Cotdean Nursing Homes Limited

Oaklands Care Home

Inspection report

Wartell Bank
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Tel: 01384291070

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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 unannounced inspection took place on 20 October 2016. At our last inspection in November 2015 we found that the provider was operating within the requirements of the Health and Social Care Act.

Oaklands Care Home is registered to accommodate and deliver nursing and personal care to a maximum of 40 people. People who used the service may have needs associated with mental health, old age or a physical disability. At the time of our inspection 34 people were using the service.

The manager was registered with us as is required by law. 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.

People were kept safe and trusted the staff supporting them. Staff had received training and were knowledgeable about how to protect people from avoidable harm. Risks to people were assessed in relation to their individual health needs and staff took account of these risks when providing support. The provider took appropriate action to ensure peoples current and future safety and well-being when an incident occurred. Regular checks and audits of the safety of the environment were routinely undertaken. People received the support they needed to take their medicines safely. Staffing levels were regularly reviewed based upon people's needs and level of complexity or as more admissions were taken. Staff had to provide satisfactory evidence that they were of suitable character to provide peoples' care before commencing in their role.

Staff received the appropriate level of supervision and training that developed their skills in order to meet people's needs effectively. The provider's induction program gave staff the opportunity to shadow more established staff and familiarise themselves in how to effectively support people in line with their specific needs. People were not restricted unnecessarily and their consent was actively sought by staff before assisting or supporting them. The provider ensured that people's health and financial welfare was considered through the appropriate channels. People's needs in terms of food and fluids were assessed and any risks or specific needs were catered for. People's health and well-being was supported through regular monitoring and referrals were made to the appropriate external health care professionals as required.

Staff at the service were kind and compassionate towards the people they cared for. Staff were respectful towards people and acknowledged them by name when they came into contact with them. People were effectively communicated with and provided with the information they needed. People were at the centre of decision making about all aspects of the support they received. Information was available for people about how they could access independent advice from local advocacy support services. Staff communicated with people in a respectful manner and supported them to be as independent as possible.

People's needs were assessed and their care was planned with them or their representative in line with their

preferences. Staff were knowledgeable about people's personal preferences and what was important to them, including their spiritual or cultural needs. Activities available to people were based on their individual preferences and abilities. The provider responded to complaints received in line with best practice and their own policy.

People were positive about their experience of the service and the effectiveness of its management and leadership. The provider sought people's feedback through questionnaires and meetings about the quality of the service. The provider monitored and undertook regular checks on the quality and safety of the service. Staff openly discussed any concerns they had or suggestions about how to improve the service with management. We were able to confirm the information provided to us in the Provider Information Return (PIR) sent to us prior to our inspection of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were administered, handled and stored in a safe manner.

Care was delivered in a way that ensured people's welfare and safety was considered.

Safe recruitment practices were adopted and sufficient numbers of staff were available to meet people's needs.

Is the service effective?

Good

The service was effective.

The provider was aware of their responsibilities regarding the Mental Capacity Act and people's consent was sought before staff supported them.

People's nutritional needs and choices were met.

People were supported to access healthcare they needed to meet their needs.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and approached them in a caring manner.

People's privacy and dignity was respected by the staff supporting them.

People were at the centre of decision making about all aspects of the support they received.

Is the service responsive?

Good

The service was responsive.

Complaints received by the service were dealt with effectively.

The support people needed was planned in line with their personal preferences and with their or their family's involvement.

People were happy with the activities on offer to them.

Is the service well-led?

Good

The service was well-led.

The leadership and management of the service was consistent and effective

The quality assurance systems in place were effective in identifying issues within the service; the provider took the necessary action to reduce any risks to people were taken promptly.

People had the opportunity to give their views and opinions on how the home was run.

Oaklands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection of Oaklands Care Home took place on 20 October 2016 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert of Experience is someone who has personal experience of using or caring for a user of this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.
Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

During our inspection we spoke with eight people who used the service, five relatives, four members of staff, the cook, the deputy manager and the registered manager. We observed the care and support provided to people in communal areas. We also used the Short Observational Framework for Inspection (SOFI) during the afternoon in the lounge area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. These included reviewing four people's care records, four staff recruitment records and five people's medication records. We also reviewed a range of records used in the day to day management and assessment of the quality of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they were kept safe and trusted the staff supporting them. They told us, "Yes I'm safe why wouldn't I be with such lovely caring girls [staff]. They are in and out my room and around all the time, they keep me safe alright; I trust them with my life" and "There's always someone around to help me if I want them [staff] which makes me feel very safe". Relatives we spoke with told us they had no concerns about their family member's safety. A relative, when asked for an example of why they felt their relative was safe told us, "[Person's name] wouldn't be here now if it wasn't for the staff. [Person's name] collapsed earlier this year and they [pointed at the registered manager and a nurse] performed resuscitation and got [person's name] back. When [person's name] was taken to hospital, they said they would have died without the swift actions of [registered manager's name] and the nurse. So yes they keep safe people alright".

Staff were able to discuss with us how they kept people safe and protected them from avoidable harm. They described to us the different kinds of abuse people may be exposed to and what action they would take if they suspected someone was at risk, including the reporting procedures. Staff told us, "If someone was upset or generally not happy and if it was out of character for them, I would talk to them first and report it if I was still concerned" and "If I heard anyone speaking to a person in an unacceptable manner, either staff or visitors, I would intervene and report it, its abuse". Staff received a variety of training in how to protect people from avoidable harm, for example, safe moving and handling techniques.

Any risks to people were assessed in relation to their individual health and support needs. We observed staff supporting people using the appropriate interventions to keep them safe. For example we observed staff stop the hoist whilst assisting one person to move to check the sling back to make sure that the person's neck was correctly positioned and comfortable. We heard them explain throughout the process what they were doing and asking the person, "Is that ok [person's name]? We didn't think you looked very comfortable". Records detailed how people's health risks should be managed to maintain their safety and wellbeing. Staff told us, "In terms of risk assessment, say if someone falls, their needs are reassessed and this is shared with staff, we let staff know straight away what has changed" and "You are thinking of risk all the time when helping people, if something has changed for them you would know, the nurses let us know and we also get updates at handover". We joined a handover meeting and saw that people's changing needs were discussed including any risks that staff needed to be aware of. Risk assessments we reviewed were reflective of people's needs and had been reviewed and/or updated in a timely manner.

Staff knew how they would deal with and report any incidents or accidents that occurred. They told us they received information and updates about incidents that had occurred, in meetings and daily handovers. We reviewed the provider's records in relation to incidents that occurred within the service. The documentation we saw clearly demonstrated the outcome of all incidents. The registered manager reviewed and signed off each incident when appropriate action had been taken to ensure the persons safety and well-being and/or preventative action had been taken to reduce any further risks.

The provider had clear procedures in the event of an emergency. Staff understood what the evacuation

procedures were in the event of an emergency. Tests of the fire safety equipment were carried out regularly and fire exits were clearly sign posted. We found that regular checks and audits of the safety of the environment were routinely undertaken.

People were happy with how they were supported with their medicines. They told us, "I had to ask for some painkillers in the night, they [staff] come straight away, they are very good like that. I call them a lot in the night" and "I take a lot of tablets, morning lunchtime and bedtime. The girls [staff] come at the same time every morning just after breakfast and I have it [tablet] in a little pot. They give me a drink, check I've had them and we have a little chat about how I am" and "I've never missed any [medicines]. I don't like them but they always make sure I take them". One person told us they managed their own medication but had a review of how they were dealing with this every month; we saw records hat confirmed this had been risk assessed and was regularly reviewed. A relative told us, "They [staff] make sure my mum gets her medication as she should". At lunchtime we observed three people being provided with their medication. The nurse knelt next to them in a quiet unobtrusive manner and gave the tablets in a small pot. They then advised the person what they were giving them and waited until they accepted them and taken their medicines. We saw one person took the tablets out of their mouth as they didn't like the taste of them. The nurse waited patiently for the person to replace the tablets and with extra liquid and encouragement the person swallowed their tablets. The nurse was heard to say kindly, "Have they gone down now [person's name]? They don't taste very nice I know. Do you feel okay? Would you like another drink?" This demonstrated that people received the support they needed to take their medicines safely.

We reviewed five medicine administration records (MAR) in depth and found that people medicines had been administered correctly and in line with the prescriber's instruction. Where a person had to have their medicine administered through a tube in their stomach, the necessary information and safeguards were in place that told staff exactly how to prepare and administer each medicine safely. We saw that the guidance available to staff about when and why 'as required' medicines should be provided to people was clear. This meant that staff were able to provide those people receiving 'as required' medicines with consistency. Medicines that were loose and not contained in blister packs were counted by staff after each administration to ensure ongoing accuracy of their administration. Medicines management processes were regularly audited for any errors or omissions. People had their medicinal skin patches for pain relief applied accurately and at the correct intervals. Staff received training in relation to the safe administration of medicines and had their competency periodically checked on. The ordering and storage of medicines was found to effective.

All the people that we spoke with said there were plenty of staff on duty night and day. They said, said, "There's always enough staff, even at the weekend. I have never had a problem getting the help I need", "Certainly there are always enough staff and they know how to help me", "If I ring my buzzer day or night time they are here straight away" and "There are always plenty of staff around, nothing is ever any trouble for them. If I'm in my room the girls [staff] are always popping in. If I'm sitting out here [the lounge] they will stop and chat with me to see how I am doing".

People told us and we observed that they did not have to wait for their buzzer to be answered if they were in their room. One relative we spoke said that they had sometimes seen lower staffing levels occasionally at the weekend. They said, "There have been a couple of weekends when there haven't been as many on [staff] if someone went sick but that can't be helped. The managers always step in and it's never caused a problem". We observed that there were enough staff available to meet people's needs in a timely manner. The registered manager told us that staffing levels were regularly reviewed based upon people's needs and level of complexity or as more admissions were taken. The service was fully staffed by regular staff with the exception of one member of care staff on nights. Any gaps on the rota were filled by the providers own staff

or where possible the same agency workers. The provider told us in the PIR they sent to us that they ensured that the home was correctly staffed with well-trained people. The findings from our inspection confirmed the provider was achieving this.

The provider had effective recruitment processes in place. Before staff started working at the service checks were undertaken and documentary evidence was sought including two references, photo identification, a full employment history and a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruiting decisions and minimises the risk of unsuitable people being employed. Staff we spoke with confirmed that they had been asked to provide satisfactory evidence that they were safe to provide peoples' care before commencing in their role.

Good

Is the service effective?

Our findings

People told us that they felt well looked after and they felt staff were competent in supporting them. They told us, "Yes I'm sure the staff have had had lots of training", "I'm in no doubt about their [staff] training" and "They [staff] know how to help me. They must do lots of training". A relative said, "They deal with [person's name] well, these people [staff] are patient and know what they are doing".

Staff told us that they received training that developed their skills in order to meet people's needs effectively. Comments they made included, "We have a fair amount of training here" and "I have been asked if I want to do additional training". We saw that the training provided was varied and specific to the needs of people that were being cared for, for example first aid and end of life care. Staff received updates as necessary and many were being supported to complete additional accredited training.

Staff told us they received regular formal supervision which gave them the opportunity to discuss their performance and any issues they had. They told us they could also access the support they needed at any time. Staff said, "Supervision is regular, I get feedback about my performance, how I can improve and what I should be aiming for. You do get praise and the managers are always positive" and "I have supervision every few weeks to discuss how I am getting on, it is useful". We saw that the supervision structure for staff was clear and the registered manager checked that supervision had been provided as planned.

The provider ensured that all staff had an induction when they started working at the service. The induction provided staff with an opportunity to shadow more established staff to familiarise themselves with how to effectively support people in line with their specific needs. Staff told us it had helped them prepare and feel ready to start to work more independently with people. A staff member told us, "I worked alongside a long standing member of staff for a few shifts. If I was unsure of anything they helped me, they were fantastic. I felt ready when I did have to work more independently".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us and we observed that people were not unlawfully restricted and that their consent was actively sought by staff before assisting or supporting them. Staff had received training and updates in relation to the MCA and the DoLS. They were able to demonstrate an understanding of the need to consider people's ability to give consent and what may be considered as a restriction of their liberty. Records showed that people's mental capacity was considered and assessed when necessary. The provider had made applications to the supervisory body to deprive people of their liberty, but none had been authorised at the time of our

inspection.

The provider had systems in place to ensure that relatives and/or representatives acting on behalf of people in relation to health and/or finance issues, through a Lasting Power of Attorney (LPA) were clearly identified. This included acquiring a copy of the legal documents to confirm this. This meant that the provider was keen to ensure that people's health and financial welfare was considered through the appropriate channels.

People were complimentary about the food on offer to them. One person told us, "You can have what you like and eat what you fancy any time there are no restrictions here. Sometimes it's like being in a hotel; the food is very nice indeed. We have a lot of choices and a good variety". Another person said, "You couldn't ask for better food, we have some really lovely meals. Sometimes we eat in our room, sometimes the dining room; you can have anything at any time." Relatives said, "My [relative] and I sometimes eat out or we will be going somewhere in the afternoon in the car so the staff will do [relative] a packed lunch and do them a main meal in the evening" and "[Persons name] has dementia and has become very picky and difficult to please. The food here is lovely, they make some very tasty meals and there's always a choice of main meal and pudding. It's all cooked here fresh, so the smell of food cooking makes a difference. The staff make sure [person's name] eats well and make what they fancy each day, even if it's not on the menu; they are very good like that".

We observed lunch being provided to people. The menu was displayed on a large noticeboard in the lounge detailing clearly the daily choices. A printed menu was also available on all tables. A large menu was displayed on the wall in the dining room which contained pictures of the corresponding meals, which had been photographed by the cook in the manner that they would be plated up. This made it easier for people to identify a meal and their choice. As people arrived or were brought to the table for lunch they were asked where they would like to sit. The food smelt appetising and we saw that people ate very well with some people accepting second helpings. We noticed that drinks were in plentiful supply and people were also offered a choice of hot or cold drinks along with cakes and biscuits periodically throughout the day. People's needs in terms of food and drink were assessed and any risks were catered for, for example through the provision of a fortified diet. The chef told us, "The staff give me an update when new people come in; I spend time asking them what they [people] like. If they need to gain weight for example, I provide milkshakes fortified with cream which seem to work well in helping them [people] to gain weight". We saw that records were kept in the kitchen for care and kitchen staff to refer to in relation to people's specific dietary needs.

The maintenance of people's health and well-being was well supported by staff through regular monitoring and where required, referrals being made to health care professionals. All of the people we spoke with confirmed that they had regular check-ups with the GP, dentist, optician and chiropodist. They also told us that staff took them to hospital appointments if needed. People said, "If I feel unwell at all the staff will ring the doctor, nothings too much bother", "Oh yes they [staff] will get the doctor if they need to" and "They [staff] fetch the doctor or ambulance if you need it. They book me into see the doctor who comes in each week, if it's not urgent". Relatives spoken to said they were confident that all their family member's health needs were well catered for. They told us "Oh yes if I can take them for their check-ups I will but the staff here will take them if not. If [person's name] is at unwell they just ring the doctor. The GP comes here regularly to see people anyway, about once a fortnight", "I think they are quick to pick up on things, such as illness. They have got the doctor out before for [relative]" and "When [person's name] wasn't too good the other week they [staff] fetched the doctor. It was nothing more than a bit of an infection but they are watchful". Records we reviewed contained information for staff in relation to managing peoples' health conditions day to day, for example, pressure area care to maintain good skin health. Staff we spoke with understood people's health care needs and demonstrated they knew how to support them should they become unwell.

Good

Is the service caring?

Our findings

People we spoke with told us they liked living at the home and found the staff to be 'kind' and 'caring'. They also said, "They [staff] are lovely, they are so very kind to me and always respectful. I don't know what I'd do without them", "I like it here. I am happy, yes very happy" and "They [staff] are all nice and very kind, they always help me". Relatives spoke positively about how staff treated their family member. One relative said, "[Persons name] is treated like a human being with a real life. The staff here are very helpful and flexible". Another relative said, "The staff are genuinely caring, I see them sitting and talking to people, they are golden". Staff were asked how they showed caring towards the people using the service, responses included, 'allowing people to choose and respect their wishes' and 'treating people as you would wish to be treated yourself". We saw a comments book in the foyer of the building where people had made reference to the caring nature of staff, testimonies we noted included, 'They do it all with a smile and dignity, we are very grateful' and 'We are so impressed by the love and care shown by everyone to mom and other residents'.

We observed that staff were respectful and acknowledged people by name when they came into contact with them and chatted with them freely. We observed plenty of general chit-chat and good humoured interactions between staff and people which indicated that staff knew the people they cared for well. One person told us, "The girls are really kind and funny. They make me feel happy and have a laugh with us". A relative said, "The staff know mum very well". People were relaxed around staff and we saw that they knelt down to converse with people to ensure good eye contact and clear verbal and non-verbal communication was utilised to aid understanding. We saw staff regularly check on people's well-being by asking them if they were comfortable or had any requests. A staff member said, "We are like a family here, everyone cares for everyone".

We witnessed occasions where people who were upset or showed signs of agitation were reassured by staff. Staff responded quickly and quietly to these people with gentle touch and quiet words, referring to each individual respectfully, asking if they could help them, wanted a drink or just by held their hand to offer comfort.

People told us they were happy with how they were communicated with and the information they received. They told us, "I make all the decisions about what care I get. They ask me about everything" and "If I have any questions they answer them". A relative said, "They [staff] keep me informed, they call me to keep me up to date with things". We observed that people were supported to express their views and be involved as much as possible in making decisions about their daily care needs. Staff were seen supporting people to make a variety of decisions about a number of aspects of daily living during our inspection, for example what activities they would like to take part in.

We saw that information was freely available about how people could access advocacy support both from the staff and/or through information displayed. Advocacy services are independent and help people to access information, be involved in decisions about their lives and explore their choices and options. The registered manager told us that people were supported to access advocacy services if they required this. At the time of our inspection no one required such support.

The provider told us in the PIR they sent to us that they had a very flexible visiting policy ensuring that people's families can be there to make the person's stay more pleasurable. People we spoke with confirmed this by telling us their friends and family were made welcome by the staff and they could visit whenever they wanted to. Relatives told us they visited anytime and were always made welcome, sometimes being offered a meal but always offered refreshments. A relative said, "I visit my [relative] every day. I can come whenever I want; there are no restrictions about people coming here any time of day or night."

People told us that their dignity and privacy was respected by staff. A person said, "The girls [staff] are wonderful, they are very respectful and treat me so kindly. I get a bit down in the dumps so they sit with me in my room for a chat, they make me feel better. They're always here whenever I need them". A relative said, "They [staff] treat [relative] with respect". Whilst in one person's room talking with their relative we witnessed a heart-warming exchange between the person and staff. The person was not keen to engage with us and kept their eyes closed, however when the staff member popped in [knocked first] and the person heard the staff member's voice, they became animated and had a big smile. They opened their eyes, reached out to the staff member and there was a very spontaneous and genuine exchange between them. Their relative saw this exchange and said, "You see now what I mean. They [staff] really treat [relative] as if they were their own family". We observed that when approaching people's room's staff always knocked on the door before entering and acknowledged people by name when they came into contact with them.

People were dressed to their personal likes, in colours and designs of clothing which showed that their culture and individuality was respected. Staff were observed communicating with people, offering them the freedom to choose and supporting them to be as independent as possible. People told us, "They [staff] listen to me, ask me what I want today, a wash or a shower. I like a shower sometimes but if I'm in pain a wash does me" and "I have the best of both worlds here, I have people to keep an eye on me, but me and my [relative] still have the freedom to do what we like when we like and staff respect us". Staff said, "I always talk to the person, help them to make choices, take an interest in their well-being whilst supporting them to wash or dress, making sure I promote their independence" and "I will always help if needed but let people do as much for themselves as they can".

Good

Is the service responsive?

Our findings

People's care needs were assessed, planned for and reviewed with their input and/or their representative's involvement. One person told us, "We are having a meeting again soon, we do them every so often to see if I'm ok and happy with my care; my daughter comes as well". A relative said, "I have been to some meetings to review [relative] care plans and I was involved in their assessment".

Prior to people being accepted for admission to the service, a pre admission assessment was undertaken by the registered manager or their deputy. We saw that when a person had very specific needs which the staff were not trained to support them with, the registered manager arranged for training to be provided to staff before the person was accepted into the service. This meant the person would receive an effective service that met their specific needs.

Our observations throughout the inspection demonstrated that people were responded to appropriately when they needed support by staff who knew their needs well. Care plans were personalised with details of people's likes, dislikes and preferences. Staff demonstrated they knew people well and gave examples of their particular likes and dislikes. Examples included describing certain material or personal belongings that people, when seated in communal areas, liked to have near to them and their awareness of the items that gave people comfort, such as soft toys. People were encouraged and supported by staff to personalise their rooms and display items that were of sentimental value or of interest to them. One person we spoke with proudly showed us a photo of their family; they had sweets, magazines close to them and other important personal possessions such as her handbag next to their chair, which demonstrated people's personal possessions, were made available to them. Records we reviewed demonstrated that regular reviews of people's care were undertaken with them or their representative. We also noted that several people who were nursed in bed, had soft toys or other items which we could see clearly offered pleasure and comfort to them.

People told us that they enjoyed the activities on offer and that they could choose what they wanted to do and staff would support this. They said, "There are lots of things to do here. We have entertainers, we do board games, jigsaws, quizzes, movement to music, bingo, film afternoons you name it goes on here. You can opt in or out" and "You are free to do as much or as little as you want. The staff just let you know and you are free to choose to do it or not. We have an activity lady and the staff are great. One of the girls taught me to crochet you know and now I do some every day".

During our inspection the activities organiser was doing a bingo session with some of the people using the service. She clearly knew them well and had prior knowledge of they likes, dislikes and level of ability. We observed one person was approached to join in the bingo session but was not keen on taking part but was provided with an alternative activity which interested and occupied them for a short while. We observed that people appeared content just sitting in each other's company, watching TV or were supported by staff to participate in other activities such as looking at picture books. People were supported by family and staff to access the local community and told us they went out on occasion. This meant that activities were on offer which supported people to follow their interests and be meaningfully occupied.

People's cultural and spiritual needs were considered as part of their assessment. We saw in records that people's needs were identified in relation to, for example preferences of gender of the staff providing them with personal care. We saw and staff told us that these preferences were met in line with people's wishes.

People we spoke with knew how to make a complaint. One person told us, "I can talk to any of them [staff] if I had a worry. I've never needed to complain". A relative who had made a complaint told us, "We had an issue, I wrote an official letter. The complaint was resolved to my satisfaction. Everything is dealt with here". We reviewed how the provider dealt with complaints. We found that the provider acknowledged, investigated and responded to each complaint received in a timely manner and in line with their complaints policy. Staff knew how to direct and support people to make a complaint. The provider told us in the PIR they sent to us that all complaints were dealt with and resolved very quickly with letters and general meetings taking place. Our findings during the inspection confirmed this.

Good

Is the service well-led?

Our findings

People spoke positively about their experience of using the service. They said, "It's lovely here. I have no worries at all", "I couldn't thank them [staff] enough. They have changed my life" and "This place had made life so much better than it would have been". A relative said, "It's the staff that make it here, they are absolute diamonds, this is a good home for [relative]". During our inspection we observed that people were content and well cared for.

People told us they knew who the registered manager was and were positive about their leadership skills. They said, "The manager or deputy comes round every day and sometimes they will ask how they [the staff] are doing but they always ask how we are. She's nice she is [registered manager's name] and if I'd anything to moan about I'd tell her. You can talk to her. There's never a bother about talking to [registered managers name] about anything". A relative commented on the management of the service, saying, "[Registered manager and deputy managers name] do a very good job, they are always positive and friendly". Staff were clear about the leadership structure within the service and felt it was well managed. They said, "The management are good, the deputy came in just at the right time to help out" and "[Registered manager's name] is there to listen to you and is always there for me; I can tell her anything".

Staff told us that there was an open culture within the service and they felt comfortable to raise any issues or concerns they had with the registered manager. They said that management were apparent, contactable and available to them when they needed support. Staff described how they would report any concerns they had if they learnt of or witnessed bad practice. The provider had a whistle blowing policy, for staff to refer to and this detailed how staff could report any concerns. The registered manager was aware of their responsibilities to report certain events that had occurred within the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications.

All of the people we spoke with told us how they had been involved in giving feedback about the service which included their care reviews, attending residents meetings or completing questionnaires. People said, "Oh yes, they [the staff] talk to us and we get a questionnaire asking us what we think about the home", "We have reviews and chats every so often but I can talk to any of them if I had a worry" and "We have meetings but there's nothing at all to moan about here. We sometimes make plans and talk about food and going out. If I wasn't happy with something though I'd say so. We have family meetings to look at my care every now and then, so there are a lot of opportunities to talk".

Staff told us they were encouraged to express their views and make any suggestions which could improve the quality of the service. The feedback received from people and their relatives in the June 2016 surveys was overwhelmingly positive and the analysis of this was displayed for people to see, including an outline of any action taken as a result. Comments in relation to people being unsure of the complaints procedure not being clear had been received in the feedback; these comments were addressed by the registered manager by people and their relative being shown where the procedure was displayed and advised verbally whom they should contact and how. This meant the provider used feedback received to drive quality across the service.

The provider told us in their PIR that they ensured that all aspects of the daily running are done to the highest standards. We found that the provider undertook a number of regular checks and audits to assess the quality of care and safety of the service provided. Records of audits and checks being completed that we reviewed demonstrated that analysis of the findings was being undertaken and all the necessary remedial action was taken. This meant that the provider's quality assurance of the service were effective.

Staff told us they felt supported in their role through meetings and supervisions. We saw that a range of systems of communication were in place within the home, for example handovers. We observed a handover meeting between shifts and found this was effective at ensuring staff had the information they required to provide people with the care and support they needed.

The provider was asked by us to complete a Provider Information Return (PIR) prior to our inspection visit. The provider had completed and returned this to us within the timescales we gave them. We used the information provided in the PIR to form part of our planning and where the provider had informed us of their plans for improving the delivery of the service, we found evidence of this.

The provider had displayed their previous rating of the service awarded by us, as is required by law. This allowed people using the service and their visitors to see and be aware of our findings.