

Popular Care Limited

Astune Rise Nursing Home

Inspection report

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Date of inspection visit: 21 and 23 April 2015
Date of publication: 26/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This inspection took place on 21 and 23 April 2015. The first day was unannounced which meant the staff and registered provider did not know we would be visiting. The registered provider knew we would be returning for the second day of inspection.

Astune Rise is a 38 bedded nursing home, which provides residential and nursing care for predominantly older people. Three beds are used as winter pressure beds, these help with discharge from hospital much quicker and provide an opportunity for assessment prior to going home versus permanent care. On the day of our inspection there were 32 people who used the service.

The home had a registered manager in place who started working there in September 2011. 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.

At the last inspection in April 2014 we found the registered provider did not meet regulations related to

Summary of findings

assessing and monitoring the quality of service provision and records. The registered provider sent us an action plan that detailed how they intended to take action to ensure compliance with these two regulations.

Since the inspection of the service in April 2014 the provider had developed a robust quality assurance system and gathered information about the quality of their service from a variety of sources.

Records had also improved. Accidents and incidents were now recorded with a monthly monitoring form to identify trends or patterns. Finance records were all updated and correct and care plan review records were all complete. There were still some issues around the completion of room records and some medication records such as cream charts and when required (PRN) medication protocols. We discussed this with the registered manager who was putting a check list in place that would audit these records.

Medicines were managed safely although there were some concerns. For example we observed the nurse signed the medication administration record (MAR) before they had observed people take their medicines and MAR records were not fully up to date.

We saw that people were involved in activities. However activities for people were limited. This meant that some people were provided with limited stimulus during the day.

People's nutritional needs were met and the records held on people's nutritional needs were improved on the second day of inspection.

Staff we spoke with understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff had received training in safeguarding. Staff said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care plans provided evidence of access to healthcare professionals and services.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Although staff training was up to date, the registered manager needed to make sure nurses were able to update their skills through regular training. Staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

All of the care records we looked at contained consent for example consent to photographs and bed rails.

The home was clean, spacious and suitable for the people who used the service.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks.

The registered manager had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following the requirements in the DoLS.

People who used the service, and family members, were complimentary about the standard of care. Staff told us that the home had an open, inclusive and positive culture.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible..

Care records showed that people's needs were assessed before they moved into the service and care plans were starting to be written in a person centred way.

Summary of findings

The registered provider had a complaints policy and procedure in place and complaints were fully investigated.

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 required improvements to be safe.

Staff were knowledgeable in recognising signs of potential abuse and would report any concerns regarding the safety of people to the registered manager.

There was sufficient staff on duty to meet people's needs. Effective recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Medicines were managed safely although there were some issues with the administration and recording of applying creams.

Appropriate checks of the building and maintenance systems were undertaken

Requires Improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service.

The registered manager needed to make sure nurses were able to update their skills through regular training.

Formal supervision sessions with staff had taken place.

Staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 and DoLS.

People were supported to have their nutritional needs met and were provided with choice.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People told us that they were well cared for. In general we saw that staff were caring and supported people well.

People were treated with respect and their independence, privacy and dignity were promoted.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

Good



Is the service responsive?

The service required improvements to be responsive.

Requires Improvement



Summary of findings

People's needs were assessed and care plans were produced identifying how to support people with their needs. Some care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. However care plans needed more development to ensure that they were person centred.

We saw that people were involved in activities. However activities for people were limited. This meant that some people were provided with limited stimulus during the day.

Appropriate systems were in place for the management of complaints. People we spoke with did not raise any complaints or concerns about the service.

Is the service well-led?

The service was well led.

People and relatives told us that the registered manager was approachable.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

Staff told us that the home had an open, inclusive and positive culture.

Good



Astune Rise Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 21 and 23 April 2015 and the first day was unannounced. This meant the staff and provider did not know we would be visiting. The inspection team consisted of one adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding staff and district nurses. No concerns were raised by any of these professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with six people who used the service and two family members. We also spoke with the, area manager, registered manager, the administrator, one nurse, one bank nurse, five care workers and the cook. We also spoke with two external healthcare professionals prior to the visit.

We undertook general observations and reviewed relevant records. These included three people's care records, six staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

Is the service safe?

Our findings

We asked people who used the service if they felt safe, one person said, "I feel safe, they are at the end of a buzzer and they are always checking to see if you are okay." Another said, "I feel safe here, there are plenty of people." And another said, "I feel safe here, there is always someone around."

Relatives of people who used the service said, "I feel that my relative is very safe."

The three care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, the environment, skin integrity, falls, finance, going out, nutrition and hydration. The risk assessments and care plans we looked at had been reviewed and updated regularly. However we were concerned that one person who used the service who had a percutaneous endoscopic gastrostomy (PEG) feeding tube but there were no risk assessments. A PEG is a procedure to place a feeding tube through the skin and into the stomach to give the nutrients and fluids needed. There was a feeding regime but no cleaning regime. A nurse we spoke with said they were not very confident on PEG care and would like some updated training. We discussed the lack of risk assessment and training with the registered manager. They said they had struggled to obtain training and could not obtain any until June 2015. We questioned how they thought they could meet this person's needs on initial assessment in March 2015 if staff had not received up to date training. The registered manager had not considered this. This was putting the person at risk. On the second day of inspection four nurses had received training on the 22nd April, a care plan and risk assessment was in place. The registered manager said the trainer commented on how clean the PEG site was.

We looked at the management of medicines. On the first day we observed a lunch time medicines round. We saw the nurse prepared the medicines from the blister packs into a medicine pot, the nurse then signed to say the medicines had been administered. They then placed them on the lunch table in front of the relevant person and walked away and continued with this process. We saw that the nurse had signed for the medicines before the person had taken them. This meant that people were at risk of not receiving their medicines in a safe manner.

We saw medicine administration records (MAR) were on the whole complete. When a medicine had not been reordered that month due to having enough stock, the supplying pharmacy then removed these medicines from the MAR. The medicines then had to be handwritten back onto the MAR. A new, hand-written medicines administration record is produced only in exceptional circumstances and was created by a member of care home staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. We recommend that the registered manager refers to current NICE guidelines on completing handwritten MARs.

We saw evidence of 'when required' (PRN) protocols in place. These provided guidance about how and when a PRN medicine would be administered. Although there were arrangements for recording this information we found this was not kept up to date and information was missing for some medicines. This meant there was a risk that staff did not have enough information about what medicines were prescribed for and how to safely administer them. For example the when 'required guidance' had not been updated when the prescribed medicine was changed or removed when a medicine had been discontinued.

Cream charts were in each person's bedroom and care staff completed these when they applied creams. These lacked detail as to where to apply the cream, how to apply and how often to apply. The charts were not fully completed with one chart stating on the 12 April 2015 "none left." There was nothing documented to say a new cream had been ordered. We discussed this with the registered manager who said this person does not always have that cream applied, due to no directions being documented we could not verify this.

Medicines were kept securely. Records were kept of room and fridge temperatures to ensure they were safely kept. Medicines with a short life once opened had the date of opening noted this meant it remained safe and effective to use.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

We observed loose medicine Paracetamol and Ibuprofen in a drawer, we questioned these with the nurse who said they knew nothing about them. The registered manager

Is the service safe?

looked into this and said they were personal medicine's for a member of staff, this member of staff was not on duty but the registered manager said they know they cannot have their own medicines in the treatment room and they should be in their lockers. The registered manager was going to interview the member of staff on their return to work.

We looked at the arrangements that were in place for ensuring cleanliness and infection control. We found that the main communal areas of the home were clean and free from unpleasant smells. The bathrooms and toilets we looked in had a supply of hand wash and paper towels, dispensed from wall mounted containers. This meant that appropriate hand washing facilities were readily available. We saw that gloves and aprons were available throughout the home and staff we spoke with confirmed that they had access to these items when needed. We also saw staff using gloves and aprons throughout our visits. The home had received a food hygiene inspection from the environmental health officer and had achieved a five star rating.

We found the bumpers in use on two people's bedrails had badly torn covers, meaning that the internal fabric was exposed and the bumpers could not be cleaned effectively. We also found that bathrooms were being used for storage of trolleys and wheelchairs. The registered manager removed these straight away.

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had undertaken training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about.

The management team had worked with other individuals and the local authority to safeguard and protect the welfare of people who used the service. Safeguarding incidents had been reported by either the service or by another agency. Incidents had been investigated and appropriate action taken.

We looked at the recruitment records for six members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were

carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and that any gaps in employment history had been suitably explained. The service had a health check form where staff had to complete a yes and no questionnaire, if they said yes to any health issue they needed to document more information. We saw one staff member had said yes to having psychotic problems and depression but no explanation was provided. We discussed this with the registered manager and on the second day of inspection the record was updated to provide an explanation. The registered manager said they would look at rewording the health questionnaire. This meant that the provider now had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Through our observations and discussions with people and staff members, we found there were enough staff to meet the needs of the people who used the service. At the time of the inspection there were 32 people who used the service. We saw duty rotas which confirmed that during the day and evening there was one nurse and five care staff on duty. On night duty there was one nurse and two care staff. We raised concerns about one nurse working long hours on one of their five night shifts, starting at 4pm until 8 am the following morning, 16 hours in total. We discussed this with the registered manager who said it was their choice and this would stop as soon as another nurse was recruited.

We asked the registered manager how they calculated how many staff should be on duty. We were told that they did not currently use a dependency tool. However were looking to implement a dependency tool which calculated how many staff should be on duty based on a person centred approach in the very near future.

We saw that a record of all accidents and incidents. Accidents and incidents were monitored to try and determine if there were any trends. The registered manager said that no trends had been identified so far due to the accidents and incidents being too few, but they would continue to monitor them.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced

Is the service safe?

such as fire equipment, lift and hoists. We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a weekly basis to make sure that they were within safe limits.

We looked at records to see if checks had been carried out on the fire alarm to ensure that it was in safe working order. We saw that fire alarms had been tested on a regular basis. We saw that staff had taken part in fire drills.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler,

fire extinguishers, emergency lighting and appliance testing (PAT) this is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.

The service had an emergency and a contingency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

Is the service effective?

Our findings

During our inspection last year in April 2014 we noted that there were no visible menus other than a white board behind the door where people entered the dining room, there were no menus placed on the tables. People we spoke with at the time were not aware of the whiteboard and many could not see it.

On our first day of inspection we observed a lunch time. There were still no menus on the table and the white board was still being used. People were offered choice and people were offered more if they wanted. We spoke to the cook to ask how they were made aware of people's dietary needs, likes and dislikes, or who needed fortified foods. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. The cook said they find out through word of mouth what people's needs are. We asked to see where they document this information and we were told they don't. The cook then showed us a piece of 'scrap' paper stuck on the fridge, which listed a person's likes and dislikes, we were told that was the only documented evidence. We asked about fortified foods but the cook did not understand this question but did say they try to make sure everyone gets the same such as diabetics can eat the same as non-diabetics. We discussed this with the registered manager. They said all the information about people's preferences and dietary needs was on the walls of the kitchen and could not understand where they had gone.

On our second day of inspection there were menus on the table, the kitchen had a file with people's dietary needs documented and the wall had information on how to fortify people's diets and make nutritious milk shakes. We observed lunch again on the second day and saw people reading the menu and one person said, "Oh they have burgers for tea; I am not keen on them so I have told the cook and I am having hotdogs instead." Another person said, "These are new, they are a good idea."

Meal time was relaxed and people enjoyed the food that was provided. We saw that staff were patient and provided encouragement and prompts for people to eat their food. It was Saint Georges day on our second inspection day and the dining room was decorated with flags and streamers, people wore hats and kazoo's. There was lots of laughter and people were having fun.

Drinks trolleys were brought round throughout the day and people were offered fruit and biscuits. This meant people were supported to maintain their nutritional and hydration needs.

We asked people who used the service what they thought of the food. One person said, "You can't beat the food in here." Another said, "Food is lovely you only have to ask and you get more." Two people we spoke with said the food is boring, one said, "Food is the same, its boring." And another one said, "Lunch is boring, I am not ready for lunch at 12md." This person also said, "Breakfasts are lovely, you get so much, I also noticed the menus today which are very good." We passed on these comments to the registered manager who was going to make sure people were aware they did not have to eat at 12md if they did not want to and food could be kept aside for them.

People told us they were confident staff had the skills and knowledge to support people with their specific needs. One person told us, "The staff are fine they are on the ball." Another said, "Staff make sure you are alright, especially if you are sitting by yourself." And "Staff are very good, they are always very careful with me."

During the inspection we spoke with staff and asked them about the training they had received. Staff told us that they had received training in fire safety, moving and handling and first aid. One staff member said, "I have just started doing dementia training, in the books you can take home, it is really good."

We looked at the training records of six staff and saw certificates to confirm the training had taken place. Staff told us that they had undertaken induction and shadowed other staff and had the support of other staff when they started work. All staff we spoke with told us that they had a good knowledge to deliver effective care. We did discuss with the registered manager the need for nurses to complete refresher specialist training such as catheterisation, venepuncture, wound management and PEG. The registered manager did not think this was needed as they 'were nurses.' The area manager said, "Since they are not working in a clinical environment where this takes place daily, they should go on refresher courses to keep their skills updated." PEG training did take place on the day between the two inspection days.

The registered manager showed us a training chart which detailed training that staff had undertaken during the

Is the service effective?

course of the year. We saw that most of the mandatory training for staff was up to date. We saw where there were gaps in training had been planned to take place in 2015. The registered manager told us that they have started working with a new training company who were very supportive.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member said, "I find the supervisions helpful, you can discuss training." The registered manager showed us a supervision and appraisal timetable they had developed so staff would know when there next one was due. The registered manager said they were planning to get heads of department to take over supervisions for people in their team.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or

temporary problems such as mental illness, brain impairment or a learning disability. They ensured that if a person lacked the capacity to make a decision for themselves, best interest's guidelines were followed. At the time of the inspection, two people who used the service had an authorisation for Deprivation of Liberty Safeguarding (DoLS) order. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager had informed the Care Quality Commission of the request for a DoLS authorisation and the outcome.

We saw evidence of consent in the care files to administer medication, have photographs taken and receive personal care. There were consent to used bed rails on file but these had not been signed.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor.

Is the service caring?

Our findings

People we spoke with said they were happy with the care that was provided. One person said, "Staff are lovely they are very helpful." Another said, "Staff fall over backwards to help you." And "I came here on respite and it was so good I decided to stay."

Relatives we spoke with said, "They look after them [the people who used the service] really well." And "Staff are all nice they always speak and I am made to feel welcome."

Staff we spoke with said, "I enjoy my job, it is a pleasure to come to work." Another said, "It is a nice atmosphere, all staff care about the residents, this is their home and we treat it as their home."

We saw staff treated people with dignity and respect. We asked staff how they ensured that people's dignity was maintained. One staff member said, "I always make sure the curtains and doors are shut and keep them covered whilst provided personal care." Another said, "I always ask if they would like to get up or stay in bed a bit longer." One staff member said, "As long as they [the people who used the service] are okay, I am okay."

There were many occasions during the day where staff and people who used the service engaged in conversation, general banter and laughed. We observed staff speak with people in a friendly and courteous manner. We saw that staff were discreet when speaking to people about their personal care. This demonstrated that people were treated with dignity and respect.

The environment supported people's privacy and dignity. All bedrooms were for single occupancy. Some people had personalised their rooms and brought items of furniture, ornaments and pictures from home.

We were told by people who used the service that they were encouraged, supported and able to say how they wanted to spend their day and what care and support they needed. People who used the service said, "I prefer to sit in my room and do my embroidery, staff often come in and chat or have a joke." Another person said, "I used to always sit in lounge one but it got busy so now I sit in lounge two, I have my DVD in this lounge and we often watch movies."

During the course of the day we saw that staff always gave people choice. One staff member we spoke with said, "I always offer choice, such as what they want to wear. We have one person whose sight is not very good, I pass the clothes to them so they can feel the textures and they can choose from that."

We asked staff how they promote people's independence. One staff member said "If someone can do something I let them do it, I always ask them what help they want or don't want and support them with what they want, some days people have different needs." Another staff member said "I always encourage them to do as much as they can to help themselves."

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

During our visit we reviewed the care records of three people. Each person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed. One person's file we looked at had a nutritional risk assessments, the form stated on the 6 April 2015 that the nutritional risk score was 20. For a score of 20 it stated that you needed to check weights weekly, encourage eating and drinking and repeat score in one week. No score was repeated and when we checked on the weights these were not recorded. The registered manager said they were unable to weigh this person and had to take upper arm measurements instead, these were still not recorded. On our second day we noted that this person had their upper arm measured with measurements documented. Another person had a nutritional score of 17 which also stated to be weighed weekly, we were also told that this person could not be weighed. On our second day we noted that this person had been hoisted to weigh on the 22 April at 17:30 and this had been documented. The second day of inspection showed that they were acting on the nutritional risk assessments and minimising the risk.

The registered manager had asked that all people on a pressure air flow mattress have the mattress pressure taken when they were put into bed; these records had not been completed. The registered manager recognised that there were issues with room records and was going to appoint an accountable person to check these records daily.

Examination of care plans showed that were becoming person centred. Person centred planning (PCP) provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. We found that care records did always not reflect personal preferences and likes. This would be helpful to ensure that care and support was delivered in the way the person wanted it to be. There was information at the back of the care files stated "Things I'd like you to know about me" although this had useful information documented they could take this further to include past life, work, social and family history.

We discussed activities with the registered manager. They explained that they were trying to recruit an activity coordinator but had no response as yet. We did see evidence that activities had taken place with photos of past

events and parties. On the day of inspection one member of staff was trying their hardest to get a question and answer game going in one of the lounges and she was doing a good job getting conversations going.

Staff we spoke with said, "There is always something going on." Another staff member said, "The activities they do are boring, but staff don't have time."

People who used the service said, "There is plenty of activities going on, all different ones. I love bingo, we had a pie and peas and bingo night last night it was great, although it got embarrassing as I won four times." Another said, "We get well looked after here, singers come in and we sometimes get exercises."

We looked at the home's complaint procedure, which informed people how, and who to make a complaint to and timescales for action. The procedure was a little misleading as it informed that the complainant could contact the Care Quality Commission with their complaint. We spoke with the registered manager about this and explained that we could not investigate individual concerns or complaints. However, we were interested in people's views about the service. The registered manager told us that the procedure would be amended.

One relative we spoke with said, "I have never had to make a complaint, but then I don't know how to." We signposted the relative to the information in the room but on looking this was missing.

The registered manager told us people who used the service and relatives were given a copy of the complaints procedure when they moved into the home and these were also place in people's rooms. We did feed back to the registered manager that it was missing from a few peoples rooms we looked at. On the second day of inspection the information was all in place and on the wall so people know how to make a complaint.

During the inspection we spoke with people who used the service who told us that if they were unhappy they wouldn't hesitate in speaking with the registered manager or staff. People said that they were listened to and that they felt confident in raising any concerns with the staff. One person who used the service said, "I did have a problem, it was not really a complaint but I spoke to the manager who sorted it immediately, her door is always open."

Is the service responsive?

Discussion with the registered manager during the inspection confirmed that any concerns or complaints were

taken seriously. We looked at the service's record of complaints there had been five complaints made in the last 12 months. Each complaint was fully documented with an outcome.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. They had been registered with CQC since September 2011.

At our last inspection in April 2014 we found the registered manager had no system in place to learn from events. There was no evidence of any audits taking place or risk assessments to ensure the service continued to monitor its effectiveness and to assist with continuous improvement.

At this inspection the registered manager told us of various audits and checks that were now being carried out and provided evidence. These included audits of the environment, infection control, nutrition, catering, medication and health and safety. This helped to ensure that the home was run in the best interest of people who used the service. These were followed up with a full action plan. This meant that the quality assurance system was effective because it continuously identified and promoted any areas for improvement.

The registered manager told us that area manager carried out visits to the service on a monthly basis to monitor the quality of the service provided and to make sure the service were up to date with best practice. Records were available to confirm that this was the case.

We asked people who used the service and their relatives about the management of the home. People who used the service said, "X (the manager) is fine, she is fair and she listens." One relative we spoke with said, "My relative has not been in here very long, but she seems nice, I am always made to feel very welcome.

Staff we spoke with said, "I feel very supported, our manager is lovely, I feel comfortable around her, she encourages everyone to be involved." Another staff member said, "The manager is nice, very approachable and she will guide you."

One healthcare professional we spoke with said, "We do have good contact with the home, they have recently undertaken the provision of three winter pressure beds to help with discharge from hospital much quicker and

provide an opportunity for assessment prior to going home versus permanent care. In the past the main issues we have had been around capacity and gaps in medication, no dates on open bottles. No recent issues."

We asked what links they have with the local community. The registered manager said, "The church comes in to offer communion or we try and take them to church, the local schools invite us to choirs and plays and we get a pantomime in at Christmas and they are also doing a summer one."

We saw evidence of the last four staff meetings, topics discussed were infection control, breaks, health and safety and recent inspections. Staff said the meetings were useful and they were kept updated, although one staff member said, "We get moaned at." Another staff member said, "We do get the opportunity to raise anything ourselves, such as I said I could do with more than one uniform when working over 30 hours a week." We asked if they had been provided with another uniform, we were told they had not had a reply as yet. We asked the registered manager about this and they confirmed that staff will be getting another uniform.

We saw evidence of the last four meetings for people who used the service. Topics discussed were the food menu and introducing take away evenings, activities and how they felt about the home. People said they were very content and happy.

The registered manager had the first relative meeting set up for 30 April 2015.

They registered manager sent out surveys to relatives and people who used the service. Since the last inspection they had changed the format of the surveys to make them easier to navigate and for the people who used the service they had smiley going to sad faces. This was helpful for people who struggled with the written word. The last relative survey went out in December 2014 and no problems or issues were highlighted. They are sending the next survey out on the 23 April 2015. The registered manager and the administrator were continually trying to develop the surveys and ask different questions each time.