Great Marsden Residential Limited

Nelson Manor 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

Summary of findings

Overall summary

We carried out an unannounced inspection at Nelson Manor on 4 and 5 September 2018.

Nelson Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Accommodation is provided on three floors. The ground floor known as Haven suite, provides personal care for older people, the middle floor known as the Jubilee suite provides personal and nursing care for people with mental health needs and the top floor known as the Great Marsden suite provides people with nursing care. All the bedrooms have an ensuite with a shower facility. At the time of the inspection, there were 64 people accommodated in the home.

The service was managed by a registered manager. 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.

We carried out the last comprehensive inspection on 11 and 12 May 2017 and assessed the service as overall 'requires improvement'. This was because we found shortfalls in the management of medicines. We carried out a focussed inspection on 18 September 2017, to check the provider had made improvements to way they managed medicines. Whilst we found the necessary improvements had been made, we retained the rating of 'requires improvement' in the safe section, because we needed to ensure the improvements were sustained over time. During this inspection, we found the service was compliant with the current regulations and the improvements had been sustained. The overall rating has been assessed as 'Good'.

People living in the home told us they felt safe and staff treated them well. People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. Records confirmed that staff had received safeguarding training and they knew how to recognise abuse and report any concerns. Staff conducted risk assessments and devised care plans which guided staff on how to manage the risks identified. People's medicines were managed appropriately and records seen were complete and up to date.

The home remained clean and free of unpleasant odours. People were protected from the risk and spread of infection. Equipment used to support people was clean, in a good state of repair and was regularly serviced.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and they were up to date with the provider's mandatory training. 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. There were appropriate arrangements in place to support people to have a varied and healthy diet. People

had access to a GP and other health care professionals when they needed them.

Staff were kind and caring and treated people with dignity and respect. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments were person centred and provided guidance for staff on how to meet people's needs and preferences. There were established arrangements in place to ensure the care plans were reviewed and updated regularly.

People had access to a complaints procedure and records were made of complaints received in the home. Any issue raised had been investigated and steps taken to resolve the situation to people's satisfaction. People were provided with a range of activities seven days a week.

Robust systems were in place to monitor the quality of the service, which included seeking and responding to feedback from people and their relatives in relation to the standard of care and support. The registered manager provided clear and supportive leadership to her team. All people, relatives and staff praised the management of the service and said the team were approachable and a visible presence in the home.

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.

The service had safeguarding procedures in place which staff knew and understood.

Appropriate recruitment checks were carried out before staff started work in the home. There was sufficient staff to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and records were complete and up to date.

Is the service effective?

Good

The service was effective.

People received support from skilled and knowledgeable staff who felt well supported.

Suitable arrangements had been made to obtain consent to support and treatment in line with legislation and guidance.

People had access to healthcare services when needed. People received sufficient food and drink which met their nutritional needs.

Is the service caring?

Good

The service was caring.

People's privacy, dignity and independence were promoted.

Staff communicated with people in a way they could understand and valued their contributions.

Staff showed concern for people's well-being in a caring and meaningful way and responded appropriately to their needs.

Is the service responsive?

Good

The service was responsive.

People had care plans and risk assessments in place which guided staff on how best to meet their needs.

There was a range of activities available for people.

There were arrangements to listen and respond to people's concerns and complaints to improve the quality of care.

People received appropriate end of life care and support when required.

Is the service well-led?

Good

The service was well led.

The registered manager had established effective systems and processes to monitor the service and drive improvements.

Staff felt valued and understood their responsibilities to ensure that people received support that met their needs and expectations.

Nelson Manor 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 checked 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.

An unannounced comprehensive inspection took place at Nelson Manor on 4 and 5 September 2018. The inspection was carried out by two adult social care inspectors and an expert by experience on the first day and one adult social care inspector, a medicines inspector and a regional medicines manager on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In preparation for our visit, we considered the previous inspection report and information that had been sent to us by the local authority's contract monitoring team and safeguarding vulnerable adults team. We also checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

Before the inspection, the provider submitted a detailed Provider Information Return. This is information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 12 people living in the home, two relatives, five members of staff, a member of the housekeeping staff, two cooks, an activity co-ordinator, the deputy manager, the governance manager, the registered manager and the nominated individual.

We had a tour of the premises and looked at a range of documents and written records including an examination of six people's care files, two staff recruitment files and the staff training records. We also looked at ten people's medicines administration records, a selection of the policies and procedures, complaints records, accident and incident documentation, meeting minutes and records relating to the

auditing and monitoring of service provision.

Following the inspection, we spoke with a relative and received feedback about the service from a healthcare professional. The registered manager also sent us some additional information.

Good

Is the service safe?

Our findings

At our previous inspection in September 2017, we assessed this key question as 'Requires improvement'. This was because we wanted to ensure the improvements we had found in the management of medicines were sustained. At this inspection, we found medicines continued to be managed appropriately and we have revised the rating to 'Good'.

We looked at how medicines were managed on the second day of the inspection. We looked at storage and checked stocks of medicines on the three floors in the home. We checked ten Medicine Administration Records (MAR) and talked to two people about their medicines. Although we found some areas for improvement, we were assured that these would be addressed and overall medicines were managed safely.

There were staff working in the home, in addition to the normal rota, to ensure medicines were managed properly. Checks were done regularly and actions were taken promptly to ensure this was maintained. Information in the MAR was person centred and detailed and risk assessments had been carried out where needed. We checked a number of stocks, including controlled drugs, and balances were correct demonstrating medicines were administered and recorded correctly. Records used when a person had a patch applied or other topical preparations administered were complete. We discussed areas that could be improved including the recording of thickened drinks and fridge temperatures. We also asked to see the outcome of an investigation of a missed medicine noticed during the inspection. We spoke with a person who looked after their own medicines. They said it gave them independence and staff provided support when it was needed.

We received a detailed action plan from the registered manager immediately following the inspection, which set out the actions they had taken to address all the medicine's issues highlighted during our visit.

All people spoken with told us they felt safe and comfortable in the home. For instance, one person said, "The care is good and they (the staff) are all nice and sociable" and another person commented, "I think they are lovely and I can't fault a thing." Similarly, we noted a relative had written in the compliments book, "I feel it's a safe place for [family member]. I'm totally happy with the care."

The provider had a comprehensive safeguarding policy which set out the definitions of different types of abuse, staff responsibilities and how to report any concerns. Staff had received training in safeguarding and had a good awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. Staff had access to the contact details of the local authority who are the lead agency in safeguarding investigations. Staff told us they had also received additional training on how to keep people safe which included moving and handling, the use of equipment, infection control and fire safety. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

Risks to people's safety had been assessed, monitored and managed so there was a balance between supporting people to stay safe, whilst respecting their rights to freedom and independence. We saw

individual risks assessments had been recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. We observed staff assisting people who had limited mobility. Where equipment was used such as a hoist, this was done safely. We observed staff spoke with people and gave them information throughout the moving and handling process. Records showed that the risk assessments were reviewed and updated on a monthly basis or in line with changing needs. This meant staff were provided with up to date information about any risks to people's health, safety and welfare.

Environmental risk assessments had been undertaken by the registered manager in areas such as fire safety, the use of equipment, the security of the building and the management of hazardous substances. All risk assessments seen were thorough and included control measures to manage any identified risks. The assessments were updated on an annual basis unless there was a change of circumstances. Emergency plans were in place including information on the support people would need in the event of a fire.

Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. These included criminal record checks, two written references, health declarations, proof of identity and eligibility to work in the UK. Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

We observed people received support when they needed it on both days of the inspection. People told us there were usually sufficient staff on duty. The registered manager used a specialist tool to assess the staffing levels required. This was kept under regular review taking into consideration people's needs, as well the level of falls, accidents and incidents. The registered manager confirmed the staffing levels were flexible and additional staff were placed on duty at short notice depending on people's needs or circumstances. For instance, outside office hours the nurse in charge was able to increase the staffing levels without recourse to the registered manager or provider. Staff rotas were planned in advance, which made it easier to identify any shortfalls. The provider had established a regular team of agency staff so people received care and treatment from people who knew them well and had the necessary skills to support them. In addition to the care staff, the provider also employed an administrator, activity coordinators, housekeepers, kitchen staff, a governance manager and a maintenance officer.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager informed us she checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to prevent incidents happening again. The registered manager told us she had made referrals to the other professionals, as appropriate. A detailed analysis of the records was carried out on a quarterly basis in order to identify any patterns or trends. We noted action had been taken to limit future reoccurrence.

The provider had robust systems and processes in place for ongoing maintenance and repairs to the building. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, hoists, wheelchairs, stair lifts and assisted baths. All records seen were complete and up to date. We also saw the gas safety certificate, portable appliance testing (PAT) certificate and the five-year electrical certificate were all within date.

CCTV (Closed circuit television) was in operation in the corridors. The system did not operate in communal areas or in people's rooms. This helped the registered manager to monitor people's safety.

We saw the home was clean and hygienic. Staff hand washing facilities, such as liquid soap, paper towels

and pedal operated waste bins had been provided in all rooms. This ensured staff could wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons and we saw these in use during the inspection. There were contractual arrangements for the safe disposal of waste. We saw staff had access to an infection prevention and control policy and procedure and noted an infection control audit was carried out in the home at regular intervals. Following the inspection, concerns were raised about the cleanliness of one person's room, the registered manager took immediate action to resolve the issues.

Good

Is the service effective?

Our findings

At the inspection in May 2017, we assessed this key question as 'Good'. During this inspection, we found people continued to receive an effective service and the rating remains 'Good'.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005 by obtaining consent in the right way and by applying for authorisations to deprive a person of their liberty when necessary. We found the staff understood the purpose and principles of the MCA and according to the staff training matrix most of the staff had completed training. We observed staff gained people's consent and explained how they were going to support people before giving them their medicines, supporting them to eat or providing personal care.

We saw mental capacity assessments had been carried out as appropriate and where necessary best interests decisions had been made on such issues as the administration of covert medicines. People had also signed consent to care forms and consent forms in relation to photographs and the administration of medicines. However, we found one person's file contained conflicting information about their capacity to make decisions and their mental capacity assessment documentation was not fully completed. We discussed this situation with the registered manager, who made immediate arrangements to review the person's care plan and MCA documentation. We saw the completed paperwork on the second day of the inspection.

The registered manager understood when an application for a DoLS should be made to the supervisory body and how to submit one. At the time of the inspection, the registered manager had submitted 27 applications to the local authority for consideration and one application had been authorised. This ensured that people were not unlawfully restricted. We saw the registered manager had a central register of the applications and checked progress with the local authority on a regular basis.

People felt reassured by the staff team, for instance one person told us, "If I'm awake at night they will come in and give me Horlicks without having to ask and I don't think I could be in a better place". We observed that staff knew what they had to do and how to do it; they were confident in carrying out their role.

New members of staff participated in a structured induction programme which included a period of

shadowing experienced staff before they started to work as a full member of the team. The induction training included an initial orientation to the service, training in the provider's policies and procedures, completion of the provider's mandatory training and the Care Certificate. The care certificate is a nationally recognised qualification that is designed to ensure that care staff are competent to care for people in the right way.

Staff told us they had completed a variety of courses relevant to the people they were supporting including health and safety, moving and handling, MCA and DoLS, nutrition, person-centred care, medicines management, risk assessment, fire safety, safeguarding vulnerable adults and infection control. Care staff also undertook specialist training which included care planning, privacy and dignity and data security. Staff spoken with confirmed their training was useful and beneficial to their role. For instance, one member of staff told us, "The training is really good and the management will provide extra training if we think we need it. For instance, I asked for sensory deprivation training and this was sorted out."

Staff received regular supervision during which they had the opportunity to discuss their training needs and any issues affecting their role. Supervision meetings were also used as an opportunity to check staff understanding of a particular topic relevant to their role such as safeguarding. Staff who had been employed by the provider for more than a year had an annual appraisal of their work performance.

Before a person moved into the home, a representative from the management team undertook a pre-admission assessment to ensure their needs could be met. We looked at a completed pre-admission assessment and noted it covered all aspects of people's needs. We were assured people were encouraged and supported wherever possible to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

We looked at how people living in the home were supported with eating and drinking. People told us they usually enjoyed the food provided in the home. One person told us, "The food is very good and there's plenty of choice. You can always ask for something different." We observed the lunchtime arrangements on all three floors and noted people were supported with their meals in a sensitive and kind manner. A nutritional support worker supervised the meal time on the Jubilee suite. We observed staff were organised and people were asked what choice of meal they wished to eat at the time the meal was served. The overall atmosphere was cheerful and good humoured. The meal looked well-presented and appetising. The dining room tables were set with clean tablecloths, napkins and condiments.

All food was made daily on the premises from fresh produce. There were systems in place to ensure the cooks were fully aware of people's dietary requirements. Weekly menus had been developed following consultation with people living in the home and were rotated every four weeks. We spoke with the cooks who explained an extensive "lite" bite menu was available in addition to the two main choices. The cooks spoken with were committed to providing people with good quality food in line with their preferences and were happy to prepare and serve any special requests. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietitian as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

We looked at how people were supported to maintain good health. We saw care plans gave written guidance about how to support people with all aspects of their health such as their mobility, continence and skin care. Where there were concerns people were referred to appropriate health professionals. Records looked at showed us people were registered with a GP and received care and support from other professionals, such as chiropodists, speech and language therapists, occupational therapists, tissue viability

nurses and the district nursing team as necessary. From our discussions and review of records we found the registered manager and staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Information was also prepared and shared in the event a person was admitted to hospital.

We received positive feedback from a healthcare professional following the inspection. The professional told us they had no concerns and the registered manager had worked hard to ensure people received good quality care.

The environment was bright and well-lit and some refurbishment and decoration had taken place in communal areas and in some bedrooms. We noted people's names were displayed on bedroom doors and adaptations had been made to support people's mobility, for instance the installation of handrails and grab rails. Memory boxes had recently been installed outside people's bedrooms on the Jubilee suite. These were designed to display photographs and memorabilia, chosen by each person as something they related to. This helped people to recognise their room and orientate themselves round the suite.

Good

Is the service caring?

Our findings

At the inspection in May 2017, we assessed this key question as 'Good'. During this inspection, we found people continued to receive a caring service and the rating remains 'Good'.

People living in the home described the staff as being caring and respectful and were complimentary of the support they received. We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of the staff who were supporting them. One person commented, "The staff are kind and show me affection and give me a hug, which I like" and another person told us, "I am really well cared for, I have no complaints with the staff as they help me get bathed and are all very nice".

Relatives we spoke with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

We observed the home had a pleasant and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "We literally do the best we can and everything we can to make sure people are cared for properly."

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. For instance, one member of staff told us, "I always ask people for their choices. I would never speak over anyone. It's really important for their dignity." We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance how they wished to spend their time and what they wanted to eat.

People were treated with dignity and their privacy was respected. People could spend time alone in their rooms if they wished. Staff knocked and waited to be invited into people's rooms. Where people needed support with using a bathroom this was done discreetly. This approach was reflected in people's comments. For example, one person told us, "I never feel a nuisance and they show me respect and kindness. They always knock and make sure I'm covered in the bathroom, which is good". We saw people were addressed respectfully by staff, using their preferred names.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. All people were provided with a single room, which was fitted with an appropriate lock.

People were encouraged to express their views as part of daily conversations, residents' and relatives' meetings and satisfaction surveys. The residents' meetings helped to keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the

meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were involved in the care planning process and we saw people had signed consent forms to indicate their agreement with the care provided.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. Staff spoken with were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. In talking about their approach, a member of staff commented, "It's so important people do as much for themselves as possible as it helps their physical and mental well-being."

Compliments received by the home highlighted the caring nature of staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from relatives. For instance, one relative had written, "Please accept our heartfelt thanks for looking after [family member] over the last few months" and another relative had written in a compliments book, "Always pleased with the care for [family member]. Staff always seem dedicated to the care of the residents."

Arrangements had been made to ensure that private information was kept confidential and secure. Staff had been given training and guidance about how to manage information in the right way so that it was only disclosed to people when necessary. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

At the inspection in May 2017, we assessed this key question as 'Good'. During this inspection, we found people continued to receive a responsive service and the rating remains 'Good'.

People and their relatives made mostly positive comments about the way staff responded to their needs and preferences. For instance, one person told us, "They support me to go to church and I think they are all really good at helping. Everyone seems to get what they need" and a relative said, "I come anytime and can rely on them to look after [family member] as she has been poorly. I saw how they helped her."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined six people's care files and other associated documentation. We noted that all people had an individual support plan, which, was underpinned by a series of risk assessments. The support plans were split into sections according to specific areas of need. We found the care plans had been updated on a monthly basis and reflected people's current needs. We noted the dates of care plan reviews were displayed on white boards in each staff office and the registered manager's office in order to provide a quick reference guide. Staff spoken with were familiar with the content of people's plans and were confident the information was accurate and up to date. Further to this, one member of staff told us, "I regularly look at the care plans to check what is needed. They are always up to date. They are bob on with all the plans."

Staff spoken with told us that wherever possible, people were involved in the care planning process. The registered manager explained she intended to strengthen these systems to ensure people signed review forms to indicate their involvement and participation. The provider had arrangements in place to ensure they responded promptly to people's changing needs. For example, we saw the staff had a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. This approach ensured staff were kept well informed about the care of people living in the home. The registered manager had also introduced a 12 hour checklist, which staff completed on each floor and returned to the registered manager. This gave a comprehensive oversight of people's needs, the care delivered and any concerns.

Daily reports provided evidence to show people had received care and support in line with their care plan. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required any aspect of their care monitoring, for example personal hygiene, falls, positional changes and nutrition and hydration.

Care staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance. The registered manager recognised the importance of appropriately supporting people on an individual basis and with reference to their gender, ethnicity and sexuality.

People were supported to have a comfortable, dignified and pain free end of life. Wherever appropriate,

people's care records contained information about their preferences in how they wanted their care to be provided. This included information about DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) status. Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 1 November 2017.

We saw care plans identified any requirements relating to disability or sensory loss. This was achieved by assessing people's needs and gaining information about their past histories. Communication plans highlighted people's strengths as well as areas where they needed support and how staff could communicate effectively with them. In addition, all documentation was available in different font sizes and languages.

The provider used technology to support people to receive timely care. There was a call bell system in place at the service which people could use when in their bedrooms or communal areas to request assistance from staff. We observed call bells were placed within easy reach in people's rooms and people said they knew how to use these to call for assistance from staff when this was needed. Sensor equipment was used to alert staff to movement when people were assessed as being at high risk of falls and there was Wi-Fi throughout the building.

Since our last inspection, the programme of activities had been further developed in the home. The provider employed two activity co-ordinators to provide varied activities over seven days. People had been consulted about their preferred activities and a spreadsheet had been developed to help identify people with shared interests. Forthcoming activities were displayed on notice boards around the home. People mostly provided positive feedback on the provision of activities. For instance, one person told us, "We play dominoes every day and I still do my photography. They help me and give me projects. All the pictures displayed from an outing are mine. I'm very happy here."

The registered manager told us about a joint project with a local primary school, which involved young children interacting with a group of people living in the home. The registered manager said the project had been a great success and had benefitted both the people and the children. The registered manager was pleased the project was set to continue in the new school year.

People knew about the complaints procedure and they told staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to. For instance, one person told us, "If I had any concerns there's a lot that would listen to me, but I don't have a reason to complain." During the inspection, a relative told us they had previously raised concerns. We discussed these comments with the registered manager and found their concerns had been thoroughly investigated.

All complaints were recorded and investigated. We saw the complaints register during the inspection and records of investigations. The registered manager carried out a regular analysis of any complaint themes to identify any lessons which could inform future practice.

Good

Is the service well-led?

Our findings

At the inspection in September 2017, we assessed this key question as 'Good'. During this inspection, we found people continued to receive a well led service and the rating remains 'Good'.

The home had a registered manager in post. The registered manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and she demonstrated good knowledge of people's needs and the needs of the staff team. People and relatives spoke positively about the leadership and management of the home. One person said, "The manager is very nice and easy to talk to" and a relative told us, "[The registered manager] is more open and transparent and approachable so there has been a big improvement in the service in a year." The registered manager also sent us a copy of an email sent from a relative the day after the inspection, which provided very positive comments about the way the home was managed.

When staff first began to work in the home, they were asked to familiarise themselves with the service's policies and procedures. These detailed their role and responsibilities and the values of the service. Staff spoken with were well motivated and spoke positively about their relationship with the registered manager and the support they received. For instance, one member of staff said, "The manager is brilliant. All the management are there for us 100%. They listen to everyone and sort out any problems straightaway" and another member of staff commented, "All the management team are lovely. It's good they have high standards of care." The staff spoken with were passionate about providing good quality care and ensuring people were well supported.

The registered manager fostered a positive culture with a strong emphasis on person-centred care, openness and transparency. These values underpinned everything that happened in the home and as a result of this ethos the service had improved. The registered manager was well supported by the provider. The nominated individual visited the home approximately every two weeks and carried out his own checks and audits to ensure the home was meeting current regulatory requirements. We saw reports compiled following his visits during the inspection and noted he had also sought feedback from people living in the home and staff.

The registered manager had developed a series of robust systems and processes to enable the service to learn and innovate. We saw a range of quality checks were regularly undertaken to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions, the environment was safe and the staff had the knowledge and skills they needed. Action plans were developed after all checks and tasks were delegated accordingly. We noted the action plans were closely monitored to ensure all shortfalls were addressed.

The provider took into account the views of people and their relatives through regular residents' and relatives' meetings. Records indicated that these meetings gave people the opportunity to discuss matters that were important to them. For example, what they would like included on the food menu and the

provision of activities. We saw that where issues were raised, an action plan was drawn up and the actions completed. The registered manager updated people on the action taken at the next residents' meeting.

People, relatives, staff and professional visitors were invited to complete a satisfaction questionnaire to provide feedback on the service. We saw the latest survey had been carried out in August 2018. The registered manager was in the process of compiling the results at the time of the inspection. We looked at the results of the surveys carried out in January 2018 and noted people had made positive comments about the service. For instance, one person had written, "I am more than pleased with staff and management" and another person had written, "Fully satisfied with the care provided." Action plans had been developed to address any suggestions for improvement.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.