HC-One Limited

Leeming Garth

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

This inspection took place on 14 February 2017. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

The service was last inspected in September 2015 and at that time required improvement in the safe domain due to concerns around the administration of medicines and in the caring domain due to negative feedback about a small minority of staff. A further inspection took place in June 2016 by a Care Quality Commission (CQC) pharmacy inspector. At the June 2016 inspection we found that further improvements needed to be made around medicines to be taken when required, being missing for some medicines, incomplete records for topical medicines, medicines not having a carried forward figure, (mainly dietary supplements) and although a stock balance record was in place, where counts were out this was not always notified to the registered manager so that they could investigate.

Following our last inspection the registered provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the home.

At this inspection we found that medicines were now administered safely. Medicines to be taken when required guidance was now in place and a daily count system of all medicines was taking place. However due to this count there was a potential risk of dropping bottled medicines. We recommended theservice obtain a tablet counter from the pharmacy to prevent this potential risk. The concerns raised about a minority of staff had been investigated and these staff members no longer worked at Leeming Garth.

Leeming Garth provides general nursing and residential care for up to 55 people. The home is situated in the village of Leeming Bar with easy access to the A1 motorway. It is spread over two floors, with lift access to each floor. There are parking and garden areas. At the time of inspection the service was no longer providing general nursing care.

There was a registered manager in place who had been registered with the Care Quality Commission since 2015. 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.

Risks to people arising from their health and support needs or the premises were assessed, and plans were in place to minimise them. Risk assessments were regularly reviewed to ensure they met people's current needs. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use.

On the day of inspection there were enough staff to meet people's needs. However, existing staff and relatives were concerned there were not usually enough staff. We discussed this with the registered manager

who explained due to two staff members being on maternity leave it was difficult getting their shifts covered. Both staff members were returning in March 2017 which would ease the workload. They were also in the process of recruiting another member of staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff were given effective supervision and a yearly appraisal.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

Staff received training to ensure that they could appropriately support people, and the service used the Care Certificate as the framework for its training. Staff had received Mental Capacity Act (MCA) (2005) and the Deprivation of Liberty Safeguards (DoLS) training and clearly understood the requirements of the Act. This meant they were working within the law to support people who may have lacked capacity to make their own decisions. The registered manager understood their responsibilities in relation to DoLS.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People told us they had a choice of food at the service, and that they enjoyed it.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs, district nurses and other professionals.

The service also had access to a system called Immedicare. Immedicare is a digital health hub system which operates on a 24 hours a day, seven days a week, 365 days a year basis. The digital health hub enables clinicians and others involved in healthcare provision to respond to and assist patients remotely in real-time, via the use of video-based teleconsultation technologies. This meant that staff had access to a nurse at all times, staff could see the nurse and the nurse could see the staff or if needed a person who used the service.

We found the interactions between people and staff were cheerful and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. People and their relatives spoke highly of the care they received. People had access to a wide range of activities, which they told us they enjoyed.

Procedures were in place to support people to access advocacy services should the need arise. The service had a clear complaints policy that was applied when issues arose. People and their relatives knew how to raise any issues they had.

Care was planned and delivered in way that responded to people's assessed needs. Plans contained detailed information on people's personal preferences, and people and their relatives said care reflected those preferences.

The registered manager was a visible presence at the service, and was actively involved in monitoring standards and promoting good practice. Feedback was sought from people, relatives, external professionals and staff to do assist in this. The service had quality assurance systems in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines as prescribed.

Risks to people were updated to reflect their current needs.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The service monitored staffing levels, and carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

Is the service effective?

Good

The service was effective.

Staff received training to ensure that they could appropriately support people, and were supported through supervisions and appraisals.

Staff had an understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

There were good systems in place to support people to maintain their health and people had a balanced diet provided.

The service worked with external professionals to support and maintain people's health and had access to a digital support system.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity, respect and kindness.

People were supported by staff who knew them well, understood their individual needs and were kind and patient.

Staff encouraged people to maintain their independence, which

was appreciated by people and their relatives.

People and their relatives spoke highly of the care they received.

The service supported people to access advocacy services when needed

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care and support plans outlined their personal preferences and how they should be supported.

People were supported to access activities and follow their interests.

The service had a clear complaints policy, and people and their relatives knew how to raise issues

Is the service well-led?

Good

The service was well-led.

The registered manager carried out regular checks to monitor and improve the quality of the service.

Staff were able to describe the culture and values of the service, and felt supported by the registered manager.

The registered manager understood their responsibilities in making notifications to the Care Quality Commission.

Leeming Garth

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 14 February 2017. At the time of our inspection 30 people were using the service.

The inspection team consisted of one adult social care 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.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider was asked to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR in a timely manner.

We contacted external healthcare professionals to gain their views of the service.

During the inspection we spoke with eight people who lived at the service, seven relatives and a visiting general practitioner. We looked at three care plans, and Medicine Administration Records (MARs). We spoke with eight members of staff, including the registered manager, nursing assistant, care staff, activity coordinator, cook and a domestic assistant. We looked at three staff files, including recruitment records.

We also completed observations around the service.

Good

Is the service safe?

Our findings

People we spoke to said they felt safe living at the service and visiting family members thought their relatives were safe. We spoke to one person in the lounge who told us that he felt safe because "If I need anything I just press my buzzer there is one on the wall over there and one in my room. When I go to bed I put it across me so I can easily press it if I need to, this makes me feel safe". We observed there was a buzzer on the wall in the lounge. Another person said, "People [staff] look after me and make me safe." A relative we spoke with said, "We moved [relative's name] here because they are geared up to meet their needs and they are much safer at this service."

At the last inspection we found that medicines were not always managed safely. Guidance was missing for some medicines that were taken when required such as pain relief, records were incomplete for topical medicines, medicines (mainly dietary supplements), did not have carried forward figure. Although a stock balance record was in place, where counts were out this was not always notified to the registered manager so that they could investigate.

At this inspection we found when required guidance was now in place. Carried forward figures were being completed and a daily count of medicines took place. The registered manager also did a 'five a day' check on medicines. This was a daily check of five medicines per trolley. Due to the service using original packaging, some tablets were provided loose in a bottle. During these checks the care worker had to tip the tablets into a pot and count them back into the bottle. There was a potential risk of the tablets being dropped. We recommended the registered manager speaks to the pharmacy about obtaining a tablet counter to reduce this risk.

Topical medicine application charts were now in place and completed. Patch application charts were also in place and completed. Medicine administration records (MARs) were used to record the medicines a person had been prescribed and recorded when they had been administered. These had been accurately completed by staff.

Medicines were stored securely and there was a record of daily checks of the temperature of the room and the refrigerator where medicines were stored, both temperatures were within safe limits. Staff knew the required procedures for managing controlled drugs. Controlled drugs are drugs that are liable to misuse. We saw that controlled drugs were appropriately stored and signed for when they were administered.

We observed a lunchtime medicine administration round. The staff member asked people if they wanted their medicines before administering them. The medication administration record (MAR) file contained information about how each person preferred to take their medicines for example on a spoon and preferred drink. This meant that people received their medicines how they wanted to. People we spoke with said they received their medicines at the time they required them. One person said, "I receive my medicines at 7am, they [staff] never miss."

Risks to people were assessed and plans were put in place to minimise them. People were assessed in areas

such as falls, nutrition, bed rails and moving and handling. Where particular risks arose, these were also assessed. For example, one person was at risk of choking, and needed fork mashable food and supervision whilst eating. We saw this person received the correct diet and was supervised. The care plan also provided information on what staff were to do if someone was choking. Risk assessments were reviewed on a monthly basis to ensure they reflected people's current needs.

A visiting healthcare professional told us, "Staff are on the ball, they are good at following up with weight loss and urine samples, they are also good at picking up if someone is frail and may need help, if they are not happy they ring me, we have a good relationship with the home."

The service had access to a system called Immedicare. Immedicare is a digital health hub system which operates on a 24/7/365 basis. The digital health hub enables clinicians and others involved in healthcare provision to respond to and assist patients remotely in real-time, via the use of video-based teleconsultation technologies. Staff demonstrated the system to us on the day of inspection. It was real time support where staff could face time a healthcare professional. For example, one person who used the service had a skin tear. Staff were able to show the skin tear to the nurse at Immedicare via the webcam. The nurse would then provide support on how to deal with it. The nurse also arranged urgent prescriptions and had access to consultants for immediate advice. The staff member we spoke with said, "It is a brilliant system, and the support we get is amazing, if we are ever worried about anything we just call them and they provide advice. It is peace of mind, especially on a weekend or nightshift."

Staff told us they had regular fire drills and we saw evidence of this which covered all shift patterns. One staff member said, "We had one [fire drill] last week." One person who used the service said, "There was a fire drill the day before yesterday, the electric bedroom doors closed."

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety, electrical testing and hoist maintenance were in place. Records confirmed that monthly checks were carried out on emergency lighting, fire doors, water temperatures and control of substances hazardous to health (COSHH). A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may have required support to leave the premises in the event of an emergency. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire that forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

A record was kept of accidents that occurred at the service, which included details of when and where they happened and any injuries sustained. The registered manager said they reviewed this for any trends, and would take any necessary remedial action needed. The accidents and incidents were too low to find any trends, however when one person had a fall an investigation took place and it was found this was due to a change in medication. The service had a monthly team meeting to discuss any accidents and incidents, such as falls. During this meeting they looked at what time the fall happened, were there any training needs and any other reasons as to why the fall happened.

Staff we spoke to had a good understanding about safeguarding they told us, "It's about vulnerable adults anybody who could be at harm or at risk", "It's about making sure residents are secure in their chairs and

can't fall out, and making sure the bed rails are secure." and "Safeguarding is protecting and ensuring the wellbeing of the person." One person who used the service said, "It's about the residents being safe and well looked after at the service." There were safeguarding policies in place and staff were familiar with them. Staff also received safeguarding training. All staff we spoke with said they would feel comfortable and have no issues whistleblowing [telling someone] if they found anything inappropriate going on.

We asked people and their relatives if they thought there was enough staff on duty. One person we spoke with said, "Yes there is but I don't need looking after." Another person said, "I think so, though sometimes they take a little longer to help me, but they have other people to see to." Relatives we spoke with said, "Most of the time there is enough staff, although there are times when my relatives says they have not seen a staff member for a long time." Another relative said, "I think so, certainly at the times I visit. "And another relative said, "If [relative's name] needs help they always come, there seems to be plenty of staff."

Staff we spoke with said, "There is not enough staff, I can't say any more than that.", "We need more staff morning, noon, night and at weekends." and, "There is not enough staff, the domestic staff was very short over Christmas if was a struggle."

On the day of inspection there were two nursing assistants on duty, one on each floor and four care staff. One care staff member had called in sick. The registered manager provided us with a calculation of staff requirements which showed that total staffing hours required per day was 83 hours and for a week was 581 hours. The calculation for a week showed that 96 hours a day was provided and 672 for the week, which was higher than recommended. The registered manager said, "Staffing levels and skill mix is reviewed daily to ensure that residents receive the appropriate person centred care that they need and staff rota's are planned at least six weeks in advance to ensure staffing levels are accurate and that all shifts are covered with the correct numbers of staff." The registered manager did say they had two staff members on maternity leave and they had struggled to employ staff for this short period. Both staff members were due back in March 2017.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Applicants were also invited to meet the people who used the service prior to interview. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

We found the service was clean and tidy. Staff had completed training in the prevention and control of infection. There was personal protective equipment available when required such as gloves and aprons. Communal sinks had paper towels and liquid soap, and there were hand wash signs to guide people on good hand hygiene techniques.

Good

Is the service effective?

Our findings

One relative we spoke with told us, "All the family were involved in best interest meetings and the DoLS process."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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).

The registered manager and staff had an understanding of the MCA and the DoLS application process. At the time of our inspection there was no one subject to a DoLS authorisation.

We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning.

We asked people and their relatives if they thought staff had received training relevant to their roles. One person who used the service said, "I think they [staff] have enough skills." One relative we spoke with said, "Generally speaking the staff are well trained."

Staff we spoke with told us, "We have loads of opportunity for training," "I have just done a 12 week nursing assistants course, it was so useful, I am doing NCFE medicines training now." Northern Advisory Council for Further Education (NCFE) is a registered educational charity. Another staff member said, "I am planning on doing end of life and dementia training next." The registered manager said, "All staff are trained to NVQ level 2 or above and are encouraged to develop their own personal development with training organised by HC-One either by Touch Training (online training) or face to face training when available."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. We saw records that showed staff had completed training, which included safeguarding vulnerable adults, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), dignity and respect, equality and diversity, fire safety, food safety and moving and handling. Staff also received competency checks in medicine administration and moving and handling. The registered manager had recently completed a Fundamental Clinical Skills course at Teesside University and they were promoting the skills learnt to staff so they had a better in depth knowledge of caring for people with more complex needs such as catheter care. The registered manager told us, "This course has enhanced my skills and I am very proud of it." This meant that staff received the training they needed to support people effectively.

New staff undertook a twelve week induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. All new staff were assigned a mentor, to offer support and guidance, for at least four weeks or longer if needed. The registered manager completed one to one discussions periodically to ensure the new staff member was happy and felt confident to deliver care.

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. A staff supervision plan showed that all staff had received at least four supervisions and an annual appraisal. Supervisions included a self-assessment which staff completed online stating whether they were exceeding in a certain area, achieving or developing. Developing meant the staff member felt they needed more training or more support. A development action plan was then put in place to support the staff member. One staff member said, "I find the supervisions very useful, I set goals to achieve throughout the year and I know where I can improve and what I am doing well at."

People were supported to maintain a healthy diet. People were regularly weighed to monitor their nutritional health. Where weight loss had occurred, appropriate referrals were made to dieticians and the speech and language therapy (SALT) team.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, dieticians, speech and language therapist, dentists and opticians.

We asked people what they thought of the food. Comments included "Very nice, tasty," "Alright sometimes I can't eat it and they find something else for me," and "I get enough, if I want more I would have it."

We spoke with the chef who knew if anyone had any allergies or was on a special diet such as diabetic, mashed or pureed. The chef told us if someone did not want what was on the menu that day they would make them something else. They said, "Yes they can have what they want for example omelette, jacket potatoes or fish fingers which are always a favourite."

We observed a lunchtime meal. The atmosphere was very pleasant and jovial, there was soft back ground music playing. The tables were nicely set with cloths napkins cutlery and condiments. It was Valentine's Day and each setting had a red rose in place. On the menu was Irish stew or salmon with parsley sauce. One person was hard of hearing and staff took time to explain the menu to them so they could make a choice. They decided to decline the main course and go straight to desert of pear sponge and custard along with a second helping. Everyone was offered second helpings.

Staff were very attentive, constantly talking to people and encouraging them to eat as well as offering plenty of drinks. This meant that the service was ensuring people's health through nutrition and hydration.

The service had a refurbishment plan in place. There was a plan for further en suites to be added to some rooms, wet rooms, a 'Costa' like coffee area and an extra lounge upstairs.

Good

Is the service caring?

Our findings

People and their relatives told us they were very happy and the staff were extremely kind and caring. One person using the service told us, "They [staff] are lovely they are worth their weight in gold.", "They [staff] do very well, the majority are friendly and very good." and "This is a nice place to be, you do what you want more or less and it is nice and quiet." Relatives we spoke with said, "They seem to look after [relative's name] very well and always make sure they are okay." "I like this service, it is very good." and, "The care, the friendliness, is a genuine sense of care, not false."

One relative we spoke with said, "My dad was in an EMI (Elderly Mental Infirm) unit before and he was just 'not there' since being here, he is like a new man, the dad of old, that is amazing and its only down to care. He moved to the room he asked for, it's lifted his whole being, he is very content."

We saw that staff were courteous towards people who lived at the service, knocking on bedroom doors prior to entering and dealing with any personal care needs sensitively and discreetly in a way that respected the person's privacy and dignity. People we spoke with said, "They [staff] knock on my door," and "The staff are always friendly and polite." Relatives we spoke with said, "When they enter [relatives name] room and have a smile they are happy," and "They always knock on [relatives] door, they close the curtains when getting them ready for bed."

One staff member said, "We always respect confidentiality, I don't discuss people in front of others, if someone wants to talk privately we can go to their room if they want."

Staff encouraged people to maintain their independence. People who used the service told us, "If they see you can do it, they will encourage, I've gone from not doing anything for myself to doing most things for myself." "You can go where you want, if you want to go out you just tell someone, they are very good." and, "I rely on people for everything really. 'They [staff] encourage me to exercise in bed with my legs, I have arthritis."

One staff member we spoke with said, "We always encourage independence and choice, such as what do they want to eat? or what do they want to wear?"

A relative we spoke with said, "They will get [relatives name] moving, when he first came he was struck in his room, he's so happy here and he wants to come back, when we take him out."

Throughout the inspection we observed staff interacting with people in a kind and caring manner. As staff moved around the service they made an effort to stop and talk with people. Staff clearly knew people well, which meant they could have conversations with people that the person enjoyed.

At the time of inspection one person at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Information on how people could access an advocate and what an advocate does was on display in the reception.

At the time of inspection no one was on end of life care. However staff had received training on this subject. We also saw some detailed advanced care plans or an explanation if the person did not want to discuss this subject.

Good

Is the service responsive?

Our findings

During our visit we reviewed the care records of three people. Records showed people had their needs assessed before they moved into the service. This assessment consisted, checked on the person's mobility, communication needs and what support the person needed on a daily basis. This ensured the service was able to meet the needs of people they were planning to admit to the service.

Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care plans we looked at were person centred. Person centred care is care that is centred on the person's own needs, preferences and wishes. Care plans contained information about the person's likes, dislikes and personal choices. Care plans provided guidance to staff about people's varied needs and how best to support them. For example, the personal hygiene care plan for one person stated they preferred to be washed in bed, then to either stay in bed after the wash or sit up in a chair, it was their choice. Care plans contained detail of how a person liked to sleep, with information on what they preferred to wear to bed, bed linen choice, if they would like the light on or off and if they wanted to be checked on during the night. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care. Every staff member such as registered manager, cook, care staff, domestics, handyman etc. attended the handover. This was to make sure everyone was aware of what was happening that day and were provided with the most up to date information on the people who used the services and the premises.

Care plans contained a 'Resident profile' which detailed all information about the person, what is important to them, important things about their life and what they enjoyed doing. Each person had also completed a 'Remembering Together Book,' this book contained information about important life events, family and past history. For example, one person had travelled the world and the book provided information on places they had visited. This provided staff with information that was important to the person and supported meaningful conversation.

Staff showed good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. It was clear they knew people and their needs well.

We could see people had been involved in planning their care. However we had a mixed response when we asked people and their relatives if they were involved in reviewing their care plans. One person we spoke with said, "No I don't know about a care plan, my daughter does all that." and another person said, "Don't know about a care plan but things are discussed with me and my daughter." Relatives we spoke with said, "I don't really know about that." and, "There has been no care plan review done regularly that I know about." We discussed these comments with the registered manager who agreed to involve people and family more and evidencing when people had been invited for a review.

People said they were happy with the activities on offer and had choice of whether to join in or not. Activities included entertainers, zoo lab and Meerkat visits. On the day of inspection people were enjoying a manicure and playing bingo. Comments from people included "I do indoor bowls and skittles," "I enjoy the music and the animals, I don't like bingo." and "I don't go, I keep myself to myself." A relative we spoke with said, "They helped [relatives name] to the lounge to get involved in an activity, but they hated it, they now have their own television and are happy."

People enjoyed watching the wildlife in the garden. There was a big topic of discussion taking place in the downstairs lounge about what people had seen such as pheasants and rabbits.

We spoke with the activity coordinator who explained how activities were planned around people's choice. They said, "Some people enjoyed painting and colouring." The activity coordinator was networking with local schools, volunteer agencies and churches. They told us that there had been a difficulty in obtaining a minister to lead church services but this was recommencing the week of inspection. The local school were performing at the service soon.

The activity coordinator said, "I try to reach out to people who won't join in, I speak to families, I read the post to them if they wish and help them to write letters." The activity coordinator went on to explain how they provided one to one sessions for people, focussing on people who stayed in their rooms. They told us that hobbies and interests were discussed on admission and any themes picked up in order to personalise the activity programme. They told us, "Once the better weather comes it will be easier to plan outings, I am looking at hosting a meal at Eden Camp in the mess, an evening of wartime nostalgia."

The registered manager said, "We were proud and delighted at Christmas that a Christmas tree that people had decorated with all handmade decorations made by the resident's themselves was photographed and printed on the CareHome.UK website."

There was a clear and comprehensive policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. The service had received one complaint since January 2016. All complaints were fully investigated with an outcome to the complainant recorded. The service had received many compliments with comments such as "All I can say is all staff are very nice and more than helpful. "The food is nice and served nicely." and "I am very happy living in this care home."

People we spoke with were happy with the care they received and although they knew how to complaint had not had to do so.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who was qualified for the role and who had been registered with the Care Quality Commission since 2015.

The registered manager and the area manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the operation of the service. The system was aimed at ensuring they provided people with a good service and met appropriate quality standards and legal obligations. The registered manager carried out daily, weekly and monthly checks of areas including medication, health and safety, staffing levels, infection control and falls analyses. The registered provider had carried out checks on the environment, care and a sample of records. An action plan was developed after each audit with accountability and timescales of when the actions would be completed by.

We saw the registered manager interacted well with people and knew all the people using the service and their relatives by their names.

People and their relatives were very complimentary about the registered manager. One person who used the service said, "The manager is not stern but friendly, I am happy with the care." and another said, "The management is alright."

Relatives told us, "I don't know who the senior managers are but I know the manager of this service well." "I pass her office when I visit she knows who I am." and "When I visit she is not always here but when she is nothing is an issue, I just pop my head into her office." All relatives we spoke with said they felt they were listened to.

We asked staff what they thought of the registered manager. Staff we spoke with said, "If anything goes wrong, she will sort it." "She is approachable." and, "The manager is great, supportive and would down tools to help."

An external healthcare professional said, "I have always found communication with the home to be good. The manager takes on board feedback and recommendations and actions accordingly."

All the staff we spoke with said they were really happy working at the service. One staff member said, "I love it, I could not do anything else."

Feedback was sought from people and their relatives through annual questionnaires. The last survey provided mixed feedback. We asked the registered manager what they had done about the feedback; they told us they spoke to each person individually to discuss the comments. The registered manager told us they had gone through a difficult phase whilst removing nursing provision and things had settled dramatically since then.

Meetings took place every month for staff and people who used the service. For the people who used the service's meeting, the cook, activity coordinator, housekeeper and handyman also attended. Topics discussed were activities, laundry and staff. Coffee and cakes were provided but turnout was not always good. The registered manager told us they now joined people and their relatives in the lounge to try and catch up with an update and a chat. One relative we spoke with said, "I have not heard of a resident/relative meeting." And another told us, "I don't know about them so don't go to them." A third relative told us, "I am not aware of one taking place, it doesn't mean they don't have them, I just don't know about them." One person using the service told us, "I think they have meetings, I am not sure, I have not been to one yet, I leave well alone if it's working I don't interfere." We discussed these comments with the registered manager who agreed to put more information out so people and relatives were aware of when meetings were taking place.

For staff meetings the topics discussed were staffing, training and any business relating to people or the service. One staff member told us, "We have staff meetings every month, we can have our say."

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The service had built up good links with the community. For example they shared activities with the service next door, the library visited weekly and also spoke to people about their reading preferences. The local sheltered housing community were invited for lunch and any events at the service. The mayor had visited when the service held their harvest festival. The registered manager told us, "We are planning on working with Help the Hero's in Catterick Army Camp with a bake sale as Leeming Garth have older veterans who served in the war, we have also been invited to camp with our older veterans to meet other service men and talk about 'now and then'.".

We asked staff what they thought the culture of the service was. One member of staff said, "The culture is a friendly culture, we go with the flow of what the residents want, it is all about them. I like to think we are friendly and kind," and "Our culture and what we value is kindness."