
Staff spoken with confirmed they received regular supervision and appraisal. Supervisions are meetings between a manger and a staff member to discuss any areas for improvement, concerns or training requirements. We checked records of staff supervision. The records showed care staff had been provided with regular supervision for development and support. All the staff said they received formal supervision and could approach management at any time for informal discussion if needed.

Staff spoken with confirmed they received an annual appraisal. Appraisals are meetings between mangers and staff to discuss next year's goals and objectives. These are important to ensure staff are supported to develop in their role. This showed staff were appropriately supported.

We looked at people's care plans and found that they contained detailed information about their dietary needs and the level of support they needed to ensure they received a balanced diet.

Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice. This meant the registered provider had suitable arrangements in place that ensured people received good nutrition and hydration.

We observed lunch being served, and it was a calm and sociable experience. Most people chose to eat in the dining room. On the day of the inspection the dining room was being redecorated, but the tables were presented with a tablecloth, a bowl of condiments in individual sachets and a decorated vase with silk flowers. Music played quietly, and the atmosphere over lunch was calm and pleasant.

People were shown the different options to eat and were able to select what they wanted. We saw people were not restricted to a single choice but could have one, two or all the alternatives if they wanted. Throughout the meal time we saw that people had several choices of drinks, including squash and water.

Most of the people were able to eat their meals independently, where people needed support, this was done discreetly by staff. Where people were reluctant to eat staff provided encouragement and support in a friendly manner, but respected their decision if they persisted. For example, one person was observed telling a member of staff that they did not want their meal, the staff offered encouragement, but took the meal away at the person's request. The staff offered the person an alternative, to which they agreed. This meant people were supported to have a nutritious and balance diet.

We joined a group of people eating their meal. They spoke highly about the quality of the food and choice available. Comments included, 'I like the food. My favourite's Sunday dinner, Yorkshire pudding and that. I can't complain about meals. We get a different meal every day' and "The Food is brilliant, lovely." Relatives visiting the service commented, "The food is very good", and "My relative has plenty to eat and drink, there are always snacks and drinks available."

We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. There was a welcoming and friendly atmosphere. All communal areas were in use and had an assortment of decorations and objects to stimulate activity and engagement between people.

Staff had worked creatively to best use the space to support people's independence and personal identity. For example, there was a bus stop with a bench, which was very popular with residents, being occupied by different residents during the inspection. There was a reminiscence room which featured various household items a tuck shop area with a sweet machine and music playing.

There was an outside area that was enclosed and covered available to people using the service which was nicely presented and comfortably furnished.

Doors to rooms had a picture chosen by the person to help them identify their own rooms. Rooms were personalised; many people had brought their own furniture, photographs and ornaments with them.

The care records we reviewed showed people were supported by a range of healthcare professionals to maintain their health. These included GPs, palliative care nurses, speech and language therapists (SALT) and tissue viability nurses. The care records held clear details of individual's health conditions and the

support they needed with these.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the service was working within the principles of the MCA. The registered manager told us she had referred twenty-four people living at Saxondale for a DoLS and she felt this was appropriate and proportionate due to the needs of the people currently residing there. We saw the registered manager held records of these applications and was able to track which stage of the authorisation process a person was currently at. In addition, where conditions were applied to the authorisation we saw these had been met.

Staff were able to tell us what capacity and consent meant in practice. Throughout the inspection we saw care staff asked for permission first and explained what they were doing before supporting the person with anything. For example, using the hoist or applying clothes protectors at lunchtime. People told us staff always asked them before they did anything, and they were given options of what they wanted to do. Comments included, "They [care staff] are always asking me. I'd soon tell them if I didn't like anything" and "They [care staff] ask me before they do anything."

Good

Is the service caring?

Our findings

People told us they were happy and well cared for by staff that knew them well. People described the staff with warmth and described the relationships they had with staff in positive terms. One person told us, "The staff are alright. If there is something that we can't cope with, they will come and help."

Comments from relatives included, "Staff are very welcoming, all the time when [family member] was in hospital, they kept in contact. Checked in to see how [family member] was. You expect the managers to ring you, but the carers did too" and "I went to 17 places before I committed myself to this one. This was the first place that didn't smell. The residents were all nicely dressed and there were different rooms for different interests. They all seemed happy."

People told us that staff were caring and respected their privacy and dignity. During our inspection we spent time observing interactions between staff and the people they were supporting. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people.

We saw, in all cases that people were cared for by staff that were kind, patient and respectful. We saw examples of people being treated respectfully. These included, staff knocking on doors and asking permission to enter peoples room and asking people if we could see their room. This meant people were treated with dignity and respect.

People clearly demonstrated they enjoyed positive relationships with the staff team, including the registered manager. Throughout the day we heard laughter and saw staff and the people they support enjoying a joke. We saw people greet the registered manger warmly with hugs and smiles. Staff clearly knew the people they supported well.

Staff were highly motivated, passionate and caring. Throughout the inspection, we observed staff speaking with people kindly and offering people support. Some people needed regular reassurances about events or issues that were of concern to them.

We saw staff working patiently and compassionately to provide reassurance to people. They were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused trying to unfasten her cardigan. A member of staff comforted them and then asked what they wanted to do. Throughout the member of staff spoke in a soft, calm voice using humour to try and comfort and reassure the person.

Staff were friendly with people, relatives, visitors and each other. We saw care staff calmly engaged with people to distract them when they appeared to become agitated with themselves or another person. Staff were able to prevent or diffuse these types of situations by chatting with the person about things they knew they were interested in or by encouraging them to undertake an activity they knew they liked. This created a calm and positive atmosphere throughout the home.

We spoke with a visiting nurse who told us that the service was, "This service is more person centred than a lot of services, it is a fantastic team and it feels like home." They confirmed that all staff regardless of their role were involved in people's care. They commented, "The seniors and the manager are very, very caring and do their absolute best to help people. This is one of the better homes I visit" and "The service is definitely well managed, the managers firm but fair."

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Staff were highly motivated, passionate and caring. Throughout the inspection, we observed staff speaking with people kindly and offering people support. Some people needed regular reassurances about events or issues that were of concern to them. We saw staff working patiently and compassionately to provide reassurance to people. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused trying to unfasten her cardigan. A member of staff comforted them and then asked what they wanted to do. Throughout the member of staff spoke in a soft, calm voice using humour to try and comfort and reassure the person.

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We found that the care planning process centred on individuals and their views and preferences. The care records contained information about what was important to people and how best to support them. This showed important information was available, so staff could provide support in the way people wished.

Care plans contained, a booklet called 'My Story' which gave a detailed biography of the person's life so far. This information supported staff's understanding of people's histories and lifestyles and enabled them to better respond to their needs and enhance their enjoyment of life. To support this ethos, the service prioritised and supported people to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service. One relative commented, "I can visit anytime, and I am always made to feel welcome."

During the inspection we did not see or hear staff discussing any personal information or compromising people's privacy or dignity. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people that did not need to know. This meant only people that needed to know were aware of people's personal information.

We saw information was provided, including in accessible formats when requested, to help people understand the care and support available to them in a format they could understand.

Staff told us they were a strong team and that they worked together well.

Good

Is the service responsive?

Our findings

People and their relatives confirmed that a detailed assessment of their needs had been undertaken by the registered manager or a senior member of staff before their admission to the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. These care plans ensured staff knew how to manage specific health conditions. This meant people had access to personalised and responsive care and support.

The care plans we reviewed confirmed that care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information circulated to staff.

We saw the service has responded well to people's change in needs. We saw examples where the service had informed the local authority assessment and care management team about any concerns about a person's wellbeing or change of needs. For example, a person's wellbeing had deteriorated and they needed more assistance from staff. Records also showed that staff had responded when people had become unwell and required medical attention.

Care plans showed that people living with dementia were in various stages of the disease. The staff demonstrated a good awareness of how dementia could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people living with dementia could still live a happy and active life.

Staff were finding creative ways to support people to live as full a life as possible, this included aromatherapy, music therapy, and foot, hand and head massage to enhance people's wellbeing. The activities coordinators explained that their role was to provide meaningful activities. They told us staff aimed to promote people's wellbeing by offering a lot of one to one time and provided examples of sitting and chatting with people, going for fish and chips in the local community and spending time in the garden.

In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included dominoes, film afternoons, dignity days, quizzes and a sweep for the world cup. The activities coordinator told us, I have a board with the activities on, but it's hard to follow the board – some get distracted, or want an activity, so I adapt to what they want. For those in bed, we do a hand massage. I judge by the looks on their faces whether they're enjoying it. I'll do what they enjoy."

We saw that people were provided with suitable equipment to maintain their independence, these included mobility aids, crockery and cutlery. Where people needed support to move this was provided in a dignified way. For example, we observed two members of staff supporting a person to transfer using a hoist. The member of staff spoke with the individual throughout explaining what was happening in a reassuring

manner.

Records showed that one complaint had been made about the service in the last 12 months. We looked at how this complaint had been managed and found that this had been fully investigated by the registered manager and a full response provided to the complainant.

Concerns and complaints were taken seriously, explored and responded to in good time. The provider's complaints policy and procedure contained the contact details of relevant outside agencies and gave a list of advocacy services and their contact details.

Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints.

People told us that they were comfortable discussing their experience of care with either the management or staff and that they were encouraged to do this. They confirmed that where they had made comments they were kept informed of what changes had been made. Comments from visiting relatives included, "[Family member] had a fall two to three weeks ago. They [care staff] let me know" and "When owt's happened, they've let me know and kept me informed."

The service also provided end of life care to people. We saw where people needed this type of care their care records reflected this. Peoples care records also included preferred priorities for care document. This gave people an opportunity to record their preferences and priorities for any care and support they may need at the end of their life care.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us told us they were very happy with the personal care and support they received from the service. They said they got on well with the staff and the registered manager and could talk to them about any issues or concerns.

Comments included, "The staff, they're very good in here. If anything was wrong, I would go straight to the manager" and "If I needed to, I'd speak to [registered manager]. You have little hiccups, but she [registered manager] does her best. There have been a lot of changes. You can't expect everything straightaway."

Our observations of, and discussion with, staff found that they were fully supportive of the registered manager's vision for the service. The registered manager told us there had been a lot of changes which had given staff more independence. In turn this had created a happier staff team, and with this came a confidence, and a commitment to the continued development of the service.

Staff told us that the atmosphere and culture in the service had improved since the registered manager had been appointed. They said that the environment was much better and friendlier. Staff described working as one big team and being committed to the person centred approach which had greatly improved the outcomes for people living there.

Staff spoke consistently about the service being a good place to work. Comments included, "I look forward to coming to work." and, "I love working here." Staff said that there were plenty of training opportunities, and that they felt supported and received regular supervision. They also felt empowered, involved and able to express their ideas on how to develop the service.

Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions for improving the experience of people.

We found staff were motivated and committed to ensuring people received the agreed level of support and people were enabled to be as independent as they wished to be. Staff said everyone in the organisation, focused on the well-being of the people they supported. Staff were well supported by the management team and by their colleagues. One member of staff said, "Management are good at listening and are very supportive." Another staff member said, "I get on well with management, they are very approachable"

The registered manager continually sought feedback about the service through surveys, formal meetings, such as individual service reviews with relatives and other professional's and joint resident and relative meetings. This was supported by informal feedback via day to day conversations and communication from the staff team.

The results of the annual residents and separate relative's surveys carried out in February 2018 were very positive. Comments included, "All the staff work hard and are caring and compassionate, I am currently delighted with the level of care my relative is receiving" and "All the staff are friendly caring and very

welcoming."

The manager told us staff meetings were held monthly for all staff, as well as departmental meetings. We saw these meetings were recorded with any agreed action points. There was also a daily 'eleven eleven' meeting each morning where a representative from each department attended and any concerns were shared, and plans made for the day ahead.

The registered provider had a comprehensive quality assurance system to ensure people's needs continued to be met effectively. We saw the planned and regular checks completed by senior members of staff had monitored the quality of support provided to people using the service and staff performance.

The registered provider's regional managers carried out a programme of monthly audits to assess the quality and safety of their service. This was linked to a continuous improvement plan for each service which identified any improvement actions required.

The registered provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They maintained a record of all incidents, incidents were investigated and action plans put in place to minimise the risk of recurrence.

The registered manager promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had a comprehensive set of up to date policies and procedure relating to all aspects of service delivery. We saw these were regularly reviewed with a summary of any changes made. The policies and procedures were produced by the registered provider and we saw these were amended to reflect local guidance and contact details specific to Saxondale, where appropriate.