The Chestnuts Care Home LLP

# The Chestnuts Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We inspected The Chestnuts Care Home on 20 and 21 December 2016. The inspection was unannounced. The Chestnut Care Home provides support and accommodation for up to 29 older people. At the time of our inspection there were 26 people living at the service.

There was a registered manager in post who was registered with the CQC. 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.

This inspection at The Chestnuts Care home was the first inspection under our new methodology since its new registration in February 2016.

The provider had systems in place to protect people against abuse and harm. The registered provider had effective policies and procedures that gave staff guidance on how to report abuse. The registered manager had robust systems in place to record and investigate any concerns.

Risks to people's safety had been assessed and actions taken to protect people from the risk of harm. However, there was no recent fire risk assessment in place that was carried out by a trained competent person. This was brought to the attention of the registered manager who took immediate action by booking an appropriate assessment and adding fire risk assessment to the auditing system.

Medicines were managed safely and people had access to their medicines when they needed them.

Staff were well trained with the right skills and knowledge to provide people with the care and assistance they needed. Staff met together regularly and felt supported by the manager. However, there were gaps in the frequency of one to one supervisions carried out by the management team. We reported our concerns to the registered manager who took immediate action by improving the supervision process. We have made a recommendation about this in our report.

There was sufficient staff to provide care to people throughout the day and night. When staff were recruited, they were subject to checks to ensure they were safe to work in the care sector. However, we found that there were inconsistencies in chasing two references prior to new staff starting work. Disclosure and Barring Service checks were being requested by the registered manager but these were not being reviewed. We have made a recommendation about this in our report.

The principles of the Mental Capacity Act 2005 (MCA) were adhered to for more complex decisions. People's mental capacity was being assessed appropriately and meetings took place to make decisions on people's behalf and in their best interests, when they were unable to do so. However, mental capacity assessments for less complex decisions were not decision specific. We have made a recommendation about this in our

report.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

People were assisted with their nutrition and hydration needs. Staff were completing fluid and eating charts for those that need it. People were involved with the development of the menu through meetings and tasting sessions with the supplier.

People had freedom of choice at the service. People could decorate their rooms to their own tastes and choose if they wished to participate in any activity. Staff respected people's decisions.

People told us they were very satisfied with the care staff and the support they provided. Relatives told us they were happy with the service their loved ones received. Staff communicated with people in ways that were understood when giving support. Staff and the registered manager had got to know people well. Staff could build positive relationships with people to fully understand their needs.

People and their relatives told us they were involved in the planning of their care. Care plans were being reviewed on a monthly basis by staff. The provider had ensured that people and relatives had ways of communicating their wishes before reviews.

People at the service had access to a wide range of activities that were designed for their individual needs. People told us they were very happy with the amount of activities on offer at the service.

Staff respected people's privacy and dignity at all the times. The provider had ensured that people's personal information was stored securely and access only given to those that needed it.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Outcomes of the investigations were communicated to relevant people.

The registered manager was approachable and took an active role in the day to day running of the service. Staff were able to discuss concerns with the registered manager at any time and felt they would be addressed appropriately. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service. Audits were carried out in all aspects of the service to identify how the service could improve and action was taken as a result.

## 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 were protected against abuse by staff that had the knowledge and confidence to identify safeguarding concerns.

The provider had ensured that the service was well maintained carrying out appropriate safety checks and servicing. However, we found that there was not recent fire risk assessment in place.

The provider had ensured that there were sufficient numbers of staff in place to safely provide care and support to people. However, recruitment practices were inconsistent. We have made a recommendation about this in our report.

Medicines were stored and administered safely.

### Is the service effective?

Good

The service was effective.

Staff received training that gave them the skills and knowledge required to provide care and support to people.

Staff were not receiving supervisions on a one to one on a regular basis. We have made a recommendation about this in our report.

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice for more complex decisions. However, less complex decisions were generalised and not decision specific. We have made a recommendation about this in our report.

The provider had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards.

People had access to a range of food options that were nutritious and met their needs. People were supported to maintain their diets when required.

### Is the service caring?

Good

The service was caring.

People spoke very positively about staff. People and relatives told us they were happy with the service they were receiving.

Staff had good knowledge of the people they supported. Staff communicated in ways that were understood by the people they supported.

People's privacy and dignity was respected by staff.

## Is the service responsive?

Good

The service was responsive.

People had access to a wide range of activities that were suitable to their needs.

People were encouraged to make their own choices at the service. Staff would respect people's choice.

People and their families were involved with the development of their care plans. People's friends and family were made welcome and supported by staff.

The manager investigated complaints and the provider had ensured that people were aware of the complaints procedure.

## Is the service well-led?

Good

The service was well-led.

Staff told us they felt supported by the registered manager.

The registered manager carried out audits of the service to identify any shortfalls within the service. The manager acted on the outcomes of the audits positively.

People, friends and staff were encouraged to give feedback through surveys and meetings. The manager listened and acted on these appropriately.

# The Chestnuts 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.

The inspection took place on 20 and 21 December 2016 and was unannounced. The inspection consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This was the service's first inspection under our new methodology since its registration in February 2016.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. Before the inspection, the provider completed a Provider Information Return (PIR). This 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 focused the inspection on speaking with people who lived at The Chestnuts Care Home, staff and relatives. We spoke to nine people living at the service, five relatives, four care staff, two senior care staff, activities coordinator, a GP, training coordinator, deputy manager and the registered manager. We made observations of staff interactions and the general cleanliness and safety of the home. We looked at four care plans, four staff files, staff training records and quality assurance documentation.

Good

# Is the service safe?

## Our findings

People living at The Chestnuts told us they felt safe there. One person told us, "I feel completely safe here." Another person told us, "This is a safe environment to live in." One relative told us, "My relative is safe living here. The staff are always quick to act if they need to."

People at the service were protected against potential abuse. The provider had an effective system in place to recognise, record, investigate and track safeguarding incidents. Staff received training on safeguarding and were knowledgeable about different types of abuse and to whom they could report it. One member of staff told us, "We report anything that is unusual or out of character." Another member of staff told us, "I can report my concerns to my seniors, management or the local authority." The registered manager investigated any concerns reported by staff and informed the local authority when necessary. The provider had a clear and up to date safeguarding policy.

The provider ensured that there were arrangements in place to keep people safe in an emergency. The policies and procedures identified the service's contingency plan to guide staff how they should react in an emergency. For example, if there was a fire, loss of electricity or shortage of staff at the service. Each person had a personal evacuation plan that gave staff guidance on what support they would require during an evacuation.

The provider had ensured that the environment was safe for people. There were up to date safety certificates for gas appliances, electrical installations, lift and hoist maintenance. The registered persons had not had a fire risk assessment carried out by a competent person who is trained to do so during 2016, records showed that these were carried out in previous years. The provider's policy says that a person competent to do so should carry a fire risk assessment out once a year. The registered manager reduced any risk by carrying out a management fire risk assessment to identify any areas for improvement or concerns. However, a trained competent person did not carry out the fire risk assessments undertaken by the management team. We discussed this with the registered manager who took action and arranged for an external company to complete a fire risk assessment by the end of January 2017. There was a risk assessment and water hygiene report carried out on 27 September 2016 and legionella test had been booked by the registered manager following that report.

People were kept safe as potential risks had been assessed and were part of their care plans. This included the risk of falls and moving and handling. Records showed that risk assessments were being updated appropriately as people's needs changed. For example, one person's falls risk assessment identified that they had had an infection and this increased their risk of falls. The risk assessment was reviewed again once the infection was cleared. Staff were observed assisting people to transfer and move around the service. Staff assisted people appropriately and in accordance to the guidance in people's care plans.

People's medicines were being managed and administered safely by trained and competent staff. We checked people's medication administration records (MAR) and staff were accurately signing who administered them. Only staff that had completed medicine training and had been checked by

management as being competent were allowed to administer medicines. We checked a sample of medicines that had been supplied in blister packs against the MARs. The amounts remaining in the blister packs matched what was recorded as having been administered. Care plans contained information on people's allergies and an up to date list of their medicines. Controlled drugs (CDs – medicines with potential for misuse, requiring special storage and closer monitoring) were handled in line with legal requirements. A medicines round was observed; administration of medicines was hygienic, safe and timely. People were asked if they were in pain. The senior carer took time to listen and explain to people what their medicines were for. Guidance was available to staff in people's care plans on how they can express pain. For medicines that were prescribed to be taken when needed (PRN) there were protocols in place for each person and each medicine. The guidance told staff the maximum dose someone can have in a 24 hour period and staff were logging the specific times when people were given PRN so that people would not receive more medicine than prescribed.

There were sufficient staff to meet people's care needs, and effective processes in place to cover leave or unexpected absence. People and relatives we spoke with told us they believed there were enough staff to meet people's needs. One person told us, "There is always someone about. If I need assistance I just use the call bell and they are here in a flash." Another person told us, "There are enough staff working here. They are always here if I need them." Relatives we spoke to told us that they believed there were enough staff on duty. The registered manager did not use a dependency tool to identify staffing levels. The registered manager told us that the staffing levels change when required. We saw evidence to show that staffing levels had increased at the service over the last six months.

The registered manager did not have a completely robust system for employing new staff. We looked at four staff files. All had application forms, evidence of interviews, health questionnaire, training agreement and photographic identification. However, we found that there were gaps in chasing references and Disclosure and Barring Service (DBS) checks to make sure staff were suitable to work with vulnerable adults prior to working at the service. The registered manager had mitigated risk by implementing the policy and practice of people working under close supervision until checks were made. It was observed that a new member of staff was not working alone during inspection. There was evidence to show that the registered manager took immediate action in response to any information from these DBS checks to ensure that staff were suitable to work at the home.  However, we found that DBS checks were not being reviewed on a regular basis. The registered manager maintained an electronic list of staff DBS returns one of which had not been reviewed since 2003. We were told by the registered manager, "This was a previous employee and should not have been in the file." We have been informed post inspection this has been removed from the file. We were shown evidence to show that in the future new staff would not start work until two references had been sought and people will not work alone until a DBS is received and they are deemed competent to do so.

We recommend that the provider seeks guidance from a reputable source to ensure that DBS checks are maintained to reflect good practice.

Good

# Is the service effective?

## Our findings

People and their relatives told us staff knew the people well and provided them with the care they needed. One person told us, "The staff keep an eye on things." A relative told us, "The staff are really good." A visiting GP told us, "The staff have a good handle on when they need to be concerned."

The provider ensured that staff were competent to carry out care tasks for people living at the service. Staff were receiving a full training schedule that gave them the knowledge and skills required to support people. The staff training schedule showed that staff received a comprehensive training program and this was up to date. Training included moving and handling, mental capacity, infection control, medication and dementia awareness. Dementia awareness included sessions with sensory experiences so that staff could understand what it was like to live with dementia. The training coordinator told us that they develop training responsive to the needs of people and the service. For example, infection control training was provided in response to a need being identified as staff were working in the kitchen. The training coordinator told us that they had discussions with staff in addition to their e-learning and formal training, to talk through topics, embed learning and ensure staff were satisfied with their learning before the training was signed as being completed. A member of staff told us, "The training is very good and they always ask if we need more support."

Staff were expected to undertake an induction before being signed off as competent to carry out the role independently. The induction included a two week shadowing process to allow staff time to understand the service and the people living there. The training schedule indicated that most staff had had an induction, but there were no dates for five staff who had started recently. The registered manager told us, "Three staff members had signatures and dates but their induction was not yet complete. A fourth person was under trial and has since not been employed." Individual staff files contained an induction training list that included topics for staff to complete during their induction process. However, we noted that some staff files were inconsistent. One staff file showed us that a person started in September 2016 but did not complete the induction until November 2016. We reported our concerns to the register manager. The registered manager and management team who told us that they would put in place a new induction process that would ensure that all staff would receive a full induction within a specific time frame and that there are no gaps during this process.

Staff told us they received regular supervision and yearly appraisals. However, the frequency and effectiveness of supervisions was inconsistent. The supervision records showed us that during 2015 and 2016 12 out of 20 staff were receiving their targeted supervisions and appraisal. The provider's policy told us that staff would receive an annual appraisal and supervision every six to eight weeks. Supervisions were not always on a one to one basis. It was noted that one member of staff had six supervisions in 2016 and this included one observed practice, one fire drill, one group discussion on the resident's questionnaire, one group discussion of care practice and one team meeting. We reported this to the management team who told us they will be putting in place one to one supervisions for staff to complement their current practice.

We recommend the registered manager seek guidance to put in place processes that ensures effective

supervision practices.

Staff and management demonstrated appropriate understanding of The Mental Capacity Act 2005 (MCA). 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training to identify when people's mental capacity may need to be assessed. All the staff we spoke with could identify the main principles of the MCA. For complex decisions the management team identified the specific decisions to be made, carried out a mental capacity assessment to identify if the person did lack capacity to make a decision and an appropriate best interest meeting with associated parties was recorded. However, this practice was not the same for less complex decisions. People's care plans showed us that there was a tick sheet of areas where people may lack capacity, such as personal care that were not decisions specific. We reported our concerns to the management team who took immediate action to introduce a new  form for less complex decisions that follows the principles of MCA.

We recommend the registered manager seek guidance to ensure that all decisions made on behalf of people are within the legal framework of the Mental Capacity Act 2005.

Staff asked people for consent when it was required, for example before carrying out personal care or assistance with daily tasks. Staff were seen to ask for consent prior to any activity and staff told us they would ask for consent before giving someone personal care. The action of obtaining consent was clear in people's daily records.

The provider ensured that people's nutritional and hydration needs were being met and care plans contained nutritional assessments. A member of staff told us, "New residents automatically go on fluid and nutritional charts. This is so we can monitor what a person is eating and drinking when they arrive to see if any more support is required." Fluid and nutritional charts were being completed by staff when required. The charts clearly identified when a person no longer required to continue and the reason why was detailed in the care plan. For example, one person's care plan identified that they had put on weight and were at a healthy level and this was discussed with the GP. If people had specific dietary requirements these were noted in their care plans, for example if people were diabetic or required a soft diet. It was also noted if people had any food allergies or preferences such as being a vegetarian.

People at the service were being supported by staff to attend routine health visits and were being referred to health professionals when appropriate. Care plans identified that the provider involved a wide range of external health and social care professionals in people's care. These included speech and language therapists and tissue viability nurses. People we spoke with told us they had regular appointments with their GP and were referred to their GP when required. A visiting GP told us, "There are no inappropriate referrals. Staff are very efficient and do not make assumptions and listen to the guidance we give." People's skin integrity was taken into account with appropriate assessments. People had risk assessments for skin integrity and a pressure sore assessment was completed monthly. A skin integrity risk assessment showed that a person was at risk of bruising and skin tears as they could knock their lower legs and ankles when walking: staff we spoke with demonstrated knowledge of this. People's daily notes identified where other health professionals were involved. This included visits from the GP, nurses and other professionals such as

opticians, dentists, chiropodist and physiotherapist.

Good

# Is the service caring?

## Our findings

People at the service told us they were very happy with the staff that worked there. One person told us, "The staff are very kind." Another person told us, "The staff are so lovely and caring. You could not ask for anything more." One relative told us, "The staff are kind and caring; they always sit in close to explain things to mum." Another relative told us, "The staff are so helpful, they are always so happy to talk to everyone here."

Staff were seen to be kind, compassionate and spend time with people. One member of staff told us, "We always have time to talk to people, whenever anyone wants a chat we are always there for them." During a medicine round the member of staff assisting people with their medicine would always go down to the person's level and ask if they were okay and tell the person what medicine they were taking. The member of staff was never rushed and if people were experiencing pain the member of staff would have time to find out what the person was experiencing so that appropriate medicine could be given to that person. During dinner service one person kept asking staff what vegetables were on their plate. Each time a member of staff would sit with the person and go through what was on their plate. On one occasion the person told staff that the vegetables were lovely, the member of staff asked the person if they would like some more which was agreed and quickly obtained by the member of staff. During lunch service people were given all the time they needed to eat their meal and staff supported people where appropriate. It was observed in people's rooms that they all had a large number of Christmas cards. One person told us, "They are mainly from the staff. They all write us cards wishing us a happy Christmas which is just lovely."

The provider had ensured that people's religious and cultural preferences were catered for. Care plans identified if a person followed a certain religion and how they would like to practice. One person's care plan stated that they were practicing and would like to attend services. Church services were held at the service. People were also involved with the local church if they wanted.

People and their relatives were involved with the planning of their care. One person told us, "I am involved with the decisions involving my care." One relative told us, "I am involved with the decisions around the care. I sometimes meet with the staff or we have a discussion over the phone." People and relatives were signing care plans to show that they were involved with the setting up of their care plans and reviews. Relatives comments were recorded in the care plans to show that they were involved. Care plans included required information for staff to provide support and were updated monthly. The care plans identified the needs of people from health to social interaction. One person's care plan noted that they enjoyed taking part in activities but required a reminder to ensure that they knew what activities were taking place and if they wanted to join in. Staff were seen to be talking to the person throughout the day about the activities that were on offer.

Staff at the service were knowledgeable of each person and sensitive to their needs. One person told us, "All the staff here know me well. We always have a chat about the things I like." Another person told us, "The staff are not just carers, they are friends: we know a lot about each other." A third person told us, "The staff treat this place as if it was my home." One member of staff told us, "I enjoy getting to know the people living here.

We are given time to go through care plans to find out about the person but nothing is as good as just sitting and having a chat." It was observed that staff reassured a person a lot more during certain times of the day. A member of staff told us, "The person can get more forgetful during these times so we need to make sure the person is okay and not getting disorientated." This was documented in the person's care plan.

People were treated with dignity and their privacy was always maintained. One person told us, "When they come into my room they always knock, identify themselves and tell me why they are here." When we were speaking to someone in their room a member of staff knocked on the door; when the person said it was okay to come in the staff did and told them who it was and that they were there to test their personal call bell system. Another person told us, "The staff never barge into our rooms; they are always polite and knock first. If we do not want to see anyone we can just tell them and they respect that." A member of staff told us, "We are all equal here. This is their home and we treat everyone with dignity and respect, for example, ensuring that the doors and curtains are closed when delivering care."

People were encouraged to be as independent as possible. One member of staff told us, "We encourage people to do as much as possible for themselves. For example, prompting people to wash and putting their own clothes on. One person told us, "I am treated as an individual and they assist me to do as much as I can on my own. They understand when I need help and if I need a little more I just ask." We observed that one person had three extended grabbers located at different points in their room. The person told us, "These are there so I can pick things up off of the floor without having to ask someone for help." Another person told us, "I like to help prepare the tables in the morning. It is only a small job but it is something extra I can do and like doing." During the inspection staff protected people's confidentiality by ensuring that discussions and handovers took place in private areas. People's private information was kept in a secure location that only senior staff had access to. All staff had a secure log in to access the computer systems.

Good

# Is the service responsive?

## Our findings

People at the service enjoyed a wide range of activities that were designed to their individual needs. One person told us, "There is so much going on. Over the last week we had a party, carol service, Elvis impersonator, chair exercises, arts and crafts and a quiz this afternoon. On Friday we have a pantomime coming to the home. Another person told us, "We have quite a programme of events, I never get bored." A third person told us, "We went to a shopping centre last week, the staff arranged for us to have wheelchairs so that we could get around much easier. We went shopping and went to a café for tea and cake, it was lovely." The activities schedule included exercises, music afternoons, quizzes, word games, gardening and arts and crafts. The activities coordinator also organised entertainers to come to the service and parties were organised during the year. There were also day trips that included pub lunches, shopping trips, garden centres, and the seaside throughout the year. The activities coordinator also organised at home shopping experiences with high street retailers who provide this service. This is when recognised high street brands bring products to the service for people to shop and purchase. People could make suggestions on what they would like to do through a wishing tree. The registered manager told us, "This is a way of people telling us what they would like to do. They just put their suggestion on the tree and we try to make it happen. From this we have gone on pub lunches, had take-away nights and boat trips." The activities coordinator told us, "The boat trips were so popular that we had to arrange two trips to accommodate everyone." Once a week the activities coordinator arranges a shopping trip so that people can obtain their favourite products. The day before people are asked if they would like anything from the supermarket and this is obtained. The activities coordinator told us, "This gives people the opportunity to carry on having the treats that they have always liked or particular products for washing. People are welcome to come along if they wish to." One person we spoke to told us, "I do like to go along on the shopping run when I can."

People told us they were able to keep relationships with family and friends. Relatives were made welcome by staff, they could visit at any time and they were encouraged to take part in activities. One relative told us, "Sometimes we get involved with the activities and we come to the big events." Another relative told us, "We can come and visit whenever we want." From a recent resident meeting it was put forward that people living at the service would like to be able to invite their families over for Sunday lunch. The registered manager confirmed that this had been implemented and every two weeks there was enough room to accommodate one family so the people had agreed to take turns.

People were encouraged to make their own choices at the service. People's rooms were decorated to their own choosing and included their choice of furniture and personal items. People were always given choice at the service by staff. Each day people could choose from a selection of food choices and drinks. One person told us, "They come round every morning to ask us what we would like to eat." Staff checked on the people regularly, asking if they wanted to go to the toilet and offering them food and drink. The provider of food to the service would visit prior to a new seasonal menu being put in place and provide sample food for people to try. They would obtain feedback from the people and provide a menu that meets their nutritional needs and likes. Records from the food provider show that following a tasting for the winter menu it was recommended to add to the menu Quorn casserole, vegetarian cottage pie, and sliced chicken to replace chicken breasts. People were individually asked if they wanted to join an activity that was going to take

place. One member of staff told us, "We offer people a choice on what they would like to wear each day. We also show people who have difficulty making choices over dinner both of the main options made up on the plate so they can choose what they would like." Another member of staff told us, "If people do not like what is on the menu there are other options available." One person told us, "They have fish available for me without the batter as I do not like the batter and I can have this when I like." We observed during lunch service that people were asking for alternatives such as cheese and biscuits instead of the main dessert option. The member of staff asked what cheese they would like and this was obtained for the person. Minutes from a recent resident meeting identified that people would like more options that included cheese and biscuits and in a recent staff meeting it was discussed that there should be options of cheeses available. People also had a choice of reading material at the service. There was a quiet area for people to read books provided by the local library service that also had tea and coffee making facilities and biscuits readily available. Care plans showed us what newspaper's people liked to read. The registered manager told us, "We get the newspapers delivered daily for people who want it." We observed that people were reading the newspaper that was recorded in their care plans on the morning of inspection.

People's likes, dislikes and wishes were clearly recorded in their care plans and staff had a good understanding on what people liked. Care plans had sections that included 'How I like to look' and 'How I like to wash.' These sections gave staff guidance on people's preferences such as one person likes to wear cardigans usually with trousers. Another care plan told staff that the person likes to be prompted with washing and to only get involved when asked. People also stated if they wished to vote on elections. The registered manager told us, "If people want to vote they can, we can assist them to the polling station but most opt for postal voting."

Pre-admission assessments gave staff the information required to start providing personalised care to people when they arrived. The pre-admission assessments included past medical history, likes and dislikes, nutrition, appetite, mobility and skin integrity. Additional considerations were also noted that included what can make people worry. When a person arrived at the service an admission checklist was completed to ensure that everything was in place to ensure a smooth transition into the service. The admission checklist ensured completion of nutritional assessment, medical history, signed consent forms and short term care plan in place. Care plans were being reviewed on a monthly basis and when required. One care plan identified that a person was wearing inappropriate shoes that were causing a small injury to the person. Different footwear was tried before appropriate footwear was found.

People and their relatives were encouraged to communicate their views on the service they received. The provider had a complaints procedure in place that was on display in the entrance hall and this information was also available in service user packs in people's rooms. People and their relatives told us they knew how to complain and if they had any concerns they would tell the management. All recorded complaints were kept in a complaints file and included all investigations, outcomes and how this was communicated to the people involved. The registered manager also kept a record of suggestions and verbal considerations that were not considered to be formal complaints. For example it was noted that one person had told staff that they were not receiving their preferred drink at a specific time of the day. This was actioned and on inspection we observed a senior member of staff reminding another member of staff if this had been completed. One person told us, "I know who to go to if there are any concerns. Once I told staff that my mattress was a bit lumpy and within a few days it was replaced."

Good

# Is the service well-led?

## Our findings

People, relatives and staff spoke highly of the registered manager. One person told us, "The manager is excellent." Another person told us, "It is well managed here; the manager comes around each day to find out how we are doing." One relative told us, "The manager is very approachable and takes on board everything you say." One member of staff told us, "The management team are very supportive." Another member of staff told us, "We have a very good team here and it is a very positive atmosphere."

The registered manager had created good links with the local community. The local church was involved at the service and included activities for people who wanted to help others, for example knitting scarves and gloves for people living in refugee camps. The registered manager also used events, such as summer parties, to raise money for local charities through raffles. People at the service told us that they enjoyed raising money for local causes and took pride in visiting the charities to present them with a cheque. Local school choirs also visited the service to perform. With permission, one member of staff informed the local press that one person had reached a birthday milestone and this story was published. The registered manager told us, "We have tried other things such as advertising coffee mornings at the service locally but these did not generate enough interest from the local community."

The registered manager was seen to be open and transparent. The registered manager told us, "I have an open door policy and people can come to me for whatever reason. I also have a manager communication book that people can fill out if they want to tell me something when not available." All staff we spoke to knew that they could approach any member of the management team if needed. People and relatives we spoke to told us that they knew who the registered manager was and felt happy to discuss with them any concerns they may have. The registered manager knew each person who lived in the service and was sensitive to their needs. They were able to tell us about each person's needs, their preferences and how their care was delivered. This ensured a more personalised service for people. The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirement were being made to the Care Quality Commission. All the providers' policies were up to date and these were communicated to the staff team.

The registered manager had ensured that audits were taking place to make improvements across the service in line with the provider's policy. Audits carried out by the management team included, call bells, water temperatures, medication competencies, review of care plan and risk assessments. There was a daily room check audit that ensured that rooms were kept clean and in working order. One daily room audit identified that flowers in a person's room had started to die and these were removed and replaced. There was an accident and incident audit which was broken down to each person living at the service so that the registered manager could identify if there were any trends. There was a resident of the day audit that ensured that all areas were covered when people were resident of the day. This included taking the person's weight and reviewing their malnutrition universal screening tool.

The provider ensured that people, relatives and staff voices were heard through surveys and meetings. A people and relative survey was carried out yearly. For 2016, 22 people responded and 17 of those described

the service as being outstanding. One person told us, "I could not be happier living here, it is the best thing I ever did." Another person told us, "I feel I have come home here." The survey also identified areas to improve or concerns and the registered manager's response to these. One concern that was highlighted was that the lift was consistently breaking down. The action noted was that the registered manager had arranged for a new contractor to service and maintain the lift at the property. A staff satisfaction survey was completed annually by the registered manager. From the 2016 staff survey it identified that staff were proud to be working at the service and that they enjoyed their time working there. One member of staff told us, "I am very happy working here." Another member of staff told us, "This is the best place I have ever worked in." Staff meetings took place on a regular basis and gave staff the opportunity to give their views on how to improve the service. For example, in a staff meeting in October 2016 a member of staff identified that if fruit was cut up more people were having it as an option. This approach was adopted.