

Mrs K Kumar and Dr G A Kumar

Oldfield House Residential Care Home

Inspection report

Oldfield House
15 Hawkshaw Avenue
Darwen
Lancashire
BB3 1QZ

Tel: 01254702920

Website: www.thorncliffecare.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

This inspection took place on 24 and 25 July 2018. The first day was unannounced.

Oldfield House Residential Care Home provides accommodation and personal care for up to 19 people. The home caters for older people, including those living with dementia. The home has bedrooms and bathrooms on both the ground floor and first floor, with three rooms having en-suite bathrooms. On the day of our inspection there were 15 people residing in the service.

Oldfield House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service was managed by a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of 10 and 11 July 2017 we found breaches of Regulations 10, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of privacy and dignity, safe management of medicines and storage of confidential information.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, is the service safe, Is the service caring, Is the service well-led, to at least good. We checked the action plan had been followed during this inspection and found significant improvements had been made; we have rated this service as Good overall.

The registered manager had considered risks that people presented with. We found risk assessments were in place in relation to skin integrity, mobility, falls and nutrition. These provided guidance to staff on managing risks.

Equipment that was available throughout the service, such as, hoists, stand aids, walking frames and wheelchairs, had been maintained and serviced regularly to ensure they were safe for use.

All the people we spoke with who used the service and staff members, told us there were sufficient staff on duty every day. We observed throughout our inspection that staff were not rushed and had time to sit and chat with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff told us, and records we looked at showed, that staff undertook an induction when they commenced employment within the service. Training records showed that staff had access to many different courses.

We saw the registered manager worked well with other healthcare professionals and services when people were moving into the home. Records evidenced that GP's, district nurses, podiatrists and other health care professionals were contacted to meet people's health care needs.

All the people we spoke with were very complimentary about the meals in the service. We saw people were given plenty of choices over the meals they had. Those who required support with eating their meals were supported in a sensitive manner.

During the inspection, we observed staff interacted with people in a sensitive, respectful and caring manner. We saw staff lowered their tone if they were speaking about a personal issue with someone, would bend down to the same eye level as the person they were speaking to and allowed people the time to express themselves.

Care plans we looked at were person centred. These were detailed to meet people's needs and to direct staff. We saw people were involved in the development and review of these.

Records we looked at showed that the registered manager continuously sought ways to improve the service.

Policies and procedures were in place to guide staff in their roles. We saw these had been reviewed and necessary updates made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People who used the service told us they felt safe. All the staff we spoke with told us they had undertaken safeguarding training and knew their responsibilities to report concerns.

There were robust recruitment systems and processes in place to ensure that staff were suitable to work with vulnerable people.

Medicines were managed safely within the service. Only staff who had undertaken the necessary training were permitted to administer medicines. Competency checks were undertaken to ensure staff remained knowledgeable.

Is the service effective?

Good ●

The service was effective.

Staff we spoke with told us they had undertaken an induction when they commenced employment. Training and supervisions were also done on a regular basis. Staff felt supported in their roles.

People who used the service were very complimentary about the meals within the service and the cook. People were supported to eat and drink enough to maintain a balanced diet. People were given plenty of choices of food at mealtimes.

People's care records included information about their medical history and any needs or risks related to their health.

Is the service caring?

Good ●

The service was caring.

All the people we spoke with told us staff were kind and caring. We observed interactions from staff that were sensitive, respectful and kind.

People's privacy and dignity was respected. There were policies and procedures for staff about caring for people in a dignified way.

All personal and confidential information relating to people who used the service and staff, was kept securely.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development and review of care plans. We saw they had signed to confirm their involvement. Care plans were detailed and reflected people's needs.

There was a range of activities available to people and throughout our inspection we saw people were stimulated. Staff initiated sing along or a game of dominoes. There were also pre-planned activities such as a trip out.

People who used the service told us they were able to make their own choices, such as what they wanted to wear for the day.

Is the service well-led?

Good ●

The service was well-led.

There were policies and procedures for staff to follow good practice. These were accessible for staff and provided them with guidance to undertake their role and duties.

There were systems in place to monitor the quality of care and service provision at the service.

The registered manager sought feedback on the service in order to improve and develop. This was achieved through surveys, meetings with people who used the service, their relatives and staff members and the use of a suggestion box.

Oldfield House 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.

This inspection took place on 24 and 25 July 2018 and the first day was unannounced. On the second day the service was aware we would be returning.

The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team and local commissioning teams. We also contacted Healthwatch to see if they had any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We carried out observations in the public areas of the service and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who used the service who could not talk with us.

We spoke with four people who used the service and one visitor. We also spoke with the registered manager, operations director, three care staff, a cook and a housekeeper.

We looked at a sample of records including four people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

At our previous inspection of 10 and 11 July 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe management of medicines. This key question was rated as 'Requires improvement'. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service. During this inspection we found improvements had been made and the rating has improved to 'Good'.

We saw that medicines were stored securely and only the responsible person had access to them. The temperature of the medicines room was checked and recorded daily to ensure medicines were stored according to manufacturer's guidance. The service was not currently storing any medicines that required to be stored in a fridge.

All staff with the responsibility of administering medicines had received training. Competency checks were undertaken by the registered manager on a monthly basis to ensure staff members remained competent to administer medicines safely.

We looked at the medicine administration record's (MARs) for nine people using the service. We saw these contained a photograph of the person and any known allergies. There were no gaps or omissions. Some people were prescribed medicines to be given 'when required' (PRN) such as pain killers; there were PRN protocols in place for care staff to follow. PRN protocols ensure that medicines are given correctly and consistently with regard to the individual needs and preferences of each person.

We checked to see that controlled drugs were safely managed. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two staff members to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who used the service and staff from the risks associated with the misuse of certain medicines.

Each person who used the service had a medicines care plan in place which detailed the level of support they required with their medicines, any allergies and what medicines people were taking and why. Medicines policies and procedures were in place within the service. Medicines audits were carried out on a regular basis to ensure stock levels were correct and no errors had been made.

All the people we spoke with who used the service told us they felt safe. One person commented, "Oh yes I am safe here and I am happy."

We found there was an appropriate safeguarding policy and procedure in place, which included the relevant details for the local authority, along with a whistleblowing [reporting of poor practice] policy and procedure. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the registered manager would act on their

concerns.

We looked at what consideration the registered manager had made about risks that people presented with. We found risk assessments were in place in relation to skin integrity, mobility, falls and nutrition. The risk assessments were person centred and were completed to keep people safe and not restrict what they wanted to do. They contained detailed information and provided staff with guidance to minimise the risks.

Environment risks/hazards had also been considered. We saw risk assessments in place in relation to slips, trips and falls, cleaning products, stairs, needle stick injuries and the kitchen. This showed the service had considered the health and safety of people using the service. All risk assessments were reviewed on a regular basis to ensure they were appropriate.

We saw moving and handling equipment was available throughout the service, such as, hoists, stand aids, walking frames and wheelchairs. All the staff we spoke with and records we looked at, confirmed they had been trained in moving and handling.

Records we looked at showed all moving and handling equipment had been serviced regularly, for example, hoists and slings were serviced every six months. We observed staff using moving and handling equipment; we heard staff members encouraged and supported people to put them at ease.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT) and the lift. We noted windows had window restrictors on them.

The service had a legionella risk assessment in place and regular water checks were undertaken to ensure water storage was safe. We saw hot water temperature checks were also undertaken on a regular basis to ensure outlets did not exceed the required 43 degrees. This reduced the risk of people being scalded or burnt.

We looked at all the records relating to fire safety. At our inspection of 10 and 11 July 2017 we made a recommendation that the registered manager ensured all fire exits were kept clear at all times. This was because we found a chair blocking the exit on a number of occasions. We checked this during this inspection and noted that a folding chair had been fixed to the outside wall for people to use when smoking outside. We saw all fire exits were clear throughout our inspection.

We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, emergency lighting, fire doors and fire control panel. We saw there was a detailed fire risk assessment in place which had been completed by the operations director. This showed potential hazards throughout the service and was reviewed on a regular basis. Regular fire drills were also undertaken and a fire evacuation plan was in place.

Arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm. These detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account, such as sensory issues. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation.

We noted records were kept in relation to any accidents or incidents that had occurred at the service,

including falls. All accident and incident records were checked and investigated where necessary by the registered manager. This was to make sure responses were effective and to see if any changes could be made to prevent incidents happening again. For example, records we looked at showed that one person had been referred to the falls team due to a number of falls recorded.

We looked at the systems in place to ensure staff were safely recruited. The service had a recruitment policy in place to guide the manager on safe recruitment processes. We reviewed three staff personnel files. We saw that all of the files contained an application form and two references. Any gaps in employment had been checked by the registered manager. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff had been suitably checked and should be safe to work with vulnerable adults.

All the people we spoke with told us there was enough staff on duty to meet their needs. Staff members told us there was always enough staff on duty. One person told us, "Yes there is always enough staff. It is also about team work; we work really well together and support each other."

The registered manager told us they had introduced new shift patterns within the service; staff worked 12 hour shifts. They told us this was working extremely well and provided people with continuity throughout the day. All the staff we spoke with felt the new shifts worked well. We observed a calm atmosphere throughout both days of our inspection and noted staff had time to sit and talk with people.

At our inspection of 10 and 11 July 2018 we made a recommendation that the provider sought guidance from the local infection control nurse in relation to staff having access to paper towels in people's bedrooms. During this inspection we found the provider had taken action and all bedrooms had been fitted with paper towel holders and paper towel. This ensures staff have access to adequate hand washing facilities after they have been supporting people with personal care.

The service had a housekeeper on duty each day. People who used the service told us they felt the home was clean and tidy. One person told us, "My room is always kept clean and tidy." All areas we looked at during our inspection were clean.

One person who used the service told us, "My clothes go off to the laundry, they come back the next morning all clean, ironed and folded. Brilliant." There was a laundry sited away from any food preparation areas. There was one industrial type washing machines and dryer to keep linen clean and other equipment such as irons to keep laundry presentable. The washing machines had a sluicing facility to wash soiled clothes. There were different coloured bags to remove contaminated waste and linen. Staff had access to personal protective equipment such as gloves and aprons and we saw that there were plenty of supplies. We observed staff used the equipment when they needed to.

We asked the registered manager and operations director how they responded to incidents in regard to lessons learned. They told us, "To give you an example, we had a person living here that was not safe to go upstairs. We therefore put a safety gate at the bottom to ensure their safety, ensuring this was included in the care plan. We review care plans, change practice, we might look for training to enhance our knowledge."

Is the service effective?

Our findings

All the staff we spoke with told us they had an induction when they commenced employment. Records we looked at showed that when commencing employment staff had to do the services' basic induction, which consisted of reading relevant policies and procedures, fire safety procedures, moving and handling and confidentiality.

For those people who were employed without previous experience of working in the health and social care sector, they had to complete the Care Certificate. The Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life.

We asked all the staff what training they had completed recently. All of them told us about the dementia training they had recently had. This was a 'dementia bus' that involved staff undertaking activities and experiences which attempted to show them what it felt like to live with dementia. All of the staff could not speak highly enough of this training and told us how it had changed their practice in the workplace. The registered manager told us how they were looking for more training in other subjects that could be delivered in the same way, as staff had learned so much from this.

Other training we saw staff had completed included, safeguarding, first aid, fire safety, medicines, person centred support, equality and diversity, managing violence and aggression, understanding dementia, stroke awareness, nutrition and well-being.

Staff records we looked at showed staff received regular supervisions and appraisals. All the staff we spoke with told us they felt supported in their roles and were able to have open discussions within their supervisions.

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 and hospitals 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.

We observed that staff gained verbal consent from people before providing any care and support. Consent forms were also in place within people's care records to show they consented to being weighed on a regular basis, for the service to administer their medicines [if self-administration was not possible] and for photographs to be taken.

Records we looked at showed a mental capacity assessment was completed for each person who used the service. This demonstrated if the person lacked capacity or if they had varying capacity to make some decisions about their personal care needs. We saw DoLS applications had been made when it was deemed necessary and any restrictions to a person's liberty had been applied in the least restrictive manner; we saw families had been involved in the DoLS process where relevant. Once a DoLS application had been made, care plans were put into place in the person's best interests.

We saw the registered manager worked well with other healthcare professionals and services when people were transitioning to the home. They told us they worked with other care homes, hospital wards, social workers, family members, GP surgeries and district nurses. We saw the provider undertook pre-admission assessments when people were referred to them and they also received information from the referring service; both of these were used to develop initial care plans until the service got to know the person.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. We saw evidence that appropriate referrals were made to a variety of healthcare organisations including GPs, dieticians, speech and language therapists, occupational therapists, dentists and opticians.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their nutritional needs were met. People who used the service commented on the meals provided, stating, "The cook is outstanding. I can have eggs and bacon for breakfast or kippers. Nothing is too much trouble", "Oh it is good, the food", "Lunch was lovely, especially the dessert" and "The cook is great. The food we get is unbelievable. I used to hate cooking at home but now it is lovely to have my meals made for me."

The service used an external company who specialised in providing frozen, nutritionally balanced meals on a daily basis. People were able to choose from a wide and varied choice of meals provided by the company and any allergies people had could be avoided. The external company provided the service with detailed information on each meal, including all nutritional information, additives, calorific content and if they were suitable for vegetarians.

The registered manager told us that in addition to the frozen meals they were able to prepare snacks for people who used the service should they not want what was on the menu. On the day of our inspection we noted a choice of two hot meals and a dessert for lunch. We found adequate supplies of food were available including fresh fruit.

During the lunch time meal service on the second day of our inspection we undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who used the service who could not talk with us. We saw tables were nicely laid with cutlery, flowers, napkins and condiments. There was a calm and relaxed atmosphere in the dining room, people were chatting and laughing amongst themselves. Staff members brought people's meals out promptly and we heard people being offered gravy and more vegetables. Staff sensitively and promptly supported those people who required assistance with their meals. We observed they chatted with people during this time and checked if the person liked what they were eating.

We saw some areas of the service had undergone refurbishment since our last inspection. We found a new wet room had been installed on the first floor so people had access to a shower and toilet. We saw another bedroom had been re-designed so an en-suite bathroom could be installed. Three bedrooms had been re-decorated and a further two bedrooms were undergoing refurbishment during our inspection. All the bedrooms we looked at had been personalised.

The communal areas were homely in character and televisions were available for people to watch if they wished. Some people preferred to remain in their rooms. We saw that pictorial signs were in place to identify toilets, bathrooms, dining room and the lounge; this should support people to remain independent when mobilising around the service.

Is the service caring?

Our findings

At our previous inspection of 10 and 11 July 2017 we found breaches of Regulations 10 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the privacy and dignity of people using the service and confidential information was not being stored securely. This key question was rated as 'Requires improvement'. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service. During this inspection we found improvements had been made and the rating has improved to 'Good'.

People who used the service told us staff were kind and caring. Comments we received included, "Staff are lovely", "All the staff are kind, they are lovely" and "The staff are great. They spoil us." One visitor we spoke with told us, "The staff are fantastic here, I really mean that. They really care about people and it always feel like home. They work well as a team."

During the inspection we observed staff interacted with people in a sensitive, respectful and caring manner. We saw staff lowered their tone if they were speaking about a personal issue with someone, would bend down to the same eye level as the person they were speaking to and allowed people the time to express themselves.

People told us they could spend time alone if they wished. There were policies and procedures for staff about caring for people in a dignified way and records showed discussions about privacy and dignity were undertaken in meetings. This helped to make sure staff understood how they should respect people's privacy and dignity within the home. We observed throughout our inspection that staff ensured doors were closed when supporting people with personal care.

At our last inspection of 10 and 11 July 2017 we found people's personal information was accessible in the main entrance area to the service. This included staff details. During this inspection we found records relating to people who used the service and staff members were stored securely. This helped to maintain the confidentiality of people who used the service.

People were supported to maintain contact with relatives and friends. We observed relatives visiting throughout the three days of our inspection and noted they were made to feel welcome. One person who used the service told us they were going on holiday with their relative for two weeks and another person told us the service supported them to visit their relatives.

We looked at how the service promoted equality and diversity throughout the service. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. We saw people's ethnicity and sexual orientation was discussed and recorded in their pre-admission assessment records.

All the people we spoke with told us they were encouraged to remain as independent as possible. One

person told us, "I am having a shower after. I can manage myself but I feel safer with staff around as I have fallen in the past." We observed staff members encouraging people to be as independent as possible throughout our inspection.

We saw a notice board in the entrance area which informed people who used the service and their relatives what activities were on throughout the week. There was also information easily accessible relating to the service, latest CQC report, statement of purpose and the complaints procedure.

We saw people were involved in developing and reviewing their care plans to ensure their views were listened to and respected. The process of reviewing care plans helps people to express their views and be involved in decisions about their care.

We checked if people had access to an advocacy service if required. Advocacy is a way of supporting people to express their views, access information and promote people's rights and responsibilities. The registered manager told us that if anyone required support from the advocacy service they would refer them to the necessary person. They told us they had just done this for one person who had no family members. They were awaiting a response at the time of our inspection.

Is the service responsive?

Our findings

Records we looked at, showed that people had been involved in the development and review of their care plans. People had signed to confirm they were involved.

We looked at four care records. We saw care plans were in place in relation to needs such as cognition, medicines, dietary needs, elimination, oral health, sleeping, foot care, pain care, skin care, mobilisation and personal care. We saw care plans were very detailed and contained clear and concise information about people's health care support needs. We found these were person centred and were reviewed on a monthly basis to ensure they remained relevant.

Training records we looked at, showed that staff had access to end of life training in order to be able to support people at the end of their life. Records we looked at showed that end of life care plans were in place, although no one using the service was currently receiving end of life care and support. These were detailed and identified the need to involve the person and their family at the time they were at the end of their life. It is important that people and their families are involved in planning for the end of their life to ensure that their needs and wishes are met.

People who used the service told us there was opportunities for them to be involved in activities. Comments we received included, "I do not really do activities. I like my own company and I like to read. I am not going on the trip on Thursday" and "If I am not knitting or reading I am resting. I like to fold all the towels and clothes protectors and occasionally I will wash up. I often bake as well."

The notice board in the entrance of the service showed activities were available such as, music and instruments, baking, nail care and massage, board games and cheese and wine. We also saw other activities they had done recently included Independence Day celebrations, summer garden party, national hot dog day and a visit from the ice cream van. There was also a forthcoming trip to St Anne's which people were excited about.

During our inspection we noted people were stimulated by staff with the activities mentioned above and also having a sing along or playing dominoes. We observed two hairdressers also attended the service whilst we were there to cut people's hair.

Technology was used to support people to receive care and support. The service used a call bell system, which enabled people to alert staff that they were needed. We saw that people had call bells within reach. Sensor mats had been placed in bedrooms, where people were assessed as having a high risk of falls. The home also had Wi-Fi available throughout the building and access to a 'tablet' which would enable people to use Skype to keep in contact with their family or friends. Staff had access to eLearning, where they could undertake online training. There was also a computer for staff and people who used the service to use.

People who used the service told us they were able to make their own choices, such as what they wanted to wear for the day. We observed throughout our inspection that staff gave people choices such as, what they

wanted to eat and drink, where they wanted to sit and if they wanted to have a shower.

None of the people we spoke with had needed to complain. We saw the complaints policy and procedure was accessible for people, should they require it. The service had not received any complaints since our last inspection.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices.

The registered manager told us, "We would involve outside, local people. I recently had someone who was partially sighted and we made a referral to the blind society. They came in with talking books and transferred the daily telegraph onto a CD. We have the 'Daily Chat' newspaper which we used to print out in black and white; people asked for it to be in colour so we now print it in colour. We would read this to people if they were unable to read or print it in larger print."

Is the service well-led?

Our findings

All the people we spoke with knew who the registered manager was and told us they could approach them. Staff were also complimentary about the registered manager and told us they had an open-door policy and felt they could approach them with any concerns.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was very knowledgeable about people who used the service. We observed throughout our inspection that the registered manager was very visible in the service and spent time supporting staff and chatting with people who used the service.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating both within the service and on the website. This was to inform people of the outcome of our last inspection. In preparation for the inspection, we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

We saw a service user guide was in place within the service. This gave people information about the service and what they could expect from living there.

Policies and procedures were in place within the service and were accessible to staff members. We looked at policies in relation to safeguarding, whistleblowing, infection control, complaints, medicines and fire safety. We saw these had all been reviewed in May 2018 and some had been updated as a result of this review.

Records we looked at showed that the registered manager continuously sought ways to improve the service. Audits were undertaken on a regular basis in relation to the kitchen, fire safety, bedrooms, communal areas and equipment. Any actions required were noted. The quality assurance systems in place within the service were sufficiently robust to identify areas for improvement.

Surveys were also sent out to people who used the service, relatives and staff members as a means of gaining feedback and to make improvements. We saw that the analysis of survey results showed all parties were very positive about the service. It was documented that there was no need for an action plan at the time. There was also a suggestion box located in the main entrance for people and their relatives to use anytime they wished.

Records showed that meetings were held with people who used the service. The last meeting we looked at was dated 29 May 2018. We saw discussions took place around activities and new ideas; one person

suggested having someone in who could play the guitar to play a couple of rock songs. People had commented on how they had enjoyed the entertainer that had come in.

All the staff we spoke with told us they had regular staff meetings and were able to voice their opinion in these. Staff meetings were also held on a regular basis. We looked at the minutes of the last meeting dated 5 July 2018. We saw topics of discussion included handovers, name badges and uniforms, laundry, kitchen, training, use of mobile phones and included staff suggestions.

The service had links with the community. A local school always visited the service at Christmas time. Every Tuesday some people visited a local day centre for their lunch and a dance. A local priest visited the service if this was something people wanted. The registered manager told us they were looking into a dementia day that had commenced in a local function room where people could go and have lunch, live entertainment and a game of bingo. This promoted people's inclusion and encouraged new friendships to form outside of the service.

We asked the registered manager and operations director what their visions were for the future. They told us they were continuing to improve the environment as much as possible. They were looking to put a conservatory on the existing building in order to improve the communal space for people. Technology was another improvement they were looking at. The operations director told us they wanted to locate training for staff which was more interactive as they felt the recent training delivered in this way was extremely beneficial.