Maria Mallaband Limited

Water Royd Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on 28 September 2015 and it was an unannounced inspection. This meant the provider did not know we were going to carry out the inspection. The last full inspection at Water Royd Nursing Home was in October 2014 and we found the home to be non-compliant with the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; 10 - Assessing and monitoring the quality of service provision and 20 - Records. Compliance actions were given for both these regulations. We followed up on these breaches during this inspection and found the service was now compliant in both these areas.

Water Royd Nursing Home is a nursing home registered to provide care for up to 62 older people, some who have a diagnosis of dementia. There is a separate unit in the home dedicated to supporting people who have a diagnosis of dementia. On the day of our inspection, there were 59 people living at the home.

It is a condition of registration with the Care Quality Commission that the home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the home is run. The registered manager was present on the day of our inspection.

People and their relatives told us they felt the service was safe, effective, caring, responsive and well led. Comments included; "I'm feel safe [at the home]. [Staff] really take care of me", "[Staff] always ask if it's ok for them to do something, even something like brushing my hair", "[All staff] are so kind and caring. You can tell they are passionate about what they do" and "I have no problem with complaining or talking the [registered] manager. [Staff] are all approachable and make you feel at ease."

People were protected from abuse. The home followed adequate and effective safeguarding procedures. Care records were personalised and contained relevant information to enable staff to provide person-centred care and support. People and their relatives had been involved in care and support planning.

Staff were supported well and received regular supervisions. Where required, staff were given regular training updates. The training matrix was well maintained.

We found good practice in relation to decision making processes at the service, in line with the Mental Capacity code of practice, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Regular quality-monitoring systems were utilised at the service and audits were carried out frequently. Where issues or areas for improvement had been identified as part of the audits, the registered manager had taken (or were taking) action to address and resolve them. Audits were signed off when actions had been addressed and resolved.

Staff, people who lived at the home and their relatives were regularly asked for their thoughts and opinions of the home, and were given opportunities to give suggestions to improve the home.

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 home was safe.

People were protected from bullying, harassment, avoidable harm and abuse through relevant and appropriate risk assessments being carried out and reviewed.

There were sufficient numbers of suitably qualified staff on duty on each shift at the home. The registered manager told us they would review the deployment of staff throughout the home to ensure everyone on all units had their needs met in a timely manner.

Medicines were managed and stored correctly and safely at the home and Medication Administration Records contained no gaps.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills they needed to carry out their roles and responsibilities. Staff had formal supervisions regularly and training updates were sourced and provided, when required.

Consent was sought from people before any care or support was provided and the home worked to the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards guidelines.

People were supported to maintain good health through having sufficient to eat, drink and maintain a well-balanced diet and having access to relevant healthcare professionals, where and when required.

Is the service caring?

Good

The service was caring.

Staff had developed positive, caring relationships with people who lived at the home and supported people to express their views so they were involved in making decisions about their care and support. People said all staff were approachable, easy to talk to and kind.

Through observations, we saw people had their privacy and dignity respected by staff at all times throughout the day.

Is the service responsive?

Good

The service was responsive.

People's care was personalised and responsive to their needs. People and their families, where appropriate, had been involved in the planning of their care and support. This included information regarding the person's likes and dislikes, preferences and preferred activities.

Complaints and concerns were encouraged, addressed, explored and responded to.

People said they felt able to complain to staff or the registered manager and felt confident these concerns would be dealt with. Complaints were monitored so the home could identify any patterns or trends.

Summary of findings

Is the service well-led?

Good

The service was well led.

The service promoted a positive, person-centred, open, transparent, inclusive and empowering culture. There was an emphasis on support, fairness and transparency from staff and the registered manager. The registered manager followed an 'open door policy' and was available throughout the day for people and staff to speak with.

There was good management and leadership at the home. Regular audits and checks were carried out, robust records were kept and good data management systems were in place.

Regular surveys were sent to staff, people who lived at the home and their relatives.

Water Royd Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 28 September 2015 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by one adult social care inspector and two expert-by-experience's (ExE's). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we spoke with five stakeholders, including the local authority joint commissioning unit, the South and West Yorkshire Partnership Trust (SWYPT) and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. SWYPT is a specialist NHS Foundation Trust that provides community, mental health, learning disability and health improvement services to people. A stakeholder is a person or organisation who has interest, concern or involvement with an organisation. Stakeholders we spoke with told us they had no current concerns about Water Royd Nursing Home. We also checked any previous notifications or concerns we had received about the service, so that we could check they had been dealt with appropriately. This information was reviewed and used to assist with our inspection.

We had requested and received a Provider Information Return (PIR) from this service prior to our inspection. 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 used this information to assist with our planning and to identify any areas that needed attention.

During our inspection, we spoke with the registered manager, seven staff members, nine people who lived at the home and the relative of four person who lived at the home.

We looked at documents kept by the home including the care records of eight people who lived at the home and the personnel records of five staff members, including a nurse and a senior care assistant. We looked at records relating to the management and monitoring of the home and carried out observations throughout the day.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe and knew what it meant to 'keep safe'. We asked people if they felt the home enabled them to stay safe and everyone told us they felt their safety was maintained. One person said; "I'm definitely safe. I feel so safe and happy here".

We asked people who lived at the home and their relatives if they felt there were enough staff on each shift at the home. People and relatives who had family members living on the residential unit and dementia unit said they felt there were enough staff. Comments made by people included; "There are generally enough staff about. Sometimes it might take a little while for [a staff member] to come along but there is always someone there when you need them", "You can usually find [a staff member] somewhere. They are always really busy but there's always someone ready to help when it's needed", "In the morning, staff are rushed off of their feet but they still manage to find time to help when someone needs it. The afternoons are much better. It's much more relaxed" and "I'm not sure about staffing. There's always at least one person on the unit but it does look a bit thin. Staff do always seem to be popping in and checking up." People we spoke with who lived on the nursing unit, or relatives who had a family member on the nursing unit told us they felt there were times when there were not enough staff. Comments made included; "On occasions, staff seem a bit slow in toileting. [Family member] will ring for help with using the commode and sometimes they have to wait for assistance", "I think staff are caring but that's within the limitations of staffing levels and duties" and "This weekend, I was in quite a lot of pain and there were not a lot of people around to help me."

We asked staff members if they felt there were enough staff on duty, each shift. Comments made included; "Enough staff? No. I provide the same level and standard of care to everyone and I'd be happy for staff members here to look after my Mum. We can do enough but there isn't time to do some of the small things. It's steadier in the afternoon, we can sit with residents, do their nails, do a quiz" and "We do 30 minute or 15 minute checks for people with fall risks and do dehydration checks. There's always enough staff to do that."

We looked at staffing rota's for the home and found there were adequate numbers of staff present on each shift. On the day of our inspection, on duty was the registered manager, one nurse, two senior care assistants, seven care assistants, an activities person, an administrator, a handy person, two cleaners, two laundry staff, one cook and one kitchen assistant. An additional kitchen assistant was due on shift at 12:30pm and another at 3:00pm. We looked at previous and future staffing rota's and saw that there were always (at least) nine care staff members on each shift. Feedback from people suggested that there were not enough staff on the nursing unit at the home. We spoke with the registered manager about this, who told us they would look into the deployment of staff at the home to see if there was a better way of deploying staff throughout the home to meet people's needs. This demonstrated that staffing numbers at the home was adequate, but that the deployment of staff should be reviewed.

People told us they received their correct medicines on time and/or when required. We looked at Medication Administration Records (MAR) at the home and found these were well maintained and completed accurately. The medication policy was present at the front of each MAR file. We saw a document titled 'Daily medication documentation checks' at the front of each MAR file, which was signed by staff at the beginning and end of each shift to demonstrate MAR's were completed correctly, signed for and contained no gaps. There was a PRN protocol record for each person, which had names of all PRN (as required) medicines, frequency, dose and the reasons the medicine was used. We carried out a stock check of 14 medicines at the home and found they were all correct. We checked 13 controlled drugs kept at the home against the controlled drugs register and found stock levels and stored controlled drugs were correct. Controlled drugs are prescription medicines, which are controlled under the Misuse of Drugs legislation. Temperature checks of treatment rooms and refrigerators, where medicines were stored were carried out on a daily basis to ensure medicines were stored safely. This meant the home had policies, procedures and documentation in place to ensure medicines were stored and administered safely to people

Throughout the inspection, we carried out observations and saw that people were treated well and with safety at the forefront of care and support provided. Staff we spoke with were able to explain to us the different types of abuse, the signs to look out for, how to report concerns and how to report concerns. One staff member we spoke with told us; "Safeguarding is basically all about keeping people safe. If I had any concerns, I'd go straight to the manager. I know

Good

Is the service safe?

we can speak to the [local authority] safeguarding team or [Care Quality Commission] too." This demonstrated staff were aware of safeguarding procedures, what to do is they suspected (or saw) abuse and how to keep people safe.

We reviewed the safeguarding policy for the home and saw that this had been reviewed and kept up to date. The safeguarding policy contained information on how to keep people safe, how to respond to an allegation or concern, how to make a referral, actions to take following a referral being made and information about whistleblowing. The policy had been developed to be consistent with national guidelines and advice on safeguarding vulnerable adults.

We looked at the safeguarding log kept at the home and found this to be well maintained and kept up to date. Information recorded in the safeguarding log included details of the concern, actions taken, outcomes of any investigations and who the concern had been reported to i.e. CQC, local authority, police. Safeguarding concerns had been fully investigated and recorded and were signed off by the registered manager once completed. We saw that, where a staff member was responsible for the concern, investigations were carried out and disciplinary procedures were followed, including referrals being made to the Disclosure and Barring Service (DBS), where required. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Referrals can be made to DBS if a person has acted inappropriately in the care setting. This demonstrated the home had appropriate procedures in place for addressing and responding to safeguarding concerns.

The accidents and incidents log kept at the home was well maintained and kept up to date. Accident forms were completed after each incident and recorded; who had the accident; the date and time; who was notified i.e. GP, family; the cause of the incident; a description and location of any injuries sustained, along with a body map; the nature of any injuries sustained i.e. burn, bruise, fracture; the severity of the incident, any actions taken, such as care plans being reviewed and observations carried out; and any investigations or follow up that had taken place. Analysis of accidents and incidents was carried out on a monthly basis to identify any trends or patterns. This demonstrated the home maintained the accident and incident log and carried out adequate monitoring of accidents and incidents to reduce the risks of them happening again.

Care records we looked at contained all relevant care plans and risk assessments in areas including, but not limited to; mobility, eating and drinking, continence, communication, breathing, socialising, sleeping, skin integrity and pain. We saw all risk assessments and care plans were reviewed on a monthly basis, or sooner if the persons needs had changed. Assessments of oral hygiene and nutritional needs were reviewed on a monthly basis and people's weights were recorded each month. There were plans in place regarding actions to take during an emergency.

We looked in five staff files to see if the home carried out adequate pre-employment checks. We found all pre-employment checks had been carried out including reference checks from previous employers and DBS checks. This meant the home followed safe recruitment practices.

Good

Is the service effective?

Our findings

People we spoke with said they received their care and support in the way the wanted and that they were able to make important choices about their care and support. People, and their relatives, said they had been involved in care and support planning. Comments that people made included; "Care plans? I was involved in mine. It has been reviewed too" and "[Staff] ask me what I want before they do anything. They like to make sure that I'm ok with [the care and support provided], even if it's something that I agree to everyday, they still ask."

Everyone we spoke with said they liked the food at the home and that they were given choices about what they wanted to eat and drink. Comments people made included; "I can have what I want to eat, it depends how I feel", "I don't have a big appetite but what I do eat, I enjoy", "[Family member] has been a vegetarian for forty years, her food is good and she gets supplements" and "Food is good. We get proper food." We spoke with staff about food available at the home and all staff we spoke with told us it was up to each individual person what they had to eat. One staff member said; "People [who use the service] get regular food and drink. We are told that, if they want something, they can have it. If someone loses weight, we move to fluid balance and food charts (to monitor food and fluid intake)."

One staff member who we asked about people's ability to make choices and decisions told us; "[Staff] give everyone choices. Choice is part of the norm here. Choice is something that management and all the team here are strong on." One person who lived at the home told us; "There is no strict regime of getting up or going to bed, it's just a very relaxed place."

We asked people if they had their day to day health needs met and if they were able to access other healthcare professionals, such as GP's or district nurses. People said that the home enabled and sourced health care professionals where required. The relative of one person who lived at the home told us; "Things are ok with getting a GP and they keep in contact with me. [The home] always ring me if [family member] has a fall or something."

Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. We looked in staff files and found evidence that staff received regular, written supervisions from managers, with supervisions having taken place (at least) every two months. Staff supervisions covered areas such as training needs, perception of position, culture and working environment. We also found that annual appraisals were held each year with all staff. Staff we spoke with told us they felt supported by the registered manager and would have no issues in raising any issues with them. One staff member told us; "Every two months we have supervisions. I can raise anything, I'm always keen to do more training." We looked at the home's training matrix and found that staff were up to date with their training needs in all areas including safeguarding, manual handling, infection control and health & safety and, where required, refresher training courses were booked. This demonstrated staff were adequately supported, through regular supervisions and annual appraisals and that the home ensured all staff were up to date with their training requirements.

We looked at the policy the home had regarding volunteers. We saw this policy contained details of what would be expected of volunteers at the home, pre-employment checks that would be undertaken, what support the home would provide and the training the home would provide. This demonstrated the home had policies in place to ensure volunteers were safe to work at the home and adequately supported.

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).

Good

Is the service effective?

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.

We asked the registered manager if there was anyone living at the home was had a DoLS authorisation in place. The registered manager told us there were several people who did have a DoLS authorisation in place, and provided us with a spreadsheet with this information. The spreadsheet contained details of; the person's name; the date the DoLS application was made; whether it was a standard or emergency referral; the description of the deprivation; who the referral was sent to; the outcome of the referral; the date CQC were notified of the application and authorisation; and the date the DoLS authorisation would be valid until. This demonstrated the home kept an accurate and robust log of DoLS referrals and authorisations and carried out and followed relevant procedures in order to lawfully deprive someone of their liberty.

We found evidence that mental capacity assessments had been carried out for each person who lived at the home to assess their mental capacity to consent to specific care and treatment. Mental capacity refers to a person's ability to make a decision. The MCA states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests. Where people lacked capacity to make decisions, a best interest meeting was held with relevant professionals and relatives, where appropriate. This meant people's capacity was assessed and recorded appropriately.

Care records we looked at contained information about people's nutritional needs, including for people with complex dietary needs, such as diabetes. People were involved in decisions about their food and fluid intake and care records evidenced that people were asked for their preferences regarding this. In one care record we looked at, we saw specific details about the person's eating and drinking preferences. We read that the person was vegetarian and liked 'lightly toasted wholemeal bread'. On the day of inspection, we observed staff offering choice to people about their food and drink. This demonstrated people were supported to meet their nutritional needs and given choice over the food they ate. The home ensured specific details were recorded so that staff were able to provide person-centred care and support.

We saw that, where people had complex nutritional needs, including people fed via a Percutaneous Endoscopic Gastronomy (PEG) tube, relevant healthcare professionals, such as diabetic nurses and dieticians were involved. PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. We saw information in care records stating how to care for the PEG, including the entry site and how to adequately support someone who was PEG fed. This demonstrated the service provided information to staff to ensure people with complex needs with their eating and drinking were able to be adequately supported.

We saw a drinks trolley was brought round for people throughout the day and, during the morning, people were asked what they would like to eat at lunch time. During lunch time at the home, we carried out observations in two of the homes dining areas. We saw that mealtimes were not rushed and people were supported to eat their meals, although the deployment of staff meant that people on the nursing unit had to wait a short time for a staff member to become available to assist.

Care records evidenced that people were involved in their care and support and, when required, relevant healthcare professionals were contacted and involved when people's care needs had changed.

We found that people's bedrooms were well-decorated and personalised, with photographs and items of importance and interest to the person being present.

Good

Is the service caring?

Our findings

We asked people and their relatives how they felt about the home. Everyone we spoke with told us that they felt the home, and staff, were caring, kind and compassionate. Comments made by people included; "The staff are nice to me. I have nothing to complain about. I do think the staff are brilliant", "The staff are kind, polite, caring and approachable. They always knock on my door before coming in", "The staff are absolutely fabulous, they have been so brilliant in bringing me out of myself", "[Family member] says she is very happy here and wouldn't want to be moved" and "The atmosphere is very caring."

Staff made comments including; "I love working here. I was a supervisor but took a step back and they were good about that", "I love the people. I get a bit emotional sometimes, especially with the old photos on the dementia unit" and "[People who live at the home] get up when they want, do what they want. I come to work in their home, they don't just live where I work."

We carried out observations throughout the day of our inspection and saw that people were treated with kindness, warmth, respect and dignity. People who lived at the home were well groomed, with the men being clean shaven and the women having had their hair done. We saw some people walking around the home in nightwear, such as pyjamas or nightgowns. We spoke with these people who told us it was their choice to stay in those clothes, if they wanted to have a relaxing comfortable day. Throughout the day, we did not hear any staff member discussing others' care needs within earshot of others. When staff provided personal care to people, bedroom and bathroom doors were closed to ensure people had their privacy and dignity maintained. This demonstrated staff were caring and respectful of people's privacy and dignity.

During our observations, we heard one person who lived at the home inform a staff member that they had a headache. The staff member then asked the person if they would like some pain relief. We saw this staff member speak with the senior on duty, in order to ensure that pain relieving medicine was provided safely. This demonstrated that staff took practical action to relieve people's distress or discomfort.

Staff we spoke with were able to tell us about people who lived at the home, their likes and dislikes and any interests they had. Staff told us about people's life histories and what people's favourite foods were. This demonstrated staff knew the people they supported well.

Care records we looked at contained information about how the person had been involved in their own care planning, along with their relatives, if appropriate and possible. We saw care records contained details of people's preferred activities. For example, in one care record, we read that the person enjoyed, and had taken part in; bingo, armchair aerobics, church communion, watching a singer, doing a quiz, attending a summer fair, doing arts and crafts and having an experience of holding small animals, that the home had arranged to be brought in by a local farm. We saw in one care record that the person did not like to take part in group activities. This persons care record stated; "[Person who lived at the home] often refuses to take part in in-house activities and socialise with other residents. Staff must ensure that [person] is given the options to take part in different activities. This demonstrated that the home encouraged people to partake in activities to maintain relationships and avoid social isolation. The home also ensured that people who did not want to partake in group activities still carried out activities alone or with a staff member. People were supported to have their religious and spiritual needs met and the home organised for regular visits from churches of different religions.

We asked the registered manager if any information regarding advocacy services was provided to people at the home. The registered manager told us that, although this information is not provided as a matter of routine, it would be provided to people when required.

There were no restrictions on visiting times at the home and the registered manager, staff, relatives and people who used the service confirmed this to us.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR helps to ensure that the person dies in a dignified and peaceful manner. In care records we looked at, where required and appropriate, DNACPR forms were in place, where either an advanced decision had been made by a person who lived at the

Good

Is the service caring?

home when they had capacity or by a relevant healthcare professional, if the person lacked capacity to make this decision. DNACPR forms contained information about the person's condition and reasons why CPR would not be attempted. These forms also contained dates the forms were completed and reviewed and had signatures of relevant professionals who had been involved in the decision. Care records contained details of funeral arrangements, where people and/or their families had been willing to speak about this. This meant the home had arrangements in place to ensure the body of a person who had passed away was cared for and treated in a sensitive way, respecting people's preferences.

Good

Is the service responsive?

Our findings

People told us they were able to make choices about their lives and that staff were responsive to their needs. People said staff provided them with choices about everything, including what time they wanted to get out of bed and what they wanted to wear. One relative told us; "[The home] has family meetings and coffee mornings. They are quite frequent. Some are like drop in sessions and some are organised. It's a good place to make suggestions." One person who lived at the home told us; "I can choose what I do, when I do it, when I get up. Anything really. If I want something different to how I usually have it, staff make sure what I want is done."

We asked people and their relatives if they were supported to go on trips out of the home. One person told us; "[The home] does get [people who lived at the home] out. Some people have been to Cleethorpes, some have been to a garden centre. It's good." There was an activities co-ordinator on shift during our inspection, who worked Monday to Friday. We saw that the home had a full and varied list of weekly activities, including one to one support and going out into the community on group trips.

During our last inspection in October 2014 we found evidence of a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014] and we issued a compliance action. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 28 September 2015, we found the home had improved their record keeping and maintenance. We found care records contained signatures from people and/or their relatives, to demonstrate their involvement.

People and their relatives confirmed they knew how to complain and who to complain to, should they need to. The complaints file held at the home showed that complaints made were adequately addressed, investigated and responded to.

In care records we looked at, we saw personalised information was recorded, with the involvement of people who lived at the home and their families, where appropriate and possible. These were reviewed on a regular basis. Information contained in care records included the person's life history, interests, favourite activities and references. For example, in one care record, we read; "[Person] prefers to stay in [their] own room watching TV" and "[Person] enjoys a mug of tea with no sugar and a full jug of orange juice in [their] room to drink at [their] own leisure." We found that there was a married couple living at the home, but on separate units. Arrangements were made to ensure that this couple were seated together at lunchtime and went out on activities and trips together. This meant the home made information available to staff to provide personalised and person-centred care and support and the home supported people to maintain relationships with others.

There were arrangements in place to encourage feedback from people and their relatives. The home held regular 'resident/relative meetings' at least every two months, where items discussed included; opinions of care provision, opinions on meals, opinions of home presentation, opinions on social activities, concerns, complaints, compliments and suggestions for service improvement. A survey was also sent out to people who lived at the home and their relatives on a yearly basis. Suggestions made on the latest surveys sent out had been addressed by the home and required changes had been implemented. For example, people had made suggestions about there being more choice on menu's. This had been addressed by the home and additional choices were added to menu's, as well as information being passed onto people stating that, if they did not wish to eat what was recorded on the menu for that day, they could request something different and this would be provided, if possible. This demonstrated arrangements were in place to encourage feedback from people and their relatives, and that the home responded to feedback received.

Good

Is the service well-led?

Our findings

People told us they knew who the registered manager was and that the registered manager was approachable and kind. People said they were involved in decisions about the home. One person told us; "I like the [registered] manager. Really easy to talk to and always smiling."

All staff we spoke with told us they felt the registered manager was approachable and supportive. Some comments made by staff included; "Management are fantastic. Very approachable, accommodating. They sit and listen to you", "There's good morale and a good set of staff. It could be better, it will be better when the dementia café is in place", "I enjoy it here. There's a nice atmosphere, we work as a team and we get things done" and "Management, I've got no problems. Very open to swapping shifts, very good with me. When the new year calendar comes out, we (staff) get it filled up with family dates and management here will bend over backwards to make sure we get [the time off of work]." One staff member told us; "Managers are so caring. I had a really bad shift the other day. Lots of things to do, social workers in, meetings…the deputy manager pulled me aside and gave me a cuddle and a boost."

During our last inspection in October 2014 we found evidence of a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014] and we issued a compliance action. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 28 September 2015, we found the home had improved their governance and monitoring of the home and had effective systems in place to monitor the quality of service provision.

Audits were regularly carried out and included audits of care records, medicines, infection prevention and control, home presentation, health and safety and safeguarding. We saw that, where audits had identified actions to be undertaken, plans were put in place to address the issues and updated when these had been completed. This demonstrated regular audits took place at the home and, where issues or actions were identified, these were addressed and resolved.

There were regular, monthly staff meetings at the home, where staff were able to discuss items including, but not limited to concerns, raise any issues and make suggestions on how to improve the home. 'Resident/relative' meetings took place regularly, where people were able to raise any issues, say what they felt the home does well and how the home could improve. This demonstrated that the home ensured regular meetings were held to measure and review the satisfaction of people, their relatives and staff members in regards to the home and delivery and quality of care and support.

We carried out observations throughout the day and spoke with the registered manager and found that the attitudes, values and behaviours of staff were kept under constant review. The registered manager carried out regular supervisions, where the values and behaviours of staff were discussed. The registered manager also carried out a daily walk-around of the service to keep under constant review the values and behaviours of staff.

It is a condition of registration with the Care Quality Commission (CQC) that the home have a registered manager in place. The registered manager was present on the day of our inspection

The home had taken part in an independent, confidential and standardised survey, provided by a non for profit organisation, to which 25 people who lived at the home responded. The survey provided a consistent measure of what people thought about their care home, taking into account their views on a range of aspects such as staff, care and facilities. The overall performance rating (OPR) is a score out of 1000, and is calculated based on the four theme scores; staff and care; home comforts; choice and having a say; and quality of life. The OPR for the home was above average, when compared to other care home survey results provided by the non for profit organisation. The home used these results to identify any areas for improvement, if applicable.

We found that surveys were sent annually to staff, people who lived at the home and their relatives and the results from these surveys were used to improve the service,

Good

Is the service well-led?

where issues were identified from feedback provided. This demonstrated the home sought the views and opinions of staff and people who used the service to assist in development and improvement of the home.