

Altham Care Limited

Altham Care Home

Inspection report

Burnley Road
Clayton Le Moors
Accrington
Lancashire
BB5 5TW

Tel: 01254396015
Website: www.althamcare.co.uk

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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

We carried out an inspection of Altham Care Home on 24 and 25 February 2016. The first day was unannounced. This is the first inspection of Altham Care Home since there had been a change in the company name in November 2014.

Altham Care Home is registered to provide accommodation and personal care for up to 36 older people including people living with dementia. At the time of our visit there were 35 people living in the home.

The home is purpose built and located in Clayton-Le-Moors. It is close to local amenities and public transport. Accommodation is provided on two levels in thirty two single and two shared bedrooms. There is an enclosed garden area that is easily accessible for people. Communal rooms include three lounges, two of these have a dining area. There is a small car park for visitors and staff.

The service was managed by two registered managers. 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.

During this inspection we found the service was meeting the current regulations.

People living in the home told us they felt safe and well cared for. They considered there was enough staff to support them when they needed any help. The registered managers followed a good recruitment procedure to ensure new staff were suitable to work with vulnerable people. We found there were enough staff deployed to support people effectively.

The staff we spoke with were knowledgeable about the individual needs of the people. They knew how to recognise signs of abuse and had undertaken safeguarding training. Staff were clear about their responsibilities for reporting incidents in line with local guidance and they knew how to report any poor practice.

Risks to people's health, welfare and safety were managed very well. Risk assessments were in place in relation to pressure ulcers, behaviours, nutrition, falls and moving and handling. Where risk assessments

identified potential hazards, plans were in place to promote people's safety.

Medicines were managed safely and people had their medicines as prescribed and when they needed them. Staff administering medicines had been trained to do this safely.

We found the premises to be clean and hygienic and appropriately maintained. Regular health and safety checks were carried out and equipment used was appropriately maintained. The service held a maximum five star rating award for food hygiene from Environmental Health.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

People were provided with a nutritionally balanced diet. All of the people we spoke with said that the food served in the home was very good. They were offered a varied diet and were provided with sufficient drinks and snacks. Menu sampling days were held for people to help them choose favourite foods, and their relatives/visitors were also invited to join in the sampling.

There was an open and friendly atmosphere in the home, which showed good relationships existed with the staff and people they cared for. Staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. People told us they had their privacy respected by all staff. Staff had been trained in End of Life care. This meant staff could approach people's end of life care with confidence and ensure their dignity, comfort and respect was considered.

Each person had an individual care plan that was sufficiently detailed to ensure people were at the centre of their care. Care files contained a profile of people's needs that set out what was important to each person, for example how they were dressed, personal care and how they could best be supported.

People's care and support was kept under review, and people were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

People were supported to live full and active lives and activities organised were meaningful and varied. Visiting arrangements were good and visitors could use the tea and coffee making facilities provided.

People told us they were confident to raise any issue of concern with the provider and staff and that it would be taken seriously. They were regularly encouraged to express their views and opinions and also had opportunities to give feedback about the service, the staff and their environment in quality assurance surveys.

All people, their relatives and staff spoken with said the management of the service was very good and they had confidence in the registered managers. There were systems in place to monitor the quality of the service and evidence to show improvements were made as a result of this.

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 told us they felt safe. They were cared for by staff who had been carefully recruited and were found to be of good character. There were sufficient numbers of staff to meet the needs of people living in the home.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained and supervised in their work. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good ●

The service was caring.

Staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. People told us staff were very kind and caring.

People were able to make choices and were involved in decisions about their care. People's views and values were central in how their care was provided.

People were involved in making decisions about how the service was run.

People could be confident their end of life wishes would be respected by staff that had been trained to ensure they were given dignity, comfort and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review. Staff were knowledgeable about people's needs and preferences and supported people to remain as independent as possible.

People were supported to keep in contact with relatives and friends and visiting arrangements were good.

People felt able to raise concerns and had confidence in the registered managers to address their concerns appropriately.

Is the service well-led?

Good ●

The service was well led.

The quality of the service was effectively monitored to ensure improvements were on-going through informal and formal systems and methods.

There were effective systems in place to seek people's views and opinions about the running of the home.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Altham 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 the 24 and 25 February 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

The provider sent us 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.

During the inspection we spoke with ten people who used the service, the nominated individual, the registered managers, the cook, six care staff, six relatives, a visiting friend and two healthcare professionals.

We looked at the care records of four people who used the service and other associated documents, including policies and procedures, safety and quality audits, quality assurance surveys, five staff recruitment records, induction and supervision records, minutes from resident, staff and management meetings, complaints and compliments records, all medication records, and quality assurance records and completed audits.



Our findings

People we spoke with told us they felt safe and staff were caring and kind to them. One person said, "I do feel perfectly safe here. I have no troubles." Another person said, "I'm treated very well. I would say the staff on the whole are caring and will chat to me." During the inspection we made observations when staff were supporting people, in particular when they were supporting people living with dementia. We observed people were comfortable around staff and people living with dementia seemed happy when staff approached them.

We spoke with relatives and visitors to the home and asked them for their views on how people were treated by staff. One relative told us, "She is safe and warm and happy. I think they do a marvellous job. They have so much patience which they need as some people can be a little challenging at times." Another relative told us, "Mum is quite happy. She can't always communicate what she wants but I'd know if there was anything concerning happening. You never hear the staff raise their voices with people, they are good and caring. I think they do a wonderful job." A visitor told us, "Whenever I've visited I've found things to be quite good here. I'd say the staff here have a lot of patience with people."

We observed how staff used equipment to transfer people. This was done in a safe way. One person told us, "I need a hoist to get into my wheelchair and into bed. I feel quite safe in their hands. There is always two staff who work together and whilst I don't like being in this position, they do a good job. I'm just waiting to go for a lie down, I usually do after dinner. They'll be here shortly. They help me up when I'm ready. I'll ring my bell and they'll come." We observed staff prompted people to use their walking aids when they were walking about.

We asked people using the service of their opinion regarding staffing levels. One person told us, "I don't have a problem with staff not being around to help me. There is always someone around. If I need help they come straight away." Another person said, "I need help in the night. I daren't get out of bed on my own so the night staff help me. I'm never left waiting."

We looked at records of five staff employed at the service to check safe recruitment procedures had been followed. We found checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted the application form did not ask people the date they had

finished previous employment. This meant it was difficult to establish if there were any gaps that should be looked at. Once brought to the attention of the registered manager the form was altered during our visit to include a request for this information.

We looked at the staff rota for the week. This showed staff were deployed to cover times throughout the day and night when people needed the most support. The registered manager told us there was always a senior member of staff on duty to take the lead in ensuring people's needs were met. There was a core of staff who were long serving and were therefore familiar with people's needs.

We discussed safeguarding procedures with staff. They were clear about what to do if they had any concerns and indicated they would have no hesitation in reporting any concerns they may have. There were policies and procedures in place for staff reference including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. Staff told us they had training in safeguarding vulnerable adults and training records confirmed safeguard training was on-going.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people's current medicines on admission to the home. Medication was delivered pre packed with corresponding Medication Administration Records (MAR) charts. We looked at all the MAR's and found them to be complete and up to date. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics received them promptly and courses of antibiotics were seen as completed. Where medicines were prescribed 'when required' or medicines with a 'variable' dose, these medicines were offered consistently by staff as good practice.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service. People we spoke with told us they received their prescribed medicines on time.

People's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by designated staff. Medicines were stored securely in each person's room which helped to minimise the risk of mishandling and misuse. Training records showed staff responsible for medicines had been trained and a regular audit of medicine management was being carried out.

We looked at how the service managed risk. Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, Legionella testing, water temperature monitoring, and fire equipment and fire alarm testing. Emergency evacuation plans were in place including a personal emergency evacuation plan (PEEPS) for each person living in the home. Heating, lighting and equipment had been serviced and certified as safe..

We saw evidence of good practice where people had been involved in their personal risk assessments. 'My Assessment of risk in my life' tool was used that included for example 'Things I am able to do', 'Things I would like you to help me with' and 'What we need to agree on.' Care plans and actions were recorded to deal with identified risk providing staff with guidance on how to manage this safely. Examples of identified risk included, health and medication, nutrition, falls, pressure ulcer, and moving and handling. Where people had behaviours that challenged the service, this was identified and plans were in place to deal with this.

We found the premises to be clean and hygienic in all areas we looked at. We observed staff wore protective clothing such as gloves and aprons when carrying out their duties. Hand cleansing gel was available throughout the home. People we spoke with and visitors told us they were happy with the standards of hygiene maintained. Infection control information was displayed and there was infection control policies and procedures in place for staff reference. There were arrangements in place for the safe removal of clinical waste. Staff training records showed infection control training was provided and further training had been planned for. The environmental health officer had given the service a maximum five star rating for food safety and hygiene.



Our findings

People who were able to express their views said that they felt the staff were competent and knew what they're doing. One person told us, "I get quite a bit of help really. My problem is I struggle to walk and have to use a wheelchair. They help me with my personal care and if I'm not well I know they will get my GP. They always ask me what I think and if I don't want the doctor they keep an eye on me to make sure I'm all right."

Relatives and visitors told us they were satisfied with their family members and friends care. One relative said, "I can't fault the standards here. Mum does forget a lot of things but they understand her very well and keep me updated with what has been happening." Another relative told us, "You see people living here walking about freely. Staff never make them sit down or shut doors on them. It's nice to see there are no restrictions because I suppose in their mind they are busy going somewhere. People are happy here." A friend visiting told us, "From what I have seen they are good with her and I have no reason to question the level of care she gets."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff had the opportunity to attend training. This included an initial orientation induction, training in the organisation's visions and values, the care certificate and mandatory training. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff shadowed senior staff to become familiar with people and their needs and the routines within the home. Further training was being provided in all key areas such as moving and handling, first aid, infection control, health and safety, fire safety and food hygiene. Other training provided included malnutrition, pressure ulcer prevention, and dementia care.

Staff received regular supervision, both formal and informal, which included observations of their practice. They told us that they had the support of the registered manager and could discuss anything that concerned them, even if they did not have a supervision session scheduled.

Staff we spoke with had a good understanding of their role and of standards expected from the registered manager. They said they had handover meetings at the beginning and end of their shift and were kept up to date about people's changing needs and the support they needed. One staff member told us, "There is a handover every morning and evening and staff tell you of any changes that have been made if you have been on leave."

The registered manager told us six people had 'Do Not Attempt Resuscitation' (DNAR) consent forms in

place. We looked at one that had recently been reviewed. There was evidence discussion had taken place with relatives, the person the DNAR related to, and the persons GP.

We looked at pre admission assessments for three people. We found information recorded supported a judgement as to whether the service could effectively meet people's needs. There was evidence to show that when people's needs had changed during their stay, these had been managed well.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of safeguards (DoLS) provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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.

The registered managers expressed a good understanding of the processes relating to MCA and DoLS and understood when an application for a DoLS should be made and how to submit one. Every person had a DoLS assessment completed and referrals had been forwarded to the local authority for consideration.

People's capacity was considered in care assessments in line with legal requirements, so staff knew the level of support they required while making decisions for themselves. We noted mental capacity assessments were reviewed on a monthly basis. Where people had some difficulty expressing their wishes they were supported by family members. Care records showed useful information about people's preferences and choices was recorded. We found staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

People's health care needs had been assessed and people received additional support when needed. We looked at records of healthcare support. We found staff at the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We looked at how people were supported to maintain good health. People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to understand people's limitations such as mobility and to recognise any signs of deteriorating health. People's healthcare needs were kept under review and routine health screening arranged. Records had been made of healthcare visits, including GPs, the mental health team, the chiropodist and the district nursing team. People using the service and a visiting relative considered health care were managed well.

We spoke with a health professional who told us the service provided at the home was very good. They said, "They will always contact us for advice if they are unsure about something. They are friendly and have everything ready if they know we are coming. Staff will follow our instructions for people's healthcare and if they notice any changes in people's condition they let us know."

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People told us they generally enjoyed the food and were given a choice of meal at tea time. One person told us, "I've no complaints about the food. We have a good choice. I never go hungry." Another person said, "I'm very satisfied with the food." We saw that people were regularly asked for their views on the food provided and

menus was a regular feature on the 'resident meeting' agenda. At the recent meeting people had expressed a wish for black puddings and curry to be included. The cook told us they would always accommodate personal choices and funds were available for this. People had 'tasting' days where they could sample a variety of prepared food and comment whether they would like it included on the menu. When people required a special diet such as diabetic or gluten free, this was catered for.

We observed the arrangements over lunchtime. We noted people could choose where they liked to eat. Meals served looked well-presented and portions served were generous. People could have as much as they wanted and were regularly asked if they wanted any more. People requiring support to eat their food was given this in a dignified way. During lunchtime staff were kind and attentive and the atmosphere was relaxed and unhurried.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. We observed staff offering people drinks throughout the day and food and fluid intake charts were being completed as routine.

The home provided a pleasant and homely environment for people. There was unrestricted access to all areas of the home and gardens. People had arranged their rooms as they wished and people we spoke with told us they were happy with their accommodation. .



Our findings

People we spoke with told us the staff were very caring. Comments included, "I think the staff are nice and quite friendly. You get to know them and they do their best to help us all." "They are really nice people. I couldn't fault any of them." "The staff are goodness themselves and do their best. They have time to sit and chat and will join in our fun sessions. I don't have favourites but there are a couple of staff in particular that make my day and I trust them. I would never make it known because all the staff are very kind caring people." People we spoke with also considered staff helped them maintain their dignity and were respectful to them.

A visitor told us, "The staff are really nice. She is always happy and seems to be well looked after. She is always clean and tidy when I visit." A relative told us, "I think the staff have done a wonderful job. They have a caring attitude and always treat us very well when we visit. They helped mum settle in very well and go about their work looking happy. What more can anyone say, they are definitely caring people." A health professional told us, "Staff are kind and caring and always respectful to people."

We observed how people were treated with dignity and respect. During our visit staff responded to people in a kind and patient manner and communicated very well with them. They were respectful in their manner and calls for assistance were responded to promptly. Staff we spoke with had a good understanding of people's needs. They knew what was important to people and what they should be mindful of when providing their care and support. For example 'My life before you knew me' profile was written and care plans included a detailed overview of people's needs that emphasised their individuality, such as how people liked to dress and aspects of their personal care. There was also an emphasis on what people could do for themselves and what they wanted to do, enabling staff to support people to maintain their independence as much as possible.

There were policies and procedures to support staff and training provided around their care practice in caring for people in a dignified way. Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights. Their understanding of equality and diversity was good with reference to 'caring for people as individuals with individual needs', 'all people treated the same' and 'caring for people with regard to their values and beliefs'.

There was information on advocacy services. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee their care and support. Staff we spoke with said, "I really enjoy my job. It's challenging in a nice way." and "It's an interesting and rewarding job. We all work together to make sure people get the best care we can give."

Communication was seen to be very good. Staff told us they were kept up to date about people's changing needs and the support they needed on a daily basis. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. This meant people using the service could be confident their personal matters were kept confidential.

We saw evidence people were encouraged to express their views. For example care plans contained 'progress' reports that included the views of people. Satisfaction surveys were being routinely carried out and 'residents' meetings were being held. We looked at the minutes of the last resident meeting. Topics included for example a discussion around people's experience of a social outing and a request for more, menus, and suggestions for activities at the home. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. This showed the service listened to people and that people's opinions were considered important and were used to develop the service.

We saw acknowledgements from relatives in regard to the care shown to their family member. "I don't think that you could receive any better care anywhere and the girls do their very best for her." "The care that is provided at Altham Care Home has been very good. The staff are very supportive and have helped my father to settle into the home."

Staff had been trained in the Gold Standard Framework(GSF). This is a systematic evidence based approach to optimising the care for people nearing the end of life. It revolves around helping people to live well until the end of life and includes care in the final years of their life. This meant staff had the right skills to support people and those who matter to them such as close relatives, make advanced decisions regarding their care and support needs. People could have confidence their end of life wishes would be followed and they would be afforded their dignity, their comfort and be treated with respect according to their wishes.



Our findings

People we spoke with were complementary about the staff regarding their willingness to help them when they needed help. One person told us, "I think the staff are quire good. I need help to get about. When I finished my meal one of them will come and ask me if I'm ready. They have a lot of people to see to. They don't rush me." Another person told us, "I probably need the most help during the night. I can ring my bell and they will come. There is always staff around during the day you can call on." People also told us they determined their own day and did what they wanted. There were no rigid routines they were expected to follow.

We looked at the way the service assessed and planned for people's needs, choices and abilities. We looked at three people's assessment, care and support plans. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and management of risks, personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. Care plans clearly detailed people's routines, likes and preferences and provided good evidence to show people were at the centre of their care. The care plans in use were easy to follow.

We found evidence in care records that people had been involved in setting up their care and support plan. Care plans were comprehensive and gave details of what was important in people's lives and how this can be achieved with staff support. All files contained a profile of their needs and details about people's life history. The profile set out what was important to each person for example how they were dressed, personal care and how they could best be supported. The care plans had been updated on a monthly basis and in line with any changing needs. Health professionals visiting told us staff were very good at spotting changes in people's conditions and would contact them for advice.

People were able to keep in contact with families and friends. Visiting arrangements were flexible. Visitors we spoke with told us they were able to visit their relatives and friends at any time and were made to feel welcome. Tea and coffee making facilities were provided for visitors use. People's friends and family had been invited to join in with activities and were informed of forthcoming events.

Information about daily activities was displayed on notice boards around the home. Activities were varied and provided throughout the day giving people an opportunity to select those they were interested in. People living with dementia were included in all activities and we observed people were given sensory table mats to engage with. Activities also included for example arts and crafts, movement to music, sing-along, quizzes, table top games, baking, aromatherapy, current news, films and hairdressing . We observed people

using age related colouring books to stimulate memories and topics of conversation such as life during the war. Wi-Fi had been installed and people had access to computers to enable them to keep in touch with relatives and friends who live some distance away and cannot visit often.

We could see there had been several fun events held and these had been published in the local newspaper. Pet therapy was also a feature of the home and people living in the home had taken part in their version of 'crufts' and had selected their choice of 'best dog'. People told us they were satisfied with the type and frequency of activities provided and staff always joined in. One person told us, "We've been out a few times and I'm hoping we get out more as the better weather will soon be here." Another person told us, "There is always plenty going on. I do join in. Some people say no thanks but then I see them watching what is going on and the next thing they are joining in. We have a lot of fun." The registered manager told us activities for groups and individuals were being developed as it was recognised this was a personal need for everyone.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide. There had been two formal complaints at the service. We found a very professional approach had been taken to deal with the issues raised. The whole process from receiving the complaint to a resulting satisfactory conclusion had involved the complainant. All complaints were reviewed in order to identify any lessons learnt and enable strategies to be put into place to minimise the risk of a reoccurrence.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "I would definitely say something if I was concerned. Nothing can be resolved if you don't say anything. That's when things get out of control. So as I say, speak up, it's a two way process. I would tell the manager." Relatives we spoke with were complementary about the service and told us they would raise any concern with a member of staff or the registered manager if needed and be confident this would be taken seriously. Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint.

The registered manager explained they dealt with 'minor issues' when they occurred which meant concerns were less likely to occur. Residents and relatives meetings were held and people were encouraged to raise issues then. People who used the service and their relatives had further opportunity to discuss any issue of concern during day to day discussions with staff, during care reviews and also as part of regular quality monitoring surveys carried out. Information from the recent satisfaction survey indicated people knew who to complain to if they were unhappy about any aspect of their care.



Our findings

We asked people who lived in the home if they were asked about their experience of receiving care and support and their living conditions. For example we asked people if the registered managers talked to them routinely and spent time with them. One person said, "They are always about. If I had any problem I could tell them. Sometimes they have a chat and asks how things are. When I need anything sorted they will do that for me." Another person told us, "My (relatives) often call at the office and speak with them. It's a good place and they try their best to make sure we are happy." A visiting health professional told us, "They are both very good at getting things sorted out for us. If we need anything they organise it. There is always one of them about, it's a good service." A relative told us, "It's been the making of mum coming here. She has come on in leaps and bounds. I think the service is managed very well and the managers are always there to discuss any issues I'm not sure of. I have no complaints only peace of mind knowing she is so well cared for."

The registered managers were qualified, competent and experienced to manage the service effectively and were both registered with the commission as continuing in their role following the change of company name in November 2014. We saw both registered managers had complementary roles in managing the service by taking on delegated and shared tasks, and by supporting each other in the general daily running of the service. There was an 'open door' policy that supported on-going communication, discussion and openness. The registered managers were also supported in their role by senior staff.

We looked at the recent management review meeting. The agenda covered topics relating to people's care, staffing, the environment and health and safety. Actions had been agreed with timescales set and people responsible. The company nominated individual (NI) told us they were regularly on the premises overseeing the operation of the home.

A wide range of policies and procedures were in place at the service which provided staff with clear information about current legislation and good practice guidelines. These were regularly reviewed and updated to ensure they reflected any necessary changes. New policies and procedures had been updated and had included for example MCA, dementia, dignity, laundry management and the outbreak of gastro intestinal infection. These were discussed with staff during their meetings and during their supervision to help them understand and be aware of any changes that may affect them.

There was a clear visible management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered managers were not present, there was always a senior member of staff on duty with designated responsibilities. Staff we spoke with had a good

understanding of the expectations of the registered managers and had clear defined roles and responsibilities to people using the service, themselves and the provider. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

Staff told us they received regular feedback on their work performance through the supervision and appraisal systems and enjoyed working for the service. They had been provided with job descriptions, staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. Staff spoken with had confidence in the management of the home and told us they were able to voice their opinions and share their views. They felt there was a two way communication process with the management team and they were well supported in their roles. One staff member told us, "We get a lot of feedback that is positive and I definitely feel valued. It's a well led service. The managers listen and guide you and there is plenty of training on offer. We are told if things aren't right and shown what we need to do. That's important because we are learning all the time. I'm very happy working here."

During our inspection we spoke with the registered managers about people living in the home. They were able to answer all of our questions about the care provided to people showing they had a good overview of what was happening with staff and people living in the home. We were told they had good working relationships with partner agencies in health and social care. Health and social care professionals we contacted did not have any concerns over the management of the service. We observed people, relatives and staff regularly entered the office for a chat or a query throughout our visit.

People were actively encouraged to be involved in the running of the home. We saw meetings were held on a regular basis. The minutes of recent meetings showed a range of issues had been discussed, such as activities, food and the forthcoming events. Regular staff meetings took place. At the last meeting we saw that staff were acknowledged for their hard work in making life special for people. They had also had a demonstration of a new medi-care system linked to a hospital and had a talk by nurses about what services they provided. This helped staff be aware of current services available to them they could access for help and advice.

There were systems in place to regularly assess and monitor the quality of the service. The registered managers told us they monitored key areas of care delivery such as medication, health and safety, staff training records, care plans, the environment and catering requirements. We were shown good examples of quality monitoring, for example monitoring falls and nutrition and action that had been taken to reduce the risk. There was also a continuous programme of staff training to support improvement and drive up standards within the service.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

The registered provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.