Care Uk Community Partnerships Ltd

Ogilvy Court

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

Overall summary

This unannounced inspection took place on the 30 June and the 3 July 2015. At the end of the first day of the inspection we informed the provider when we would return on the 3 July to continue the inspection.

Ogilvy Court provides accommodation and personal and nursing care for up to 57 people some of whom have dementia or learning disabilities. The home is purpose built and located in north west London. Public transport is accessible and there are shops within walking distance of the service.

At our last inspection on 10 April 2014 we identified concerns in relation to some people not being protected from risks of dehydration and some staff not respecting people's privacy and dignity. Following that inspection we promptly received an action plan from the registered manager. At this comprehensive inspection we found that the required improvements to the service had been made.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like

Summary of findings

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.

There was a clear management structure in the home. People told us the home was well managed and the registered manager was accessible and approachable. People who used the service, staff and people's relatives told us they felt able to speak to the registered manager and other senior staff when they had any concerns or other feedback about the service.

The atmosphere of the home was relaxed and welcoming. People told us they were happy with the service and had their privacy and dignity respected. Conversations with people's relatives indicated that they were satisfied with the service provided.

Throughout our visit we observed caring and supportive relationships between staff and people using the service. All staff interacted with people in a courteous manner. However, some staff engagement with people was reserved and tasked based rather than relaxed and sociable.

Arrangements were in place to keep people safe. The risks people experienced had been assessed and there were plans in place to minimise the likelihood of harm. Staff understood how to safeguard the people they supported, and were familiar with people's needs and their key risks.

People were given the support they needed with their medicines and were supported to maintain good health. Their health was monitored closely and referrals made to health professionals when this was needed. People were provided with a choice of food and drink which met their preferences and nutritional needs. We found some people's experience of mealtimes could be more pleasant such as by dining tables being laid more attractively and condiments and fabric napkins being accessible to people.

Staff received a range of relevant training and were supported to develop their skills and gain relevant qualifications so they were competent to meet the needs of people they cared for. Staff told us they enjoyed working in the home, felt listened to and received the support they needed to carry out their roles and responsibilities. People were protected, as far as possible by a robust staff recruitment system.

Staff had an understanding of the systems in place to protect people if they were unable to make one or more decisions about their care, treatment and other aspects of their lives. Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had the opportunity to participate in activities, and were provided with the support they needed to maintain links with their family and friends.

There was an appropriate complaints procedure and people knew how to make a complaint.

There were effective systems in place to identify and manage risks and to monitor the care and welfare of people. Issues were addressed and improvements to the quality of the service were made when required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe and were treated well by staff.

There were appropriate procedures for safeguarding people. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people's safety were identified and measures were in place to reduce them and keep people safe.

People were given the support they needed with their medicines.

Staff recruitment was robust so only suitable people were employed in the home. The staffing of the service was organised to make sure people received the care and support they needed.

Is the service effective?

Good

The service was effective. Staff received the training and support they needed so they had the skills and knowledge to carry out their various roles and responsibilities.

People received individualised support that met their needs. People's consent was sought prior to receiving care and support. Any restrictions to people's liberty were appropriately authorised.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs. We found some people's experience of mealtimes could be more pleasant if dining table were more attractively laid and condiments and fabric napkins were available.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Is the service caring?

Good

The service was caring. People told us staff were kind and they received the care they needed.

People and their relatives were involved in decisions about people's care.

Some staff engagement with people was reserved and tasked based rather than relaxed and sociable.

People's privacy and dignity was respected. Staff knew about people's preferences, interests and individual needs which were included in their individual plan of care.

Is the service responsive?

Good

The service was responsive. People's needs had been assessed and care plans informed the staff how they should support people.

People were supported to take part in a range of individual and group activities of their choice. We saw people make a variety of everyday choices during our visit.

There was an appropriate complaints procedure. People knew how to make complaints which were responded to and resolved appropriately.

Summary of findings

Is the service well-led?

Good

The service was well-led. There was a registered manager in place and clear lines of accountability.

Staff, people using the service and their relatives had the opportunity to provide feedback about the service, and told us they felt listened to.

There were systems in place to make sure that the quality of the service people received was assessed, monitored and improvements made when required.

Ogilvy 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 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.

On April 2015 the Care Act 2014 legislation came into force. Therefore due to the previous inspection of this service taking place in 2014, within this inspection report two sets of regulations are referred to. These are: The Health and Social care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

This inspection took place on 30 June and 3 July 2015 and was unannounced. The inspection was carried out by four inspectors one of whom was a pharmacist inspector. An expert by experience was also part of the inspection team. 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 looked at information we had received about the service. This included notifications sent to the Care Quality Commission (CQC), and other communication we had received from peoples' relatives and professionals from local authorities and other organisations since the previous inspection.

During the inspection we talked with seventeen people using the service, the operational support manager, deputy manager, two nurses, seven care workers, the lead chef, a laundry assistant, lead activity co-ordinator, and a maintenance person. The registered manager was on annual leave but visited the home at the end of the second day of the inspection so was available for feedback. We obtained feedback about the service from five relatives of people using the service and two health and social care professionals.

We looked at all areas of the building, including some people's bedrooms, bathrooms, unit lounges and dining areas. Some people had little verbal communication and complex ways of communicating, so we spent time observing care and using the short observational framework for inspection [SOFI], which is a way of observing care to help us understand the experience of people who could not talk with us.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included eleven people's care files, seven staff records, audits, people's fluid monitoring charts and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. This was confirmed by relatives and other visitors we spoke with. People knew who to speak to if they had a concern about their welfare and were confident that they would be listened to and appropriate action would be taken. A person told us "I feel safe, I have never felt frightened." Relatives of people told us they believed people were safe in the home.

There were procedures on safeguarding and whistleblowing, which were available to staff. Staff we spoke with were aware of these procedures and knew what they needed to do if they were concerned someone was being abused or was at risk of abuse. The local authority safeguarding team contact details were displayed. However, one member of staff needed some prompting before telling us they would report safeguarding issues to the local authority safeguarding team if senior staff did not take appropriate action. We saw records that showed staff had alerted the local authority and CQC about concerns they had had in the past. There was evidence that these had been investigated and action had been taken to address those concerns. We confirmed with staff and their records that they had undertaken regular training about how to safeguard people they supported.

People's medicines were stored securely. Records showed that temperatures were controlled to maintain medicines potency. There were systems in place to ensure people consistently received their medicines as prescribed. A person told us "I get the tablets I need, Dr [the GP] prescribes medicines for me, and I get the tablets I was having before I came here."

We looked at the Medicines Administration Records (MAR) for 40 people and found people were receiving the medicines they were prescribed. There was evidence of review of people's medicines by the home's General Practitioner and by a psychiatrist. There were procedures in place to access emergency health care including medicines out of normal working hours. When a medicine was administered as required nurses also wrote the reason on the back of the MAR.

Many people were unable to swallow their medicine because of their medical condition. We saw that there were agreements drawn up to administer their medicines disguised in food or by crushing. Nurses and the GP had also signed Best Interest Assessments and Mental Capacity Act assessments to support this covert medicines administration. People who had swallowing difficulties had feeding protocols in place and their needs were reviewed by a dietician.

We observed on each unit that there were daily checks of the MAR, daily stock counts of medicines supplied in their original packs, and managers carried out monthly audits of medicines management. We saw that an audit in June had identified gaps in some records for recording the application of some creams and lack of dates of opening on eye drops. We found appropriate action had been taken in response to these findings and the required improvements had been made.

Two people using the service had their morning medicines put on the table beside them. Both people were knowledgeable about their medicines, and one person told us "I take these every morning." Although we saw both people pick up and swallow their personal medicines, the nurse administrating the medicines did not wait to check that the two people had consumed them so could not be sure if they had received the medicines they were prescribed. We discussed this with the deputy manager and operational support manager. When we returned for the second day of the inspection we found the nurse had received formal one-to-one supervision and reassessment of their competency to administer medicines. The deputy manager told us safe administration of medicines would be discussed further with the nurses and she would continue to monitor the administration and management of medicines closely.

The risks people experienced had been assessed and recorded. Risk assessments we looked at had been reviewed regularly, with people using the service and/or their relatives and updated. These included the risk of using bedrails, risk of choking and falling. Staff we spoke with were aware of people's risk assessments and told us about the support people received to minimise risk to their safety without compromising their independence. For example staff had assessed the risks of a person going out and had a plan that provided them with the staff support they needed when they went out into the community such as going to a local pub.

Good

Is the service safe?

People had up to date Personal Emergency Evacuation Plans which included individual guidance to be followed in an emergency such as fire.

People who were unable to manage their finances mainly had their finances managed by relatives or the local authority. The service manages small amounts of money for most people and invoiced people's relatives when expenditure for hairdressing, chiropody and other items was made. We found records of this expenditure, and people's income were maintained. These records and the management of people's finances were regularly checked to reduce the risk of financial abuse.

Through our observations, talking with people and looking at the staff rota we found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. The deputy manager told us staffing levels were based on the needs of individuals and were flexible to meet changes in people's needs. We saw examples of when an extra member of staff had been on duty to support people to attend health appointments. A member of staff described the staffing in the unit they worked in "It's all about good team work, we have developed a system that helps us have time to support people."

The staff recruitment procedures included a formal interview, checks on the person's identification, references from previous employers and a criminal record check to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. Records showed recent checks of staff recruitment records had been carried out by the provider's human resources department to make sure appropriate checks had been carried out and suitable staff were employed.

Accidents and incidents were recorded and reported to the registered manager and action was taken to make sure health professionals were informed when this was needed. Records showed accidents and incidents were regularly reviewed and action taken by the registered manager to minimise the risk of them happening again was recorded.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, hot water, gas and electric systems. Staff had received recent training in responding to emergencies. Regular fire safety training including participation in fire drills also took place.

Good

Is the service effective?

Our findings

People we spoke with were positive about the care they received from staff. Comments from people using the service included "All the staff are able to help me, they ask me about my care," "Dr [the GP] comes to see me," "The doctor sees me sometimes," "I like living here the food is good, and I can have a joke with staff." Relatives of people also spoke of being satisfied with the care and meals people received. A relative told us "My relative's happy with the food, which is the main thing for [person]."

At the last inspection 10 April 2014, the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the registered person did not ensure the people were always protected from the risks of dehydration. An action plan was submitted by the registered manager that detailed how they would meet legal requirements. Significant improvements were made and the provider is now meeting the requirements of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's nutrition and hydration needs were documented in their care plan. Throughout the inspection we saw people were offered a choice of drinks, and those who needed assistance were provided with support. However, some people waited a few minutes before being offered a drink and their meal. Fluid monitoring charts were in place for people who were at risk of dehydration. We looked at six of these records. They showed people were receiving drinks during each shift that met individual needs. Records showed these charts were monitored by senior staff, and audited by managers.

The menu included pictures. However, the pictures did not always match the description of the meals. For example a lunch option specified minced lamb, but the corresponding picture was lasagne. People were mostly complimentary about the meals and told us that they had a choice of what to eat and drink. Several people confirmed they had chosen their meal. We heard staff asking people what they wanted for lunch and saw a picture menu was used to assist people with making their choice. We saw staff offer people food choices including whether they wanted brown or white bread. Throughout the inspection we asked people if they were enjoying their meals and feedback was generally very positive. People told us I can choose my breakfast, I have cereal and grapefruit," "Sometimes I have egg and sausage," and "I sometimes have Caribbean food rice and peas, chicken and yams."

Records showed the chef had recently received relevant training to develop their skills. The chef knew about people's religious and specific dietary needs. They told us people were involved in the development of the menu and provided us with examples of preferred meals being incorporated in the menu including a regular Caribbean option. A person told us they received meals that met their cultural needs. The chef told us they received feedback from people about the meals and welcomed all feedback whether negative or positive. He told us we learn from feedback and provided an example of a person who did not like a particular food and was provided with an alternative.

People were served their meals promptly. Staff provided people with the assistance they needed in a friendly, calm manner. Most staff chatted with people about the meal when providing assistance. However, there were some staff who did not engage with people much when supporting them with their meals.

During mealtimes we saw in one unit the tables were attractively laid. However, on another unit during breakfast we saw tables in the dining area were not very appealing. They lacked tablecloths, napkins and condiments. Most people wore disposable 'bibs' without being offered a napkin instead despite paper napkins being available. We did not see staff offering most people toast as an alternative to jam sandwiches. However, a person told us they had chosen their breakfast and when they had requested something different staff had accommodated this. The operational support manager responded positively in response to our feedback and when we returned on the second day of the inspection we found dining tables were laid attractively, including condiments and people had the opportunity to use fabric napkins rather than 'bibs'. She told us staff had been reminded to offer people choice including toast, and this would be monitored by management staff.

Records showed staff had been provided with a comprehensive induction training which included 'shadowing' more experienced staff so they knew what was expected of them when they started their job. Care workers confirmed they had received an induction which had

supported them in getting to know the organisation, the service and their role. Management staff were aware of the new Care Certificate induction training and told us there were plans to implement it for new staff.

Staff told us and records confirmed that staff received a range of training which provided them with the information and skills they needed to enable them to carry out their various roles and responsibilities. Records showed that staff training included safeguarding people, health and safety, infection control, fire safety, moving and handling, first aid at work, food safety and medicines awareness and competency. Staff also received training relevant for meeting the specific needs of people using the service. This training included dementia care, diabetes, behaviour that challenges, dental care, epilepsy, dignity and respect, care planning and MCA/DoLS. Records showed nurses had received training to develop and improve their clinical skills and their knowledge in a range of areas including management of wounds, PEG [Percutaneous endoscopic gastrostomy] feeding [receiving nutrition directly into the stomach], palliative care and administering medicines via a syringe driver.

Records showed staff had been supported by the organisation to achieve a range of qualifications in health and social care relevant to their roles. Since the previous inspection some staff had completed a training course about caring for people with a learning disability.

Staff told us they received the support they needed, and were kept up to date with information about people's care needs by frequent communication between the staff team during shift 'handovers, and from reading people's care plans. Staff told us and records showed us staff had received formal one to one supervision and appraisals to monitor their performance, discuss training needs, aspects of the service and people's care needs. We noted there had been some significant gaps in between some staff supervision meetings, but action had been taken to provide staff with regular supervision. Records showed staff supervision was flexible. For example a member of staff had recently received formal supervision in response to an issue to do with the quality of their work.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards [DoLS]. DoLS provides a process to make sure providers only deprive people of their liberty in a safe and correct way in their best interests, and there is no other way to look after them and keep them safe. The registered manager and other staff were aware of their responsibilities under this legislation. Records showed that there were several people using the service who were subject to DoLS authorisations. There were keypads that enabled access in and out of the units. The numbers were displayed beside the keypads so people were free to leave and return to these areas. Records showed people's mental ability and their competence for going out on their own had been assessed and guidance was in place to meet these needs.

Information about MCA/DoLS was displayed in the home. Most staff had received MCA/DoLS training. MCA is legislation to protect people who are unable to make decisions for themselves. However, one member of staff who had worked in the home for a year told us they had not yet received that training, and another member of staff was vague about the implication of MCA and DoLS. However, staff knew about people's rights to make decisions about their lives and recognised when a person lacked the capacity to make a specific decision people's families and others would be involved in making a decision in the person's best interests. We saw an example of a person's relative having been involved in making a decision about the person's care in their best interests. Care plans showed people's capacity to make particular decisions and consent to care and treatment had been assessed and reviewed. For example a person's care plan informed us that the person could make day to day decisions about their personal care needs but needed support from a Lasting Power of Attorney [LPA] with their finances. People's care plans included guidance reminding staff to gain people's consent before helping them with their care.

People had access to a range of health professionals including; GPs, opticians, tissue viability nurses, physiotherapists and chiropodists to make sure they received effective healthcare and treatment. Records showed a person had been seen by a doctor when staff had noticed the person had a 'chesty' cough. A GP visited the home regularly to review peoples' medical needs. Health professionals told us they were contacted by staff when they required advice, staff were competent and followed advice and instructions they gave regarding people's treatment. Staff told us they had received a range of training from health professionals such as speech and

Good

Is the service effective?

language therapists and dietitians. A relative of a person informed us that the person received physiotherapy in the home once a week. Another relative told us "My relative has seen the dietitian, a speech therapist and physiotherapist."

The accommodation was clean, bright and airy. However, there was little evidence of the environment being supportive for people with dementia care needs, such as signage in picture format and décor and furnishings to assist people with their orientation and well-being. A relative spoke of the décor as not being "Homely." The operational support manager told us there were plans to make improvements to the environment following seeking advice from the organisation's dementia lead and relevant agencies including charities. People told us they were happy with their bedrooms. We saw people had personalised their bedrooms with photographs, pictures and other personal items.

Good

Is the service caring?

Our findings

People told us they found staff to be kind and caring. They told us they were happy with the care they received and were involved in decisions about their care. Comments from people included; "The staff are fine, there is no animosity," "I can lock my door," "The staff help me stay independent," "The nurses come around at night and check on me," "The staff are fine," "They [staff] ask me if I am worried about anything."

Relatives and a health care professional also spoke in a positive manner about the staff. A relative told us "I think it is good here. The staff are lovely." Staff told us they enjoyed their job. Comments from staff included "I like the work, I love the people, and we work well together."

At the last inspection 10 April 2014, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the registered person did not make suitable arrangements to ensure the dignity, privacy and independence of some people using the service. An action plan was submitted by the registered manager that detailed how they would meet legal requirements. Significant improvements were made and the provider is now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed and staff told us that they had received refresher training about dignity and respect. The registered manager told us that since the last inspection all staff had received themed supervision meetings about respecting people and their dignity, and staff had completed dignity and respect refresher training. Records confirmed this had taken place. Some staff had completed a qualification in Dignity and Safeguarding. Care plans included detailed information and guidance about respecting people's privacy and dignity. There was positive engagement between staff and people using the service. We heard staff speak to people in a respectful manner, and were heard frequently asking people if they were all right. We saw a member of staff chatting and laughing with a person using the service. A care worker noticed a person looked uncomfortable and promptly offered them a cushion, which the person accepted and said it was a "Good idea." On another occasion staff managed a person's agitated behaviour in a calm manner. However, we saw some staff engage with people in a task based manner which lacked relaxed conversation and small talk. Management staff informed us and records confirmed recent staff meetings had included discussion about positive engagement with people and further training was planned which would be monitored by the registered manager and other management staff. A unit manager told us that they continually monitor staff interaction and engagement with people and would talk to staff further about this.

Staff had a good understanding of the importance of confidentiality. Staff knew not to speak about people other than to staff and others involved in the person's care and treatment. We saw people's records were stored securely. People confirmed their privacy was respected. There were signs on people's bedroom doors telling staff to stop, knock and ask before entering. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when staff supported people with their personal care needs. A member of staff told us they valued and respected people's privacy and dignity.

People's care plans included information about people's choices including the preferred time they wanted to get up and go to bed. People confirmed they got up when they wanted. A person told us "I wake up on my own; no one rushes you to wake up. I get the care that I need." People had the choice of how and where they wanted to spend their time. We saw people spend time in their bedrooms, the lounges and dining communal areas. Some people told us they chose to spend time on their own in their bedroom. During our visit we saw staff took time to listen to people and supported them to make choices about what they wanted to eat and what they wanted to do. A member of staff told us they communicated with people who were unable to speak by signs and by getting to know and understand the gestures they made, for example when making choices. The registered manager told us senior staff monitored that people were being supported to make choices about their lives. However, we did not hear people being asked whether they wanted music played during breakfast.

There was some information in people's care plans about their interests. Staff told us they spoke with people and asked them about their lives, interests and needs. People

Good

Is the service caring?

had 'memory' boxes displayed outside their bedroom door which contained objects significant to their lives. Records showed staff had completed records of people's needs and any changes several times during each working shift.

Care plans showed people were supported to retain as much of their independence as possible by encouraging people to participate in their personal care, and by providing people with mobility aids such as walking frames and wheelchairs so they could maintain their freedom of movement. We saw people accessing communal areas of the units freely. A person told us "I use a walking stick to help me mobilise." Records showed the home had supported people to fulfil their wishes of moving to a more independent living arrangement.

People were supported to maintain relationships with family and friends. Visitors told us they visited at varied times of the day or evening and always felt welcomed. Relatives of people confirmed they felt involved in people's care and were kept informed about their family member's progress and of any changes in the person's needs.

Staff spoke a range of languages that met the needs of people using the service. A relative told us about a member of staff who spoke with a person in their language, which had helped the person settle into the home. Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Staff told us and records showed representatives of various faiths regularly visited the home to support people with their spiritual needs. People told us their birthdays and religious festivals were celebrated in the home. Some people regularly attended places of worship.

Some people had end of life care plans. For example a person's end of life care plan included information about details of the person's religious needs, keeping them pain free, ensuring their dignity, keeping those important to them informed about their needs and seeking advice from the GP and other health professionals when needed.

Good

Is the service responsive?

Our findings

People told us they took part in activities. A person told us "We have music here sometimes," "They ask me about my care and if I am worried about anything," Relatives told us they were fully involved in people's care. Comments from people's relatives included "I think they are looking after [person] well. What I see is ok. [Person] came in a bad state, they are much better now. [Person] is clean and safe."

People and relatives told us they had been asked questions about people's needs before the person moved into the home. People's assessments included information about a range of each person's needs including; dependency, health, social, care, mobility, medical, religious and communication needs. Care plans had been created to show how staff should meet each person's needs.

People's current care plans were in electronic format. There were also some care plan information in paper format, which was not always up to date, this could lead to confusion about people's care needs. We discussed this with management staff who told us the electronic care plans were used by staff and up to date. They told us they would consider whether there was a need for duplicate paper records. Care plans reflected people's needs and abilities. They included individual guidance about the care people needed to meet their individual needs and to minimise any identified risks including falls and pressure ulcers. Records showed people were repositioned regularly when they had a risk of pressure ulcers. Records showed that random checks and auditing of care plans took place regularly to make sure they reflected people's needs and were being followed by staff. Records showed people's progress was documented several times a day. Staff told us people's needs were discussed during staff 'handover' meetings.

Care plans we looked at included personalised guidance for staff to follow to meet peoples' individual needs. For example several people with dementia were prescribed pain relief, there was guidance to assist nurses [and other staff] to determine the level of pain when someone was unable to communicate verbally, so the nurses could then administer medicines to relieve the pain. Other care plans included clear guidance about how staff should meet a person's diabetic needs and another person's pressure area needs. However, despite the guidance for one person with epilepsy being very clear it included advice 'to keep [person] in the recovery position during a seizure, which was not consistent with best practice guidance. We spoke with a nurse and managers about this and the care plan was amended.

There was evidence that care plans were reviewed regularly, and were updated when people's needs changed. Information from professionals involved in their care had been recorded. Records showed that relatives of people using the service had been recently contacted by the home to make arrangements to participate in the review of their family member's care plan. Reviews of people's care plans had been scheduled until the end of this year. Relatives of people told us they were kept well informed about people's needs and were fully involved in discussing them. Records confirmed that. Staff told us they discussed each person's needs and progress during each shift so they knew how to provide people with the care they needed. Relatives of people told us "I am involved in [person's] care plan," "I review [person's] care plan, they [staff] take on what I say," and "Staff contact me about [person], I am happy."

Three activity co-ordinators including a senior activity co-ordinator were employed by the service. One activity worker was in the process of completing a qualification in the provision of activities for people in care homes. There was an activities timetable, which matched the activities observed during our visit. We saw people had the opportunity to participate in some group activities and staff spent one-to-one talking with people. Group activities included baking, trips to a pub, live music entertainment, coffee mornings, gardening club, animal therapy, pampering and relaxation sessions. During the inspection we saw people from outside the organisation provide exercise and music sessions for people, which people seemed to enjoy. The lead activities co-ordinator had recently been employed by the service. They spoke about the action they had taken so far to develop and improve the range of activities available to people. They told us they asked people what activities they would like to do and a person had requested regular trips to a local pub. Records showed this had been accommodated and other people had also chosen to participate in this activity. We saw photographs of a recent outing people had taken part in, and of a person celebrating their birthday with others. People including relatives of people mostly spoke in a

Good

Is the service responsive?

positive manner of the activities arranged by the home. A person told us they were looking forward to a forthcoming barbeque. However, a relative told us they thought there could be more activities that were initiated by staff.

During the inspection we saw staff asked people if they wanted to participate in group activities and respected people's decision if they chose not to.

The complaints policy was displayed in picture and written format in several areas of the home, and people had the opportunity to use suggestion boxes to provide feedback about the service. Records showed a range of issues including complaints raised by people had been addressed. Staff knew they needed to report all complaints to the registered manager, who told us she had an 'open door' policy. People told us they knew what to do if they were unhappy about anything, felt comfortable raising complaints and felt confident that they would be addressed appropriately. Relatives spoke about regularly attending meetings and having raised issues, which they confirmed were taken seriously by the registered manager and addressed. Relatives of people told us "If I am not happy I say," and I haven't any complaints." Records of resident and relatives meetings showed issues raised by people had been resolved.

We saw the deputy manager spend time within each unit speaking with people and staff. She told us this was an opportunity to gain feedback about people's thoughts about the service including any concerns they might have.

Good

Is the service well-led?

Our findings

People spoke positively about living in the home. People told us "It's nice here," and "They [staff] are good."

The management structure in the home provided clear lines of responsibility and accountability. The registered manager managed the home with support from a deputy manager and senior managers. Staff members had job descriptions which identified their role and who they were responsible to. A member of staff told us "The manager is approachable, she listens."

During our visit managers provided us with all the information we requested and were very receptive to our feedback. They took action promptly to address areas of the service where we had found some deficiencies. For example before we had completed the inspection they made significant improvements to the dining arrangements and had carried out a staff supervision in response to a work practice issue. The operational support manager provided us with an action plan that showed us the improvements they had made immediately in response to our feedback on the first day of our inspection.

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. The local NHS trust nursing team, social workers and the local authority, had regular contact with the home. Health professionals were positive about the registered manager and told us they had a good working relationship with the service. Records showed that the registered manager had regular contact with a local authority and had recently completed an action plan of improvements in response to a recent monitoring check of the service that had been carried out by them.

Records including notifications received by us demonstrated the registered manager kept the local authority including the commissioning and the safeguarding teams informed of incidents, accidents, complaints and other significant issues to do with the service and responded appropriately to their advice and instructions.

Systems were in place to obtain the views of staff. Staff meetings were held on a regular basis. These included nurses and senior staff meetings, meetings with care workers and management meetings. Staff told us they were confident about raising issues to do with the service in meetings, which were addressed appropriately. Records showed a range of topics including dignity, respect, safe feeding, risk of choking and communication were discussed in staff meetings. Staff training requirements and general working practices, including best practice were also discussed. Members of staff said "We can speak up, If I don't like something I tell [registered manager]," "I am happy to raise issues in meetings and confident the manager would address them," and "There is good team work."

Systems were in place to obtain the views of people. These included providing people with the opportunities to participate in regular resident/relatives meetings and to complete satisfaction questionnaires. Records showed this feedback had been responded to, for example a person had asked during a resident meeting if information about activities could be displayed and this had been addressed.

Relatives of people we spoke with told us the registered manager was approachable and responsive to their feedback, and made improvements when needed. A relative told us "they take on what I say, there have been improvements made." A recent newsletter about the service was available for people to read.

Policies and procedures were regularly reviewed. We saw from minutes of a staff meeting staff had been asked to read and sign a number of key policies including whistleblowing, safeguarding, pressure ulcer prevention policy, adults and dignity at work policies. Records showed staff had signed when they had read policies. A member of staff told us she was aware of the policies, procedures and protocols.

There were quality assurance systems to monitor the service and to make improvements when required. Regular checks of equipment, people's care plans, medicines, complaints, and accidents, were carried out. Action was taken to address any shortfalls in the service. The registered manager was aware of the importance of sustaining and making further improvements to the service when this was needed to make sure people received the service they needed and wanted.