HC-One Beamish Limited

St Peter's Court

Inspection report

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Date of inspection visit:
25 April 2017
05 May 2017

Date of publication:
26 June 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected St Peter's Court on 25 April and 5 May 2017. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. We informed the provider of our visit on 5 May 2017. When we last inspected the service in April 2015 we found that the provider was meeting the legal requirements in the areas that we looked at and rated the service as Good. At this inspection we found the service was also Good.

The home had 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.

St Peters Court provides care and accommodation to a maximum number of 67 people. Accommodation is provided over two floors. The ground floor of the service provides care and accommodation for those people who require personal care. On the first floor of the home, care and accommodation is provided to those people living with a dementia. There is also a rehabilitation unit. The aim of the rehabilitation unit is to help people to regain their independence which may have been lost because of their disability, illness or an accident. Communal lounges and dining facilities were available within each unit. There is an enclosed garden/patio area for people to use. At the time of the inspection there were 56 people who used the service.

Systems were in place for the management of medicines so that people received their medicines safely. However, written guidance for medicines prescribed to be given 'only when required' and records for the application of creams and ointments was not always available, fully completed or up to date.

Assessments of people receiving rehabilitation were undertaken by physiotherapists and occupational therapists; however care plans were not in place.

Care plans were available for people cared for on other units and detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People were actively involved in care planning and decision making.

People were kept safe from avoidable harm and staff understood the process to follow to safeguard people if they needed to report any concerns. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring.

There were sufficient staff on duty to meet the needs of people who used the service. There was a system in place to ensure that staff recruited had the appropriate skills and experience and were of good character.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for.

Any gaps in training had been identified by the management team and refresher training had been arranged. Staff had an understanding of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. This meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. People were able to make decisions about their day to day care and support and staff supported people to maintain their health and attend routine health care appointments.

People were treated with kindness and respect. The care staff knew the people they were supporting well and respected the choices they made about their care. The staff knew how people communicated and gave them support to make and express choices about their lives. People's independence was encouraged. Activities, outings and social occasions were organised for people who used the service.

The provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them.

People, staff and relatives spoke highly of the registered manager. They told us the registered manager was supportive and approachable.

Effective quality monitoring was in place. The management team regularly completed a wide range of audits to maintain people's safety and welfare at the service.

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.

There were good systems in place for the management and administration of medicines, however some improvement was needed to ensure the guidance for 'only when required' medicines and topical creams and ointments was kept up to date.

People told us they felt safe. Staff were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

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

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and an annual appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People told us that staff asked for their consent, and showed a good understanding about how they sought this.

People were provided with a choice of nutritious food and those people who were residing on the rehabilitation unit were supported to prepare their own food. People were weighed on a regular basis and nutritional screening took place.

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

Is the service caring?

Good

This service was caring.

Staff knew people well and respected their privacy and dignity.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

People we spoke to expressed satisfaction with the service and felt they were well cared for.

Is the service responsive?

Requires Improvement

The service was responsive but improvement was needed.

People's needs were assessed; however care plans were not developed for those people who were admitted to the service for rehabilitation. This meant that staff did not have the written guidance on how to care and support people.

People were involved in a range of activities and outings.

People and relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good

The service was well led.

There were effective systems in place to monitor and improve the quality of the service provided.

Surveys for people who used the service had been completed and regular meetings took place with people, relatives and staff.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

St Peter's Court

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.

We inspected the service on 25 April and 5 May 2017. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. We informed the provider of our visit on 5 May 2017. The inspection team consisted of one adult social care inspector, a pharmacist inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. The provider had 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.

We sat in communal areas and observed how staff interacted with people. We spoke with 15 people who used the service and 12 relatives. We looked at communal areas of the home and some bedrooms.

The registered manager was not present on the first day of the inspection; however a registered manager from another service in the organisation was in day to day charge. The registered manager was present for the second day of the inspection. We spoke with the registered manager, the registered manager of another service, the area director, a manager in training to become a registered manager, the acting senior lead, a senior care assistant, a physiotherapist, a therapy assistant, the pathway to independence lead and care assistants. We also contacted commissioners of the service to seek their views.

During the inspection we reviewed a range of records. This included seven people's care records, including care planning documentation and 14 medicine records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe and what made them feel safe. One person said, "I'm very happy here, they do everything they can to help and I always feel safe." Another person said, "I can lock my own door at night." A relative we spoke with said, "I do think [person who used the service] is safe here. I feel there is enough staff so I can be confident about this." Another relative said, "I know [person who used the service] is in safe hands as they [staff] always put the residents first."

Policies and procedures for safeguarding and whistleblowing were accessible for staff which provided guidance on how to report concerns. Staff had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised. Staff told us that they had received safeguarding training at induction and on an annual basis. Records were available to confirm that staff were up to date with their safeguarding training.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, falls, nutrition, choking and pressure ulcers. This enabled staff to have the guidance they needed to help people to remain safe.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and adults.

Through our observations and discussions with people, relatives and staff, we found there was enough staff to meet the needs of the people who used the service. One person who used the service said, "Yes I am happy, you can buzz them [staff] and they come quickly." At the time of the inspection there were 56 people who used the service. We looked at duty rotas which showed there were usually 11 staff on duty during the day and seven staff at night. Staff were allocated to each of the units. The rehabilitation unit was therapy led so in addition to the two care staff that worked on this unit; there were occupational therapists, physiotherapists and therapy assistants who supported people to regain their independence. The registered manager was supernumerary and worked during the day from Monday until Friday.

We looked at records to confirm 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 safety, fire extinguishers, emergency lighting, fire alarm, the passenger lift and hoists.

Records were available to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order. We did note there wasn't a cyclical routine for the testing of call points, which meant some call points, had not been tested as much as others. We pointed this out to the management team who told us they would take immediate action to address this.

Personal emergency evacuation plans (PEEP's) were in place for each of the people who used the service. PEEP's provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents in order to identify any patterns or trends and put measures put in place to avoid re-occurrence.

Appropriate arrangements were in place for recording of oral medicines. Staff had completed medicines administration records correctly after people had been given their medicines. When people had not taken their medicines, for example if they refused or did not require them, then a clear reason was recorded.

People told us they received their prescribed medicines on time and when they needed them. One person said, "I have five pills a day. I get them on time." Another person said, "They bring it [medicines] to me and I take it myself."

We found that where medicines were prescribed to be given 'only when required,' the guidance to inform staff about when these medicines should and should not be given, was not always available or had not been updated. This information ensures that people were given their medicines in a safe, consistent and appropriate way. We pointed this out to the management team who told us they would take action to address this.

Some people were prescribed creams and ointments and care staff applied many of these when people first got up or went to bed. We saw that the service had a system that included a body map that described to staff where and how these preparations should be applied. We saw examples of these records; however, some improvements were still needed in the guidance for staff and some records were not fully completed. These records help to ensure that people's prescribed creams and ointments were used appropriately.

We recommend the provider ensures that the guidance for medicines prescribed to be given 'only when required' is updated when changes occur and the guidance and records for the application of topical medicines is improved.

We looked at the current medicine administration record (MAR) for one person prescribed a medicine with a variable dose, depending on regular blood tests. Written confirmation of the current dose was kept with the person's MAR sheet. Care staff were able to check the correct dose to give. Staff had recorded that this medicine had been given correctly. This meant arrangements were in place for the safe administration of this medicine.

For a medicine that staff administered as a patch, a system was in place for recording the site of application and this was fully completed for one person whose records we looked at.

Medicines were stored safely and appropriate checks had taken place on the storage, disposal and receipt of medicines. This included daily checks carried out on the temperature of the rooms and refrigerators that stored medicines. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered. Eye drops, which have a short shelf life once open, were marked with the date of opening. This meant that the home could confirm that they were safe to use.

On the rehabilitation unit, there was a system in place to support some people to move to self-administration of their own medicines. This was done in a staged process and care staff checked at each stage that medicines were being taken correctly. For one person, these checks identified that the medicine stock did not match the expected quantity of medicines but it was unclear what action had been taken to ensure that the medicines were being taken correctly. This was pointed out to the management team who told us they would take action to address this.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. The manager completed regular audits that had identified some of the same issues found during our visit. Where issues were identified an action plan was in place to address them.

Good

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I think they [staff] are so kind they talk to you not down to you." Another person said, "I couldn't truly be better off. I'm very lucky."

Staff told us there was a thorough, robust staff induction programme in place, which all staff completed when they first commenced employment at the service. Staff told us they shadowed more senior staff until they were confident and competent to support people. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding, fire, health and safety, moving and handling, first aid and infection control. Any gaps in training had been identified by the management team and refresher training had been arranged. Staff complimented the training they received. One staff member said, "Our training is excellent and we get tons of it." Another staff member said, "Our training is very good."

Staff told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. One staff member said, "I am very well supported and I get regular supervision sessions. I've not long had one [supervision]."

There was an annual planner in place for staff appraisal. An annual appraisal is a review of performance and progress within a 12 month period. This process also identifies any strengths or weaknesses or areas for growth. Staff we spoke with confirmed they had received an annual appraisal.

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 MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection seven people were subject to DoLS authorisations with a further nine awaiting authorisation. People subject to DoLS had this clearly recorded in their care records and the service maintained a good audit of people subject to a DoLS so they knew when they were to expire.

In care records we saw that decision specific mental capacity assessments were available. Capacity assessments identified that people lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were to staff, family and other professionals. Evidence of best

interest decisions were recorded within the plan of care for areas such as medicines, care and treatment, personal care and support and finance.

We looked at the menu plan. The menus provided a varied selection of meals and choice. Staff told us they supported people to make healthy choices and the catering staff ensured that there was a plentiful supply of fruit and vegetables included in this. We observed the lunch time of people who used the service and saw that lunchtime was a sociable event with staff and people who used the service interacting with each other. Some people were provided with clothes protectors which enabled people to eat independently without staining their clothes. Some people needed help to cut up their food and this help was provided. Some people needed help to eat from staff and this support was unrushed and at a pace acceptable to the person. We asked people if they liked the food provided. One person said, "Oh yes there is plenty of choice." Another person said, "We get lovely cooked dinners and very small, delicate little cakes." Another person said, "I like everything but sausage and mash is my favourite."

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day and those people who liked to stay in their rooms were provided with a jug of cold water. This meant people were supported to maintain their hydration.

People who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening people were weighed at regular intervals and depending on the risk appropriate action was taken to support people who had been assessed as being at risk of malnutrition.

We saw records to confirm that people had received visits from the dentist, optician, chiropodist, dietician and their doctor. Staff told us they had good relationships with the doctors who visited people. Staff told us the doctors would visit at any time if needed. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to. One person who used the service said, "The doctor comes here and I went to hospital with staff the other day."

The rehabilitation unit provided short term care (up to six weeks) for those people who needed help to regain their independence which they may have lost because of their disability, illness or an accident. The person will have been admitted to the unit from hospital or the community. Physiotherapists, occupational therapists and therapy assistants were based on this unit and provided guidance and support to people on a day to day basis. The service helped and supported the person in regaining independence skills through practicing and adjusting the way they carry out tasks and activities, helping to enable the person to regain independence to go home without support, or with more permanent support if necessary.

Good

Is the service caring?

Our findings

People who used the service and relatives praised the care and staff at the service. One person who used the service said, "They [staff] have been very helpful. They are like friends." Another person said, "We are waited on hand and foot." Another person said, "They [staff] are so kind and helpful nothing is too much trouble." "A relative said, "They are very good at spoiling people when they are unwell." Another relative said, "[Person who used the service] calls them angels. [Person who used the service] says they couldn't have it better anywhere else."

Staff were very welcoming and the atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important.

We looked at care records to see how people had been involved in decisions about their care. They showed that people were involved in making decisions about their care and treatment on an on-going basis. Information about the service was provided to help people understand the options available to them. Peoples lifestyle, religious and personal choices were respected by the staff. People were supported and encouraged to continue their preferred way of living. For example, one person told us they were a sun worshipper and had always liked to spend time outdoors. They told us since moving into the service they had spent lots of time outside in the enclosed garden area. This person said, "They [staff] are wonderful at keeping an eye on me when I'm out here [in the garden] and that's security for me." Staff we spoke with knew people's likes and dislikes well and were able to tell us how they supported those individualities.

During the inspection we spent time observing staff and people who used the service in the lounge and dining area. Throughout the day we saw staff interacting with people in a very caring and friendly way. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person. On other occasions we saw staff members reassuringly touched people's hands in a show of support and reassurance

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Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed and how their hair looked. Staff interacted well with people and provided them with encouragement.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, ensuring people were covered with a towel when providing personal care. They told us about the importance of providing people with choices and allowing people to make their own decisions. They told us the importance of people receiving their visitors in private if they wanted to and when their doctor visited for people to go to their room so that they could be seen in private. People and relatives told us that staff always showed respect. On one occasion we saw two care staff assisting one person to move from a chair using the hoist. The staff spoke reassuringly to the person throughout the process. They explained carefully what they were doing making sure the person remained as relaxed as possible all the time. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

People told us staff respected their privacy and dignity at all times. One person said, "If I close my door for privacy I can do it and no one queries this." Another person said, "They [staff] come around regularly to see if I'm ok. I had a shower today; everyone was very kind and considerate."

We observed the interaction between the staff and the people who used the service. We saw light hearted banter between staff and the people they supported and throughout the day staff were always polite and courteous. Staff treated people with respect and made sure their privacy was maintained at all times.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

We spent time in all parts of the service during our visit and saw that the staff offered people assistance but respected their independence. One person told us, "I was at [name of another care home before I came here and here is better. Although I can shower myself they [staff] help me become more independent. I'd had a fall and didn't really want to walk to the end of the garden. I was giving them Hell, but despite my reservations they persevered and I made it. I was so proud of myself."

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. Relatives told us they were made to feel welcome and encouraged to visit at any time.

At the time of the inspection one person who used the service required the support of 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.

At the time of our inspection no one was receiving end of life care. However, on the day of the inspection some relatives of a person who had recently died had visited the service to thank staff and expressed a wish to speak with us. They said, "The girls [staff] were absolutely outstanding in the care they provided. They [staff] were considerate and talked so nicely to [person who used the service]. They made sure we [relatives] were comfortable." They also said, "Communication was very good and they [staff] talked us through end of life care. The key thing was they knew [person who used the service] back to front. They [staff] didn't just treat [person who used the service] as a statistic they were as emotional as we were." The relatives were keen to express their gratitude not only to the care staff but the whole staff team. They complimented the cook who brought them tea and coffee and the registered manager for making arrangements for a family member to stay at the home over night.

Requires Improvement

Is the service responsive?

Our findings

Before admission to the service a pre-admission assessment was completed to determine whether the service would be able to meet people's needs. For those people requiring personal care and those people living with a dementia this pre admission assessment would focus on the individual needs of the person and the information was then used to develop person-centred care plans outlining the care and support people required. For those people to be accommodated on the rehabilitation unit this preadmission assessment focussed more on reablement and recovery to enable the person to regain independence to go home without support, or with more permanent support if necessary.

We looked at the care records of three people who were receiving rehabilitation. Care records contained assessments undertaken by the physiotherapist and occupational therapist. The physiotherapist assessed people's mobility. The occupational therapist assessed people's abilities and needs with domestic activities such as doing the laundry, cooking a meal, financial management and shopping. In addition they also assessed people's mobility and help needed with dressing. Although assessments were evident within care records there was no actual plan of care. For example the records of one person identified they had come into the service to help restore their mobility, but there wasn't an actual plan of care detailing how to do this. Another record identified the person needed help with their personal care but didn't state what this help was. We spoke with management about this who told us they would take action to address this.

During our visit we also reviewed the care records of four people who were cared for on other units. We saw people's needs had been individually assessed and plans of care drawn up. The care plans included people's personal preferences, likes and dislikes. We saw that care plans were reviewed monthly along with the necessary risk assessments. We saw that staff had updated care plans as people's needs changed. People also had a One Page Profile. This is a short introduction to a person, which captures key information on a single page, which gives for example family, friends or staff an understanding of the person and how best to support them.

People and relatives confirmed that staff were responsive to their needs. One person said, "The staff are great and I don't think I could find anything better." Another person said, "You only have to ask and they do things for you." A relative said, "The staff are in tune with [person who used the service] needs."

At the time of the inspection the homes activity co-ordinator was on sick leave, however arrangements had been made for other activity co-ordinators within the organisation to spend time at the service to organise activities for people. We were told that the service celebrated each person's birthday and there were social events and activities organised at different times during the year such as Easter, Halloween and Christmas. People took part in arts and crafts, gentle exercise and bingo.

The activity co-ordinator present on the first day of the inspection told us they made sure there were meaningful activities for people living with a dementia. They gave people 'Twiddlemuffs', which were knitted woollen muffs with items such as ribbons, large buttons or textured fabrics attached that people living with a dementia can twiddle in their hands. People living with a dementia often have restless hands

and like something to keep them occupied. On the first day of the inspection the activity co-ordinator spent time with people living with a dementia. They were skilled at generating discussion about baking and gardening that brought back memories and encouraged people who used the service to talk and reminisce. People also took part and enjoyed a sing along and we heard one person who used the service say, "I really enjoyed that. You really can't beat a good sing song."

The registered manager and staff told us about the 'Three Wishes Campaign'. People using the service were asked to write down three things they would like to achieve over a year. Staff then worked hard to make sure at least one if not all of the wishes came true. One person had expressed a wish to stroll along Saltburn Pier and staff had organised this. Another person had asked to go to the pub and another to the amusement arcade. We were shown photographs of people who used the service enjoying themselves on Saltburn Pier, at the pub and at the amusement arcade.

We asked people about the activities and if they enjoyed them. One person said, "Yes, we have a sing along, we have prize bingo. We had a raffle lately and I won a prize." Another person said, "People bring dogs into see us now and then." Another person said, "I like the radio in my room and I read books. I have good friends and we meet up in the lounge."

Staff were able to explain what to do if they received a complaint. We were shown a copy of the complaints procedure, which gave people timescales for action and who to contact. We looked at the complaints log and saw that the registered manager and staff recorded all concerns and complaints made by people and relatives. People told us the registered manager and staff were approachable and should they feel the need to raise a concern then they would without hesitation. One person said, "I am happy here. There is somebody there if I wasn't happy and I know who to inform." Another person said, "I would go to the manager." A relative said, "We [family] went to the manager when we found medication on the floor, things were better after the complaint and the matter was resolved."

A relative we spoke with during the inspection did raise some concerns with us about the care and welfare of a person who used the service. This complaint was passed over to the management team who were to investigate outside of the inspection process.

Good

Is the service well-led?

Our findings

People told us they felt the service was well led. When we asked them about the registered manager they told us, "[Name of registered manager] is very approachable." Another person said, "I don't see [registered manager] much, as [registered manager] is always busy but [registered manager] is always there." A relative we spoke with said, "[Name of registered manager] I've found to be very approachable, honest, pragmatic and action things when it occasionally goes wrong. [Registered manager] seems to know [person who used the service] well and I get the feeling [registered manager] knows the staff well too." This relative also said, "As far as the relationship goes (staff, person who used the service and relative] it's a positive partnership."

Staff also gave us positive feedback about the registered manager. One staff member said, "I find [registered manager] to be very approachable and supportive." Another staff member said, "I love my job. [Name of registered manager] is very good and always there for the staff if you need advice or support."

We were informed the registered manager had an 'open door' policy and was a visible presence within the home. They held regular staff meetings to keep staff informed of changes within the service and to provide them with the opportunity to raise and discuss concerns. Daily handovers were used to keep staff informed of the health and well-being of people using the service. Senior staff attended a 'flash meeting' on a morning. The registered manager told us this is where all heads of departments and senior staff meet for a quick five to ten minutes to share any concerns and if needed support each other.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Monitoring of the service was good. The registered manager completed a wide range of audits to maintain people's safety and welfare at the service. These looked at quality in areas of the service such as infection control, housekeeping, medicines, care records, the environment and health and safety. Any areas identified as needing improvement during the auditing process were analysed and incorporated into a detailed action plan. A detailed report was frequently produced in relation to quality. We saw there was a culture of continuous learning and improvement.

Records showed the area director visited the service regularly to talk to staff and people who used the service and check on the quality of service provided. An action plan was developed for any areas identifying improvement.