Elmside Care Limited

Brookside Residential Care 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

Overall summary

We carried out an unannounced inspection of Brookside Residential Care Home on 5 and 6 January 2016.

Brookside Residential Care Home provides accommodation and personal care for up to 25 older people, including people living with dementia. At the time of the inspection there were 25 people living at the service.

Bedrooms are located over two floors and a lift is available. There is a lounge and two dining rooms on the ground floor and all rooms have wheelchair access. All rooms are single occupancy and twenty two have ensuite facilities. There are also suitably equipped toilet and bathroom facilities on each floor.

Summary of findings

At the time of our inspection there was a registered manager at the service who had been in post since 2012. 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.

At our last inspection in February 2014, we asked the provider to make improvements to the safety of the premises. The provider sent us an action plan detailing the improvements that had been made. During this inspection we found that the provider had followed their plan and legal requirements were being met.

The people we spoke with at the home told us they felt safe. One person told us, "I always feel safe here. I'm never worried".

We saw evidence that staff had been recruited safely and the staff we spoke with had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

People were happy with the staffing levels at the service and we found that staffing levels were appropriate to meet people's needs.

There were appropriate policies and procedures in place for managing medicines and people told us they received their medicines when they needed them.

People were happy with the care provided at the home. One person told us, "It's homely here and I'm well looked after".

We found that staff were well supported. They received an appropriate induction, regular supervision and could access training when they needed it. They told us communication between staff at the service was good.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and the service had taken appropriate action where people lacked the capacity to make decisions about their care.

People told us they were involved in decisions about their care. We saw evidence that where people lacked the mental capacity to make such decisions, their relatives were consulted.

Everyone we spoke with was happy with the food at the home and we noted that people were supported appropriately with their nutritional needs.

People were supported with their healthcare needs and were referred appropriately to a variety of health care services. A visiting community staff nurse and a healthcare assistant from a local pharmacy were happy with the care being provided at the service.

The people we spoke with told us the staff at the service were caring and we saw staff treating people with kindness, affection and respect.

People and their relatives told us staff respected their privacy and dignity and encouraged them to be independent.

We observed that people's needs were responded to in a timely manner and saw evidence that their needs were reviewed regularly.

A variety of activities were provided and people were encouraged to take part.

We saw evidence that the registered manager requested feedback about the service from the people living there, their relatives and from staff.

People living at the home and their relatives told us they felt the service was well managed and they felt able to raise any concerns.

We saw that the service had a clear philosophy of care which focused on the importance of people's rights, privacy, confidentiality and dignity.

The staff and the registered manager communicated with people, their visitors and each other in a polite and respectful manner.

The registered manager and staff had a caring and compassionate approach towards the people living at the service and the people we spoke with told us they were approachable.

We saw evidence that a variety of audits were completed regularly by the registered manager and the service provider and were effective in ensuring that appropriate levels of care and safety at the home were achieved and maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The registered manager followed safe recruitment practices.

Staffing levels at the service were appropriate to meet people's needs.

Medicines were managed safely and people received their medicines when they needed them.

Good

Is the service effective?
The service was effective.

Staff received an appropriate induction and training and were able to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. DoLS applications had been submitted when appropriate.

People were supported well with nutrition and hydration and their healthcare needs were met.

Good

Is the service caring?
The service was caring.

Staff treated people with care, compassion and respect.

Staff respected people's privacy and dignity.

People were encouraged to be independent.

Good

Is the service responsive?
The service was responsive.

People were involved in planning and reviewing their care and their needs were reviewed regularly.

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

The registered manager sought feedback from people living at the home and their relatives and used the feedback received to develop the service.

Good

Is the service well-led?
The service was well-led.

The service had a philosophy of care that was promoted by the registered manager and the staff and focussed on people's rights, privacy, confidentiality and dignity.

Staff understood their responsibilities and were well supported by the registered manager.

The registered manager and service provider regularly audited and reviewed the service to ensure that appropriate levels of care and safety were maintained.

Good

Brookside Residential 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 5 and 6 January 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed information we held about the service including statutory notifications received from the service and previous inspection reports.

We contacted agencies who were involved with the service for their comments including a clinical nurse specialist in palliative care and a local pharmacist. We also contacted Lancashire County Council contracts team for information. During the inspection we spoke with a community staff nurse and a healthcare assistant from a local GP surgery, both of whom visited the home regularly.

During the inspection we spoke with five people who lived at the service, four visitors and four members of staff including three care staff, the cook and the registered manager. We also spoke with the director of the service, who visited the home during our inspection. We observed staff providing care and support to people over the two days of the inspection and reviewed in detail the care records of three people who lived at the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe at the home. They said, “I always feel safe here. I’m never worried” and “I leave my door open so I can see staff passing by. I always feel safe”. One relative told us, “I know my mum’s safe. I never have to worry about that”.

At our last inspection in February 2014, we found that people were not always kept safe as the front door was not always locked. The provider sent us an action plan detailing the improvements they had made. During this inspection we found that the provider had followed their plan and legal requirements were being met. A key code pad had been fitted to the front door, which would help to ensure that the premises were secure and people were kept safe.

We looked at staff training and found that 67% of staff had received training in safeguarding vulnerable adults from abuse, in the previous two years. We saw evidence that an additional training session had been arranged for staff on 18 February 2016. The staff we spoke with confirmed they had completed safeguarding training. They understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse, signs of abuse and staff responsibilities. The contact details for the local authority and the Commission were included.

We looked at how risks were managed in relation to people living at the service. We found that there were detailed risk assessments in place including those relating to falls, moving and handling, skin breakdown and nutrition. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were completed by the registered manager and were reviewed monthly or sooner if there was a change in the level of risk. We found that one person’s care plan and risk assessment had not been updated following a fall. We brought this to the registered manager’s attention and she updated it during the inspection. We noted that although the care plan and risk assessment had not been updated, appropriate action had been taken at the time of the fall and the person had been referred to their GP for review.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. The records were detailed and were signed and dated by staff. Information included the action taken by staff at the time of the accident and any future actions necessary, for example encouraging people to seek support when moving around the home. We saw evidence that accidents and incidents were reviewed and analysed monthly by the registered manager and follow up action, such as a referral to the person’s GP were documented.

We noted that 60% of staff had completed up to date moving and handling training and the remaining staff were due to attend a session planned for 20 January 2016. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and a minimum of two written references had been obtained. These checks would help to ensure that the service provider made safe recruitment decisions.

We looked at the staffing rotas at the service and found that there were adequate staff in place to meet the needs of the people living at the home. The registered manager informed us that staffing levels were based upon the needs and the level of dependency of the people living at the home. The registered manager told us she knew from experience when staffing levels needed to increase. However, she showed us a staffing level assessment tool that she used to check that the staffing levels at the home were always appropriate. The registered manager told us that if she needed more staff due to an increase in people’s needs, increased occupancy or levels of dependency, the service provider was always willing to provide the additional necessary funding.

The registered manager told us that agency staff were not used at the home as she did not want people being cared for by staff who were not familiar with their needs. She informed us that any periods of annual leave or sickness were covered by the existing staff or by her.

Good

Is the service safe?

We spoke to the people living at the home, their visitors and staff members about the staffing levels at the service. Everyone we spoke with felt there were enough staff to meet people's needs. One person living at the home told us, "The staff come quickly when I need them, day or night". One member of staff told us that there were enough staff to meet people's needs and keep them safe but they felt that additional staff would mean that they could spend more time with people. During our visits we observed that call bells were within people's reach and people received support in a timely manner.

We looked at whether people's medicines were managed safely. We observed staff administering medicines and saw that people were given time to take their medicines without being rushed. Staff explained what each medicines was as it was being administered and sought people's consent. The staff member we observed wore a tabard which identified that she was administering medication and should not be disturbed. Medicines were stored securely in a locked trolley and there were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely. This included controlled drugs, which are medicines that may be at risk of misuse. The service used a blister pack system for most medicines. This is where the medicines for different times of the day are received from the pharmacy in dated and colour coded packs, which helps to avoid error. We noted that where people were prescribed Warfarin, which is an anticoagulant medicine that stops blood from clotting, a healthcare assistant from a local pharmacy visited the home regularly to test people's blood to ensure the dosage they were prescribed was safe and appropriate.

We found that MAR sheets provided clear information for staff, including pictures and descriptions of medicines. A picture of the person, their date of birth and any allergies were also recorded. Medicines were clearly labelled and staff had signed the MAR sheets to demonstrate that medication had been administered. Where controlled drugs had been administered two signatures were present. This reduces the risk of errors in the administration of these medicines.

A medication policy was available and provided guidance for staff which included safe storage and disposal, record keeping, consent and refusal of medication. Information was also available for staff in respect of over the counter remedies and provided clear guidance for staff, which included the need for GP authorisation.

We noted that all of the senior staff who administered medicines had received advanced medicines management training from the local pharmacy in July 2015. Staff had also signed to confirm that they had read and understood the medicines protocol, policy and procedures. We

saw evidence that staff members' competence to administer medicines safely was assessed regularly and any necessary improvements were identified. Records showed that medicines audits were completed monthly and compliance levels were high. An action plan was created where improvements were identified. We noted that the registered manager had sent a letter to each of the senior staff in May 2015 reinforcing the importance of safe medicines administration and avoiding errors.

The people we spoke with told us they received their medicines when they should and pain relief when they needed it. One person told us, "I get my medication on time. I always have it when I need it". Relatives also told us they were happy with how people's medicines were managed at the home.

We contacted a local pharmacist about the service. He told us that medicines were always ordered on time and the registered manager contacted the pharmacy if she had any queries about medicines. The pharmacist told us that the registered manager knew the people living at the home well. He did not have any concerns about the care being provided.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We found the standard of hygiene in the home during our inspection to be high and this was confirmed by the people we spoke with, their relatives and staff.

Infection control policies and procedures were available, including those related to communicable diseases. Records showed that 50% of staff had completed up to date infection control training. The registered manager told us that further training for staff was planned for the new year. Liquid soap and paper towels were available in bedrooms and bathrooms and pedal bins had been

Good

Is the service safe?

provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Protective clothing, including gloves and aprons, was available and was used by staff appropriately. There were appropriate arrangements in place for the safe disposal of waste.

We found that environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. These checks would help to ensure that the people living at the service were living in a safe environment. We noted that 63% of staff had completed health and safety training in the previous 12 months and 57% had completed COSHH (control of substances harmful to health) training. Further health and safety training was planned in the new year. In addition 33% of staff had completed emergency first aid training.

We noted that 60% of staff had received training in food safety and in January 2015 the Food Standards Agency had awarded the service a food hygiene rating of 5 (very good). This meant that processes were in place to ensure that people's meals were prepared safely.

We saw evidence that 54% of staff had received fire safety training in the previous 12 months**.** Training for the remaining staff was planned for the new year. We noted that information regarding action to take in the case of a fire was displayed in the entrance area and fire drills took place bi-monthly. There was evidence that the fire alarm, fire extinguishers and emergency lighting, which would come on if the normal service failed, were tested monthly. We noted that a fire safety audit had been completed by Lancashire Fire and Rescue service in October 2013 and necessary actions had been identified. A subsequent visit confirmed that all improvements had been completed. We saw evidence that a fire risk assessment had been completed in 2015 and the service was compliant with regulations. These checks would help to ensure that people living at the service were kept safe in an emergency.

Records showed that equipment at the service, including hoists and the lift, was safe and had been serviced and portable appliances were tested yearly. Gas and electrical appliances were also tested regularly. This would help to ensure that people received care in a safe environment.

Good

Is the service effective?

Our findings

Everyone we spoke with was happy with the care provided at Brookside Residential Care Home. They told us, "The staff are delightful. They have the skills they need to support people properly" and "It's homely here and I'm well looked after". Relatives told us, "The manager is brilliant and the staff are fabulous with my mum" and "We have absolute peace of mind knowing that mum is being well looked after".

Records showed that all staff had completed a twelve week induction programme which included safeguarding vulnerable adults, moving and handling, infection control and fire safety. The staff we spoke with told us they had received a thorough induction and had been given the opportunity to become familiar with people's needs before becoming responsible for providing their care. This would help to ensure that staff provided safe care and were able to meet people's needs.

There was a training plan in place which identified training that had been completed by staff and detailed when further training was scheduled or due. In addition to the training mentioned previously, all staff had completed training in dementia awareness and were trained to a minimum of NVQ (National Vocational Qualification) level 2. The registered manager showed us a handbook that was given to all staff when they started working at the service. We noted that the handbook included information about health and safety and whistle blowing. This would help to ensure that staff knew how to provide safe care and how to report poor practice.

A staff supervision and appraisal policy was available which stated that supervision should take place at least six times each year and staff should receive an annual appraisal. It stated that the aim of supervision was to discuss the staff member's performance. We saw evidence that staff received regular supervision and the staff we spoke with confirmed this to be the case.

Staff told us that a verbal and written handover took place between staff prior to the shift changes at 8am, 3pm and 9pm. We reviewed handover records and noted they included information about people's personal care, how much they had eaten, any visits from relatives or professionals and any referrals made to healthcare professionals. In addition, any concerns were clearly recorded. This would help to ensure that all staff were aware of any changes in people's risks or needs. The staff members we spoke with told us that handovers were effective and communication between staff at the service was generally good. The relatives we spoke with told us staff always updated them regarding any changes in people's needs.

We looked at how the service addressed people's mental capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 looked at whether the service was working within the principles of the MCA and found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to ensure their safety. At the time of our inspection, the registered manager had submitted 14 applications to the local authority and one authorisation had been received. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

MCA and DoLS policies, procedures and guidance were in place. The staff we spoke with had a good understanding of the main principles of the legislation, including the importance of gaining people's consent when providing support and ensuring people were encouraged to make decisions about their care when they could. Staff told us that restraint was not used at the home and when people were unsettled or agitated, staff used a variety of methods to help them to settle, including distraction techniques. During our inspection we observed staff supporting people sensitively who were unsettled or confused.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for

example when administering medicines or supporting people with meals or with moving from one place to another. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files and documented whether decisions were indefinite or whether they needed to be reviewed. Where a DNACPR decision was in place, staff could identify this quickly and easily on the person's care file. This would help to ensure that any medical treatment was provided in line with the decision.

We looked at how people living at the service were supported with eating and drinking. Everyone we spoke with was happy with the food and the support provided by the staff. People told us, "There are two cooks and they always make sure you can have something you like" and "There's plenty of choice and the quality of the food is good". Relatives were also happy with the food. They told us, "The food is good. There's always something my mother likes".

We reviewed the home's menus and noted that there was one planned meal at lunch time and in the evening, which was displayed on a board near the lounge. The cook told us that staff asked people every day what they wanted for each meal and if they did not want what was planned they could have something else. We observed staff doing this on both days of our inspection. The cook told us that staff ensured people always had something they liked. This was confirmed by the people we spoke with, who told us there was lots of choice at mealtimes.

We observed lunch and saw that dining tables were set with linen table cloths and condiments. The meals looked appetising and hot and the portions were ample. The atmosphere in the dining room was relaxed and music was playing in the background. Staff interacted with people throughout the meal and we saw them supporting people sensitively. Staff asked people what they would like to eat and informed them what their meal was as it was being served. Sometimes this information needed to be repeated to people a number of times and staff were patient and helpful. People were given the time they needed to eat their meal and we noted that they were able to have their meal in other areas of the home if they preferred, including the lounge and their room.

A record of people's meal time choices was kept and any dietary requirements were documented including when people had diabetes, or needed soft or pureed meals or finger food. The people we spoke with told us they had plenty to drink and we observed staff offering people drinks during mealtimes and throughout the day.

Care records included information about people's dietary preferences, and risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration. Daily records and handover information included details of how much people had eaten during the day.

People's weight was recorded monthly and records showed that appropriate professional advice and support, such as referral to a dietician, was sought when there were concerns about people's weight loss or nutrition.

We looked at how people were supported with their health. People living at the service and their relatives felt staff made sure their health needs were met. We found that care plans and risk assessments included detailed information about people's health needs.

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses and community mental health teams. We found healthcare appointments and visits were documented and visitors told us they were kept up to date with information about their relative's health needs and appointments. We noted that GP reviews were completed yearly. This would help to ensure that people were supported appropriately with their health.

We spoke with a visiting community staff nurse who told us that wound care and palliative care at the home was very good. She told us that staff contacted her service when they had concerns or needed support and followed instructions well. She told us that the staff and manager were very approachable and she felt that the home had a family atmosphere. She did not have any concerns about the care being provided to the people living at the home.

We also spoke with a healthcare assistant from a local pharmacy who visited the home regularly. She described the service as 'brilliant' and told us that it was well organised and staff followed instructions about medication appropriately. She told us that the staff and the registered manager were approachable and she did not have any concerns about the service.

Good

Is the service caring?

Our findings

People told us that the staff at Brookside Residential Care Home were caring. They said, "I like the staff who look after me, they're very caring" and "The staff are kind and caring here". The relatives we spoke with also felt that staff were caring. One relative told us, "The staff are very welcoming. They're so kind to my mum".

During the inspection we observed staff supporting people at various times and in various places throughout the home. We saw that staff communicated with people in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people.

The atmosphere in the home was relaxed and conversation between staff and the people living there was often light hearted and friendly. It was clear that staff knew the people living at the service well, in terms of their needs and their preferences.

It was clear from our discussions, observations and from the records we reviewed that people living at the home were able to make choices about their everyday lives. People told us they could get up in the morning and go to bed at night at a time that suited them. They told us they could choose what they wore every day and had plenty of choice at mealtimes.

The registered manager told us that none of the people living at the home were using an advocacy service as they all had family or friends to represent them if they needed support. A poster advertising Lancashire County Council's advocacy service was displayed in the entrance area. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People told us they were encouraged to be independent. We observed staff supporting people who needed help to move around the home or with their meals and noted that people were encouraged to do as much as they could to maintain their mobility and independence. We saw that staff were patient and respectful when people needed to time to move from one area of the home to another.

People living at the home told us staff respected their dignity and privacy. One person told us, "The girls are always discreet when they're helping me with personal care". We observed that staff knocked on bedroom doors before entering and explained what they were doing when they were providing care or support, such as administering medicines, supporting people with their meals or helping people to move around the home.

The registered manager told us friends and relatives could visit at any time and staff, residents and visitors confirmed this to be the case.

Good

Is the service responsive?

Our findings

The people we spoke with told us their needs were being met at the home. They said, "The staff here know me well. They know what I need help with and what I can do on my own" and **"**The staff come quickly when you need help, day or night".

We saw evidence that people's needs had been assessed prior to them coming to live at the service, to ensure that that the home could meet their needs. People told us their care was discussed with them, which would help to ensure that staff were aware of how people would like to be supported. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and this was confirmed by the relatives we spoke with. Each person living at the home was allocated a key worker, which would help to ensure that the care provided was consistent and that staff remained up to date with people's needs.

Care plans and risk assessments were completed by the registered manager and were reviewed monthly with by the person's key worker. The care plans and risk assessments we reviewed were individual to the person and explained people's likes and dislikes as well as their needs and how they should be met. Information about people's interests and hobbies was included.

During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment, could move around the home freely and could choose where they sat in the lounges and at mealtimes.

During our inspection we saw that staff were able to communicate effectively with the people living at the home. People were given the time they needed to make decisions and answer questions. Staff spoke slowly and clearly and repeated information when necessary. When people were confused staff reassured them sensitively and gave them the information they needed to make decisions. Conversation between staff and people living at the home was often light hearted and playful.

A weekly calendar of activities was on display in the entrance area and included quizzes, armchair exercise, pamper sessions, cards, dominoes, board games, crafts and bingo. The home had a dedicated activities co-ordinator, who supported people with a variety of the listed activities four afternoons each week. The people we spoke with were happy with the activities available. One person told us, "There's plenty to get involved in. The activities lady is very good". Relatives told us they were happy with the activities on offer to people at the home.

We saw photographs of days out that the staff had taken people on, including a recent trip to Blackpool Tower and the Coronation Street studios. We noted that the service arranged a Christmas party at a local function venue every year and saw photographs of people celebrating and enjoying themselves.

We also saw photographs of the Pets as Therapy service that visited the home fortnightly. Pets as Therapy is a national charity providing therapeutic animal visits to care homes. We noted during our inspection that one person's relative brought her dog to the home when she visited. Staff told us that the dog was very popular with the people living at the service and we observed that this to be true.

During our inspection, two hairdressers attended the home. They established a hair salon type environment in the conservatory and people sat having their hair styled and reading magazines as they would in a real salon. The atmosphere was light hearted and people seemed to really enjoy the experience. The registered manager told us the hairdressers visited the service every week and were very popular.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the Commission were included. We reviewed the record of complaints received and the actions taken and saw that issues had been dealt with appropriately, within the timescales of the policy. We noted that only a small number of complaints had been received and the registered manager explained that any concerns were addressed as quickly as possible. The registered manager showed us a collection of compliments received about the care provided at the service.

The people we spoke with told us they felt able to raise concerns and they would speak to the staff or the manager if they were unhappy about anything. Relatives also told us they would feel able to make a complaint or raise a concern.

Good

Is the service responsive?

We looked at how the service sought feedback from the people living there and their relatives. The registered manager told us that satisfaction questionnaires were given to people and their relatives yearly to gain their views about the care being provided. We reviewed the results of the questionnaires given to people living at the service in August 2015 and saw that 18 people had responded. We noted that a high level of satisfaction was expressed about issues including how well cared for people felt, the level of choice available, whether people felt able to raise concerns with staff and the quality of the environment. We noted that questionnaires had been given to relatives in September 2015 and noted a similar level of satisfaction.

We noted that residents meetings took place regularly and were used as another way of gaining further feedback about the service. The registered manager explained that she did not attend the meetings as people felt more able to speak freely without her there. The meetings were chaired by the activities co-ordinator. We reviewed the notes of the meetings in 2015 and saw that issues addressed included activities, events and any complaints or suggestions for improvement. The people we spoke with confirmed that residents meetings took place regularly and they felt able to raise any concerns.

The registered manager showed us the notes from the first relatives meeting which had taken place in November 2015. Issues discussed included activities, events, staffing updates and any concerns or suggestions. The registered manager told us she planned to hold the meetings regularly.

Good

Is the service well-led?

Our findings

Everyone we spoke with felt the home was well managed and the staff and registered manager were approachable. People told us, "The service is well managed. The manager is very efficient" and "The manager is very nice. I'd speak to her if anything was wrong". Relatives felt the same and told us, "The manager is always on top of things" and "The manager's door is always open. She's a very nice lady and she manages the home and the staff well".

We noted that the provider's philosophy of care stated, 'All residents entering the home can expect their rights, privacy and confidentiality and dignity to be respected and they should at all times be consulted in any decisions made with respect to their care'**.** We saw evidence during our inspection that this philosophy was implemented by the registered manager and the staff. The registered manager informed us she felt well supported by the service provider and felt the necessary resources were made available to achieve and maintain appropriate standards of care and safety at the home.

We noted that the registered manager held regular staff meetings with the deputy manager and the senior care assistants. Separate meetings took place with the registered manager, the deputy manager and the care assistants at the service. The meetings were used to address issues relating to the care provided at the home, any concerns raised by the people living there and any staff issues. The staff we spoke with confirmed that regular staff meetings took place and they were able to raise any concerns.

As stated previously, there was a supervision policy in place and we saw evidence that supervision and appraisals had been completed in line with the policy. The staff members we spoke with confirmed they received regular supervision and an annual appraisal, both of which addressed their performance, training needs and any concerns. Staff told us they felt well supported by the registered manager. We saw evidence that concerns regarding staff performance were documented and managed appropriately.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident they would be protected if they informed the registered manager of concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring that the standard of care provided at the service remained high. The contact details for the local authority and the Commission were included. We noted that a poster advertising the NHS and social care whistleblowing helpline was displayed in the entrance area of the home.

During our inspection we observed that people and their visitors felt able to approach the registered manager directly and she communicated with them in a friendly, affectionate and caring way. We observed staff approaching the registered manager for advice or assistance and noted that she was supportive and respectful towards them.

We noted that the registered manager and the deputy manager audited different aspects of the service regularly. In addition to the medicines mentioned previously, we saw evidence that infection control, equipment and the home environment were audited regularly. All audits included action plans where improvements were required.

We saw evidence that the service provider also audited the service at least three times each year. Areas addressed included accidents and incidents, care plans, risk assessments, complaints, health and safety, maintenance and completion of audits by the registered manager. This would ensure that the registered manager's practice was being reviewed regularly. We saw evidence that the audits being completed were effective in ensuring that appropriate standards of care and safety were being achieved and maintained at the home.

Our records showed that the service had submitted statutory notifications to the Commission about people living at the service, in line with the current regulations. The registered manager was also aware that she is required to notify us of the outcomes of DoLS applications when these are received from the local authority.