Bupa Care Homes Limited

Godden Lodge Care Home

Inspection report

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Date of inspection visit:
24 July 2017
25 July 2017

Date of publication:
12 October 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Although the service was newly registered on 31 January 2017 the service provider remained the same and there were no changes to the overall management of the service. Therefore we have made reference to our previous inspection to the service in June 2016. The last inspection was undertaken on 7, 8 and 9 June 2016. Though the overall rating of the service at that time was judged to be 'Requires Improvement' no regulatory breaches were identified. This inspection was completed on 24, 25 and 26 July 2017 and we found the improvements made at the last inspection had been sustained. Further advances had been made to improve the quality of the service.

Godden Lodge Care Home provides accommodation, personal care and nursing care for up to 133 older people. Some people have dementia related needs and some people require palliative and end of life care. The service consists of four houses: Victoria House, Cephas House, Boyce House and Murrelle House. At the time of this inspection there were 98 people living at the service and across the site.

A registered manager was in post. 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 told us the service was a safe place to live. Although people's comments about staffing levels were variable, the deployment of staff was generally seen to be appropriate. However, improvements were needed to ensure that staffing levels were reviewed and staffs practice was person-centred rather than service-led.

Systems were in place which safeguarded people from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. Staff followed safe procedures when giving people their medicines. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people.

Care records for people centred on the individual and provided sufficient information relating to their care and support needs and how these were to be delivered by staff. Relatives confirmed they were given the opportunity to be involved in the assessment and planning of their family member's care. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Staff demonstrated a good understanding and knowledge of people's specific support needs, so as to ensure theirs' and others' safety.

Staff understood and had a good knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act [2005]. Arrangements had been made to ensure that people's rights and freedoms were not restricted. People were routinely asked to give their consent to their care, treatment and support. People's capacity to make day-to-day decisions had been considered, assessed and respected?

The dining experience for people was positive. Consideration by staff had been given to ensure that eating and drinking was an important part of people's daily life and treated as a social occasion. People's healthcare needs were managed well and relatives confirmed they were kept up to date with interventions and outcomes for their member of family. People received care and support that was kind and caring. People were mostly treated with respect and dignity.

Quality assurance checks and audits carried out by the registered provider and the management team of the service were in place and had been completed at regular intervals in line with the provider's schedule of completion. The registered provider and management team of the service were able to demonstrate an understanding and awareness of the importance of having good quality assurance processes in place. Feedback from people using the service, those acting on their behalf and staff were positive about the overall management of the service, stating that the management team were approachable and there was an open culture in 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.

The registered provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse.

Suitable arrangements were evident for managing and reviewing risks to people's safety and wellbeing. Where risks were highlighted or brought to the registered manager and management teams' attention, action was taken to address these in a timely manner.

The registered provider's arrangements to manage people's medicines were suitable and ensured people's safety and wellbeing.

Suitable procedures were in place to recruit staff safely.

Is the service effective?

Good

The service was effective.

Staff received a range of training so as to meet people's care and support needs. Staff felt supported and staff had received regular supervision and an annual appraisal of their overall performance.

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

The dining experience for people was positive and people were supported to have adequate food and drinks throughout the day.

People were supported to maintain good health and had access to on-going health care support.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. We observed that staff were friendly, kind and caring towards the people they supported.

Staff interactions were person centred and not task and routine led.

Staff mostly demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

Good

The service was responsive.

People's care plans were sufficiently detailed and accurate in relation to their care and support needs.

Complaints management was robust and people using the service and those acting on their behalf felt confident to raise concerns.

Is the service well-led?

Good

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager and other members of the management team.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the registered provider, registered manager and management team to monitor the service provided and to act where improvements were required.

Godden Lodge 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24, 25 and 26 July 2017 and was unannounced. The inspection team consisted of three inspectors on 24 and 25 July 2017 and one inspector on 26 July 2017. Additionally, an expert by experience was present on 25 July 2017. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 19 people who used the service, 15 people's relatives or those acting on their behalf, four 'house' manager's, 22 members of staff [including qualified nurses, senior care staff and care staff], staff responsible for providing activities to people living at the service, the registered manager, the deputy manager, the clinical nurse lead and the regional director. Additionally, we spoke with four healthcare professionals.

We reviewed 23 people's care plans and care records. We looked at the service's staff support records for five members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

People confirmed to us that staff looked after them well, their safety was maintained and they had no concerns. One person told us, "I definitely feel safe living here; I have no concerns or grumbles." Another person told us, "Safe, yes I think so. If I didn't feel safe I would tell my relatives, they would definitely do something about it." A third person told us, "It's a nice place to live and I feel safe." Relatives spoken with told us their family members were safe and this gave them peace of mind. One relative told us, "I don't worry at all; I know [Name of person using the service] is in safe hands." A second relative told us, "I feel 99% confident that my relative is safe."

The management team and staff demonstrated a good knowledge of safeguarding procedures and how to identify and report abuse. The incidence of safeguarding concerns at the service was low to the current registered provider company. Staff had received safeguarding training and knew the actions to take if they witnessed or suspected abuse. Staff confirmed if they were not satisfied with the actions taken by the management team or the provider they would not hesitate to contact external agencies such as the Local Authority, the Care Quality Commission or the police. Staff knew about whistleblowing procedures and confirmed there was a confidential 'Speak Up' hotline to raise any areas of concern and told us they would feel confident to do this.

Where risks were identified to people's health and wellbeing, staff were aware of people's individual risks and had the information they needed to support people safely. Risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. This included risks associated with various clinical procedures and conditions, for example, people who had a Percutaneous Endoscopic Gastrostomy [PEG] tube in place to meet their nutritional needs, diagnosed with diabetes, at risk of falls or had developed a pressure ulcer. Risks were reassessed and monitored at regular intervals as a means of identifying where additional support was needed and to mitigate future risk.

Our observations showed that staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. For example, where people remained in bed throughout the day and were unable to use call alarms so as to summon staff assistance, staff told us and records confirmed that hourly checks had been completed. The clinical lead had a clear understanding of people's individual risks and these were reviewed as part of their daily 'walk around' and in-depth weekly clinical review meeting.

Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP). The registered manager had received a recent letter from the Local Authority regarding the provider's legal duties with respect to fire safety following a recent nationally reported major fire incident in June 2017. A fire risk assessment was in place for each house. The registered manager confirmed that appropriate fire detection and warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured that the registered provider was able to respond effectively to fire related emergencies that may occur at the service. Staff spoken with were aware of the service's fire procedures and what to do in the event of an emergency.

People's comments about staffing levels were variable and this referred specifically to Cephas House, Victoria House and Boyce House. One person told us, "Staff are good, but not enough though." Another person told us, "They [staff] are so busy; they haven't got time to speak to me for long. They rush around like 'blue arse flies." A third person told us, "I buzzed, but waited an hour for a wash today. Sometimes they [staff] are too rushed." Relatives on these houses also confirmed that in their opinion there were not always enough staff available, particularly to answer people's call alarms and to provide care in a timely manner. Additionally, staff's comments relating to staffing levels were also variable and not all staff felt there were sufficient staff on duty.

Although the above comments were told to us, our observations on Victoria House, Cephas House and Murrelle House showed that the deployment of staff was suitable to meet people's care and support needs. Although there were sufficient staff available on Boyce House as told to us by the registered manager and house manager, staff told us there were occasions when they struggled to provide good care, particularly at night. On the second day of inspection we arrived at the service at 06.45 a.m. We found that five people on Boyce House had been washed, partially dressed and placed back into bed. Each person was noted to be asleep, however the overhead lights were on and their curtains had been opened. We discussed this with the qualified nurse and they confirmed there were occasions when people were washed from 06.00 a.m. as a means to assisting the day staff with getting people up and ready for the day. This suggested that staffs practice was service-led rather than person-centred. Our observations also showed several people remained in bed. It was difficult to determine how staff made this decision given that some people were unable to verbally communicate their wishes or give informed consent. We discussed this with the registered manager and management team and an assurance was provided that the above would be reviewed so as to ensure this was not happening for staff's convenience and benefit.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for five members of staff appointed since 1 February 2017 showed the provider had operated a thorough recruitment procedure in line with the organisation's policy and procedure. This showed that staff employed had the appropriate checks to ensure they were suitable to work with the people they supported. These included the attainment of written references, ensuring that the applicant provided proof of their identity, undertaking a criminal record check with the Disclosure and Barring Service [DBS] and conducting employment interviews. Staff told us that the recruitment process was thorough and they had not been able to start work until the above checks had been carried out.

Comments about the provider's medication arrangements from people using the service were positive. One person told us, "I always get my medicines, I have no concerns." Another person stated, "The staff always ensure I receive my medicines. I don't think there has ever been a time when staff has forgotten to give me my medication."

The service's medication arrangements were viewed within each house. Medicines were generally stored safely for the protection of people who used the service, with secure storage arrangements in place for staff authorised to have access. During the inspection we observed on Cephas House that one person had been given their medication and staff had signed the medication record to indicate this had been administered and taken. However, the person told us, "They [staff] just leave the medication on my table look." The person showed us an empty medicine pot and paracetamol tablets wrapped in a hankie. This was immediately brought to the management team's attention and an internal investigation initiated to ensure lessons were learned.

Our observation of staff practice in relation to medicines management was good and staff were seen to undertake this task with dignity and respect for the people they supported. For example, fluid was provided

to support people to take their medicine in comfort and people were allowed enough time to take their medicines without being hurried. Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for 30 out of 98 people living at the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. An assessment was completed to establish whether people were safe to self-medicate and independently take their own medication. We saw examples whereby some people were managing their own medicines and/or applying emollients and topical creams.

Staff involved in the administration of medication had received appropriate training and had their competency assessed annually or sooner if required. Medication audits were completed each month and a 'rag rating' score provided. This is a 'traffic light' system used as a clear and visual cue to scoring and creating focus in improving the service. Where areas for corrective action were recorded, these had been addressed.

Good

Is the service effective?

Our findings

Staff were trained and supported effectively, which enabled them to deliver appropriate care to the people they supported. Staff confirmed they received regular face-to-face training opportunities in a range of subjects. They told us this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Observations showed that staffs training was embedded in their everyday practice. Staff survey results for April and July 2017 recorded, 'Training was very informative and helped massively' and, 'Training given really helps when it comes to the actual job. All staff members are really welcoming and there to support you if anything is wrong.' Staff told us this ensured their knowledge and understanding of how to care for people using the service safely and competently was current and up-to-date. Staff stated if they required additional training relating to a specialist topic, they were able to make a request and this would be provided. Records confirmed what staff told us and showed that their mandatory training was up-to-date and several members of staff were being supported to undertake and complete additional training under the Qualifications Credit Framework [QCF]. One member of staff told us, "They [provider] put me in for Level 2 and now I'm doing Level 3."

The registered manager confirmed and records showed that all newly employed staff received a comprehensive induction and this related to the completion of the 'Care Certificate' Induction Programme, including a standardised induction about the organisation. This incorporated a five day workplace induction appropriate to an employee's role, which included an 'orientation' induction of the premises, observation of practice and opportunities to shadow a more experienced member of staff for several shifts. Staff were positive about the provider's induction arrangements. One member of staff told us, "Although I had no previous experience in care before coming here, the induction was really good. It has helped me greatly and others [staff team] have been very supportive. The team are 100% supportive, including the deputy manager and clinical lead."

Staff told us they felt supported by their individual 'house managers' and members of the management team. One member of staff stated, "[Name of house manager] is great and extremely supportive. I can always go to them and they always listen to me and provide good support and advice." All staff spoken with told us they received regular formal supervision and an annual appraisal of their overall performance. The management team monitored these were taking place. These took place either one-to-one, or in a group within individual care teams.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff confirmed they received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate a good knowledge and understanding of MCA and DoLS and when these should be applied. Care records identified people's capacity to make decisions. Where people were deprived of their liberty, for example, due to living with dementia, appropriate applications had been made to the Local Authority for DoLS assessments to be considered for approval. This meant that the provider had acted in accordance with legal requirements.

From our discussions with people using the service and those acting on their behalf, we were assured that staff understood the importance of giving people choices and respecting their wishes. Staff were aware of how to support people that could not always make decisions and choices for themselves. For example, we observed people being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities. Relatives confirmed they were consulted about their family members care. Documents had been signed by people or those acting on their behalf to show they had consented to their care and had been involved in their care planning.

People's comments about the meals provided were variable. One person told us, "It's nice food, I'm finicky." Another person told us, "The food is very nice. I like everything I am given and have no grumbles." Others told us, "The food today wasn't great, the meat is always chewy" and, "I don't eat much, I'm not keen on the food here."

People told us they were always given a choice of meals and meals provided were sufficient in quantity. Our observations showed that the dining experience within each of the four houses was positive. People were able to choose where they ate their meal, for example, at the dining table, while some people remained in their lounge chairs with tables placed in front of them and others ate in their room. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner by staff, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. People were supported to use suitable aids to eat and drink as independently as possible, such as to eat their meal using a spoon, to eat using their fingers and the use of specialist beakers. This showed that people were enabled and empowered to maintain their independence and skills where appropriate.

Staff had a good understanding of people's dietary needs and abilities. The catering staff were knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet. Peoples' nutritional and hydration needs were assessed and recorded and where healthcare professionals, for example, the dietician or a member of the Speech and Language Team [SALT] were needed, appropriate interventions were provided. A weekly clinical meeting was undertaken on each house to ensure information and guidance was available for staff to follow and referrals made. For example, one person's records made reference to the palliative care team visiting but this had not happened. This was picked up at the weekly clinical meeting and followed up by the clinical lead.

People told us their healthcare needs were well managed and they received timely treatment when they were unwell. One person told us, "Staff were on the ball when I got injured; they put a cushion under my head and got me help straight away." Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. Staff were able to demonstrate a good understanding of people's ongoing healthcare support. A member of staff told us a person used a ball to squeeze so as to strengthen their arms and hands. However, they didn't like to use it and so staff bought them an elephant that you squeeze and its eyes pop out. The staff member advised that the person loved the new piece of equipment and was more willing to undertake the exercises. They told us, "Sometimes we

have to think about how to adapt things to help people's health improve." People's care records showed their healthcare needs were clearly recorded and this included evidence of staff interventions and outcomes of healthcare appointments.

Healthcare professionals were complimentary about the care and support provided by staff employed at the service. One healthcare professional told us, "Staff look after people well. I have no concerns about the care. People always look cared for. The clinical lead is very good and links in with the [GP] surgery about any concerns. We have a good working relationship." Another healthcare professional stated, "I find the staff here really good at following through advice. I really believe that staff here want people to improve. We get the referrals through the GP but the staff are good at phoning for advice if they need it or asking for a re-referral."

Good

Is the service caring?

Our findings

People were satisfied and happy with the care and support they received. One person told us, "The staff are very nice, can't fault them, they are lovely." Another person told us, "The staff are very kind and caring." A third person told us, "The staff here are absolutely excellent. They can't do enough, always looking out for what they can do; they are like a second family." Relatives confirmed they were happy with the care and support provided for their member of family and that staff knew their member of family's care needs.

The atmosphere within each house was observed to be welcoming, calm and friendly. Staff knew the people they cared for well and had built up positive caring relationships with them. For example, staff demonstrated a good knowledge and understanding of one person's end of life care needs, including their personal preferences, likes and dislikes. A keyworker system was in operation and each keyworker spoken with knew about the people they were responsible for. Staff told us, "We really love the people we look after. [Name of staff member] is always coming in on their day off to read to [Name of person using the service], and sometimes they do activities with another person. We all try to come in on special days to make it really good for people living here. We are a family." Another member of staff told us a person using the service did not receive regular visits from family or friends but received numerous letters and correspondence instead. Whenever the person received a letter, staff assisted them to write back.

Staff had a good rapport with the people they supported and there was much good humoured banter during the inspection which many people appeared to enjoyed and welcome. We saw good staff interaction and people were seen to be comfortable and relaxed in staffs' company. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink, supporting people to mobilise within the home environment or just talking to people. We saw that staff communicated well with people living at the service by listening to them and talking with them appropriately, such as with warmth and genuine affection.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events that had happened in their lives and people and places that were familiar to them. Some people had memory boxes outside of their room which family members had filled with photographs and meaningful objects. Additionally, care plan information relating to 'My Day, My Life' provided details about people's past hobbies and interests, employment opportunities, family members, places they had visited and special dates and memories. All the staff that we spoke with felt that the care and support provided to people was good and they were generally able to meet people's needs to a good standard.

People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. Our observations showed that several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support. Where people were not always able to maintain their independence, for example whilst mobilising, staff support was readily available. Staff were observed to assist people to walk by supporting them by walking

beside them and placing their hand on the person's arm or back and talking to them so as to provide comfort and reassurance. Staff walked at the person's pace, showing patience, kindness and understanding in their approach.

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. One person told us, "They [staff] always draw the curtains and keep me covered up when they help me with my care." Our observations mostly showed that staff respected people's privacy and dignity. We saw that the majority of staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. People were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth, for example, to wear clothes that they liked, that suited their individual needs, were colour co-ordinated, included jewellery and were appropriate to the occasion and time of year. However, not all people using the service were observed to have their own individual manual handling sling and had to share with others. Additionally, an unknown member of staff on Cephas House had drawn an angry face on a piece of paper and placed this on one person's bedroom door. This was inappropriate and suggested that staff did not have respect or regard for this person. We advised the management team of the situation. The management team including the regional director took our concerns seriously by apologising to the person for any distress caused, immediately removing the piece of paper and initiating an internal investigation.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed there were no restrictions when they visited and were always made to feel welcome.

Cephas House provides care for people requiring palliative care or who are assessed to be at the end of their lives. Arrangements were in place for staff to receive palliative care and end of life training and those that had completed this were knowledgeable on the subject. One member of staff told us, "It was a really good course. I had never considered half the things they spoke about, like actually how to care for someone after their death and with such dignity. The course was really helpful." The house manager confirmed that action was taken to ensure the service was able to support people irrespective of their ethnicity, faith or culture. The house manager provided an example where they had provided comfort and support to a person who was at the end of their life. Appropriate care and comfort was provided in line with the person's faith and cultural needs so that they received a dignified death.

Good

Is the service responsive?

Our findings

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs and provided sufficient information to inform the person's initial care plan. Individual house managers confirmed that prospective people wishing to attain a placement at Godden Lodge Care Home and family members were invited to view the service prior to admission. People were encouraged to bring in personal possessions and items so that their room was familiar to them and to help them settle into the new environment.

People's care plans included information relating to their specific care needs and how they were to be supported by staff. The majority of care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. Minor improvements were required to ensure people's preferences, likes and dislikes were recorded. Relatives confirmed they had been actively involved or had the opportunity to be involved in providing information to inform their member of family's care plan, particularly at the pre-admission stage and to explain their life history. Relatives also told us they were involved and included in reviews relating to their member of family. Comments included, "I have had one review since January [2017]" and, "I've been involved right from the start. We reviewed the care plan a month ago. The staff keep me up-to-date with things" and, We had a review a little while ago. They [staff] include me in all decisions, I'm really pleased."

Staff told us that some people could become anxious or distressed. Whilst guidance and instructions for staff on the best ways to support the person were recorded, these were noted to be simplistic and provided minimal detail relating to known triggers and the specific nature of the person's behaviours. The record of the behaviours observed and the events that preceded and followed the behaviour, required improvement so as to provide a descriptive account of events including staff interventions. Although the above was noted, staff were able to demonstrate a practical understanding and awareness of the support to be provided so as to ensure the individual's, staffs' and others' safety and wellbeing at these times.

Staff told us that they were made aware of changes in people's needs through regular handover meetings each day and from discussions with senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

People's comments relating to social activities were variable and it was evident from our observations during the inspection that people residing on Victoria House, Murrelle House and Boyce House were able to enjoy meaningful daytime activities according to their individual interests, diverse needs and capabilities. However, improvements were required to ensure that where people spent the majority of their time in bed and/or in their room, better evidence was required to demonstrate how their social care needs were met.

People spoken with knew how to make a complaint and who to complain to. One person told us, "I spoke with the house manager this morning. I can speak to them at any time. I got some feedback; they [House Manager] are very approachable." Another person told us, "If I had any concerns I would walk straight into the office and talk to the house manager. If I have any concerns they sort it straight away." Relatives

confirmed they were confident that they could raise any concerns and these would be listened to and acted upon. A relative told us, "The house manager has an open door policy. We can talk to them as and when we need to. I have not had to raise any complaints." People confirmed if they had any concern they would discuss these with the management team or staff on duty.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. The complaints log was well maintained and included a record of all issues raised, action taken and the outcome. A record of compliments was also maintained so as to capture the service's achievements.

Good

Is the service well-led?

Our findings

People, relatives and staff told us the registered manager and key members of the management team were visible at all levels. People knew who the manager was and told us that the service was well led. One person told us, "[Name of registered manager] is very approachable." Another person told us, "The manager is very nice. If you have a problem you can talk to him, you see him around, he gets things done."

The registered manager had good oversight of the service and understood their key responsibilities of this role. They were supported by a deputy manager, clinical nurse lead and house managers for the individual houses. Additionally the registered manager and management team had resources and support available from within the organisation to help drive improvement and attain compliance with the fundamental standards. Staff understood their roles and how these linked together so as to provide safe and continuous care to people.

The registered manager and management team were able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf and seeking the views of staff employed at the service. In addition to this the registered manager monitored the quality of the service through the completion of a number of clinical and non-clinical audits. For example, one of the audits measured the care provided through four key themes; quality of care, quality of life, quality of leadership and management and quality of the environment. The data collated provided an overview of the emerging trends across the service each month. The audit also provided both qualitative and quantitative information, such as the incidence of accidents and incidents, hospital admissions, pressure ulcers, falls and infections. These showed that arrangements were in place for the gathering, recording and evaluation of information about the quality and safety of the care and support the service provides, and where improvements were needed.

At this inspection we found compliance had been attained and maintained in several areas since our last visit in June 2016 so as to protect people using the service against the risks of receiving inappropriate or unsafe care. For example, suitable quality assurance arrangements were in place to identify where improvements to the service were needed. Appropriate control measures were in place to mitigate risks or potential risk of harm for people. Medicines management within the service was compliant with regulatory requirements. The dining experience across the service was better so as to ensure this was now a positive occurrence for people and care plans were reflective of their care and support needs. The registered manager and management team were made aware that improvements were still required in the way the service and staff supported people to lead meaningful lives and to participate in social activities, particularly for people who remained in bed or their bedroom throughout the day.

Staff demonstrated they were clear about the registered manager's and provider's expectations of them. Staff were aware of the organisation's aims, objectives and values [Code of Practice]. Prior to our inspection a television programme had been aired and this showed poor care practices adopted by some staff in a care home run by the same organisation. The regional director and registered manager advised that immediately following the programme being shown on television, meetings with the senior management team and

house manager's had been undertaken to discuss the findings and outcomes of the programme. Subsequent discussions had also been undertaken with staff from each respective house and staff confirmed this as accurate. Additionally, unannounced visits had been undertaken at night so as to monitor staffs practice.

Staff told us they were well supported and that their views were respected and they were able to express these and their opinions freely. Staff confirmed there was a confidential 'Speak Up' hotline to raise any concerns if the need should arise. In general staff felt that the overall culture across the service was open and inclusive and that communication and morale amongst the staff teams was generally good. Staff confirmed they enjoyed working at the service and within their respective house or houses. One member of staff told us, "I love it here, we have a good management team and through the deputy manager and clinical lead I have learnt so much".

The registered manager told us that day-to-day monitoring of the houses was completed through a daily clinical 'walk around' and '11 at 11' meetings. The latter is a daily meeting whereby a member of staff from each house and a representative from each department come together with the registered manager and management team. Emerging issues were discussed at these meetings so as to formulate the actions to be taken to address any concerns identified. Staff meetings had also been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service and minutes of the meetings confirmed this.

The registered provider had initiatives to reward staff for their hard work and loyalty. For example, people using the service, relatives and others could nominate a member of staff in recognition of the high standards of care given to a person who used the service [Everyday Hero]. Additionally, staff could receive a financial payment if they 'referred a friend' to the organisation.