Meridian Healthcare Limited

Acacia Court

Inspection report

Crawshall Hill
Pudsey
Leeds
West Yorkshire
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Date of inspection visit:
26 July 2016
27 July 2016

Date of publication:
10 August 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 26 and 27 July 2016. The first day was unannounced and the second day was announced. We carried out an inspection in December 2015, where we found the provider was meeting all the regulations we inspected.

Acacia Court is located in the centre of Pudsey, close to local services, bus routes and within walking distance of Pudsey town centre. Acacia Court provides care and accommodation for 41 older people. Bedrooms are on three floors and all have en suite facilities, there are also specialist bathing and shower facilities. There are private gardens and patio areas for people to enjoy.

At the time of this inspection the home had a registered manager. 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.

There was opportunity for people to be involved in some activities within the home or the local community. However, we have made a recommendation about people's individual wishes and reviewing of the activity programme.

During our inspection we saw people were treated with kindness and patience. People's care plans contained sufficient and relevant information to provide consistent, care and support. However, some staff told us they did not get time to read them. Staff knew how to respect people's privacy and dignity.

People's medicines were handled and managed well by staff. However, we were told by some staff they had been asked to give people their medicines without been observed and the MAR was then signed by the senior staff member. This was been investigated by the registered manager.

People who used the service told us they felt safe. We found there were appropriate systems in place to protect people from risk of harm. Individual risks had been assessed and identified as part of the support and care planning process.

We found people were cared for, or supported by, sufficient numbers of experienced staff. Robust recruitment procedures were in place and staff completed an induction when they started work. Staff told us they felt supported by the registered manager and training was available.

Staff had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw further training had been arranged for October 2016. Staff supported people to make day to day decisions about their care and support.

We found people had access to healthcare services to make sure their health needs were met. A new menu

had recently been introduced which was more nutritionally balanced and offered variety. People were getting used to the new menu and in the process of providing feedback to the registered manager.

Complaints were responded to appropriately and people were given information on how to make a complaint. Most staff said the registered manager was approachable and listened to them. People had opportunity to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were handled and managed safely by staff. However, we were told by some staff they had been asked to give people their medicines without been observed and the MAR was then signed by the senior staff member. This was been investigated by the registered manager.

The home was comfortable and well maintained. Risks to people's safety were assessed and acted on. People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it.

Staff were recruited safely and there were enough staff to meet people's needs and to keep them safe.

Is the service effective?

Good

The service was effective in meeting people's needs.

Staff training provided equipped staff with the knowledge and skills to support people safely and staff had the opportunity to attend supervision.

Staff we spoke with could tell us how they supported people to make decisions. The registered manager told us everyone had the capacity to make their own decisions and DoLS applications would be submitted when appropriate.

People were getting used to a new menu that had recently been introduced which was more nutritionally balanced and offered variety. People attended regular healthcare appointments.

Is the service caring?

Good

The service was caring.

People valued their relationships with the staff team and felt that they were well cared for. We observed staff were kind and caring throughout our inspection.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Requires Improvement

The service was not always responsive to people needs.

We saw a list of activities was displayed in the home but not all of them were carried out. We have made a recommendation about people's individual wishes and reviewing of the activity programme.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support. However, staff told us they did not always have time to read them.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a quality assurance system in place so that the registered manager could monitor the service and plan improvements.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

Acacia Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 July 2016. The first day was unannounced and the second day was announced. The inspection team consisted of one adult social care inspector.

At the time of this inspection there were 35 people living at Acacia Court. We spoke with eight people who used the service, three relatives, a visiting professional, 13 members of staff, the registered manager, assistant director of operations and the operations director. During the inspection we reviewed a range of records that related to people's care and support and the management of the home. We looked at three people's care plans.

Before the inspection, the provider had 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 also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. The local authority told us they had carried out a monitoring visit in April 2016 and had some concerns around activity provision and recording were noted. Residents spoken with said they enjoyed living at the home. Healthwatch held no information regarding Acacia Court. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

People told us they got their medication in a timely manner. One person told us, "I have my medication four times a day and the next lot will be at lunch." Another person told us, "They are first class with medications." A relative we spoke with said, "I am very confident my mum gets her medications when she needs it."

We looked at the management of medicines in the home. Staff told us they undertook medication training and competency checks were completed. We saw medication competency checks had taken place in May 2016 for the senior members of staff. The training records we looked at confirmed staff had received medication training.

We saw the medication audits were carried out monthly and five medications were checked each day for different people who received medication. We saw actions had been recorded, when needed, as a result of the audits.

The arrangements in place for the storage of medicines were satisfactory. The room in which the medicines were stored was clean and tidy. We saw the room and fridge temperatures were taken and recorded daily. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicines. For this, medicine administration records (MARs) were used. The MAR contained a photographic record for each person, how the person liked to take their medication and allergy information.

Most medication was administered via a monitored dosage system supplied directly from a pharmacy. We looked at a random selection of MAR's and saw medicines were signed for, which indicated people were receiving their medicines as prescribed and any refusals or errors were mostly documented. We were told by some staff members they had been asked to give people their medicines by a senior staff member without been observed and the MAR was then signed by the senior staff member. One staff member told us, "Senior asks me to give out meds but I don't sign the MAR." This practice was not safe. Other members of staff told us they were never asked to give out medicines. We spoke with the registered manager who commenced a formal investigation process, which was still on-going at the end of our inspection.

Topical medication administration records were used to record the administration of creams and ointment. These had information about how often a cream was to be applied. We did not see body maps were in place to show which area of the body the cream or ointment should be applied. A staff member told us they did have body maps but they had been removed in error. At the end of our inspection new body maps had been completed showing the relevant areas for people's creams and ointment to be applied.

The controlled drugs (CD) records were completed and no gaps were noted. We looked at the CD's and found these were securely stored. Some people were prescribed medicines to be taken only 'when required', for example, painkillers. Staff were able to explain why and how they would administer the medication and there was guidance in place for staff to follow if needed.

People told us they felt safe in the home. One person said, "I feel safe, staff usually stand by the side of me." Another person said, "I used to keep falling but now I am safe." A third person told us, "I feel safe and secure." One relative we spoke with told us, "I feel my mum is safe."

Staff we spoke with told us people were safe. Comments included, "People are safe, we do hourly checks, have sensor mats in some rooms and buzzers in people's room, which are answered timely. Some people also have wrist call bells."

Care plans we looked at showed people had risks assessed appropriately and these were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover activities and health and safety issues. These included choking, falls, sensitivity to medications and pressure care. The risk assessments identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. However, not all staff we spoke with were aware where to find people's personal emergency evacuation plans but were aware of people's mobility needs. We saw equipment had been regularly tested and all the certificates we saw were in date. For example, gas safety certificate was dated November 2015 and the lifting equipment certificate was dated June 2016.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and the records we looked at confirmed this. We saw several general and environment risk assessments were in place, which included use of heat pads, kitchen equipment and if there were to be a heatwave. We saw upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows. This meant the premises were comfortable and safe.

In the PIR the provider told us 'We plan to have the open stairwell in reception covered to a degree where it will minimise the risk of future falls but keeps in sync with the high level of decor and homely atmosphere'. We saw this had been completed at the time of our inspection.

Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. One staff member said, "This made me more vigilant about people's safety." The staff training records we saw showed staff had completed safeguarding training. Staff were aware of the whistleblowing policy and knew the processes for taking concerns to appropriate agencies, outside of the service, if they needed to.

Staff told us they were confident safeguarding information would be reported appropriately by the registered manager. We saw safeguarding notifications were been reported to the Care Quality Commission. The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

People who used the service and relatives we spoke with thought there were enough staff to meet their needs. One person said, "If I ring my bell they come soon and there is always someone around when you

need them." One relative told us, "There always seems to be enough staff around." One person told us, "Staff are very good but I don't think there is always enough. Sometimes you have to wait to get up on a morning."

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our inspection the home's occupancy was 35. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff.

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or the home used bank staff, which helped to ensure there was continuity in service. We looked at the rotas for the past six weeks and saw the majority of shifts were covered.

Most staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work. One staff member said, "There are mostly plenty of staff but if someone rings in sick other staff members step in. Buzzer are answered as quickly as possible, we have a pager which alerts to the room number. Some people have a wrist band they can use to call for assistance if needed." Other comments included, "Sometimes there is enough staff and sometimes not, 9/10 shifts get cover. We work well as a team; there is no delay in people receiving the care they need", "Staffing is good, good team work", "Generally shifts are covered", "We all try and pull together if someone rings in sick" and "Generally enough staff and we work as a team, I really enjoy coming to work."

Some staff thought they did not have time to sit and talk with people and following teatime were particularly busy due to carrying out kitchen duties. One staff member, "We do not have enough staff all the time, mainly in the afternoon and during teatime. They have asked for another staff member. Shifts don't always get covered." Another staff member told us, "We serve the evening meal and have to do the washing up." We spoke with the registered manager who told us staff were required to fill the dishwasher following the teatime meal. We followed this up with the provider.

In the PIR the provider told us, 'Staffing levels are consistently maintained with the appropriate skill mix to ensure our residents remain safe. The staffing levels are reviewed regularly when the operations director or assistant operations director visit'.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Disciplinary procedures were in place, which helped to ensure standards were maintained and people kept safe.

Good

Is the service effective?

Our findings

Staff we spoke with told us they received training which was relevant to their role and said they found this helped them carry out their role.

We looked at staff training records which showed staff had completed a range of training sessions, which were conducted face to face or by e-learning. These included infection control, basic life support, nutrition and hydration and safer people handling. We saw records which showed where training had expired. The registered manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. We saw staff did not always complete training where people had specific conditions, for example Parkinson's awareness. However, one staff member told us they had fact sheets for specific conditions, which provided staff with relevant information about the condition. We saw some staff were in progress of obtaining or had obtained National Vocational Qualifications. We also noted future training had been planned, which included safeguarding, person centred care and emergency procedures.

We saw evidence of regular individual and group supervisions. Group supervisions took place to ensure staff were aware of changes to care regimes or to reinforce good practice. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. This meant systems were in place to support and develop individual staff member's skills. We saw staff had received an annual appraisal

We were told by the registered manager staff completed an induction programme which included orientation of the home, policies and procedure, training and carrying out shadow shifts. We looked at staff files and were able to see information relating to the completion of induction.

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).

The registered manager told us everyone had the mental capacity to make their own decisions and no-one was being deprived of their liberty. We observed staff supported people to make choices throughout the day. Staff explained things and got people's permission before care or support needs were carried out. One staff member told us, "People are given choices during the day of what meals they would like, where they would like to sit or if they want to go outside or spend time in their room." Another staff member said, "It is about giving each individual their own choice." One person who used the service told us, "I chose my jumper today."

The registered manager and most staff had a good understanding of the MCA and the DoLS procedures. The

training records showed 70% of staff had completed 'understanding the Mental Capacity Act and DoLS'. One staff member told us, "I am not sure about how many people have a DoLS or the MCA." Another staff member said, "Some people have a DoLS in place." We saw further training had been arranged for October 2016. We spoke with the registered manager who agreed to clarify the number of DoLS in place with all staff members.

In the PIR the provider told us, 'Residents are encouraged to participate in making decisions about their care. Where there are decision specific areas of care and treatment that require written consent, this is recorded and assessments of capacity are considered prior to gaining this written consent'. We saw in people's care plans consent for the use of their photograph had been signed by the person and discussions had taken place with people regarding their 'do not resuscitate' wishes.

We asked people about the food they received. Some people were complimentary about the food while some felt the food was sometimes not as nice as it used to be. People told us, "The food is nice", "Food varies, we have gone onto a new menu and we have gone a bit continental", "They give you plenty to eat and it is very nice", "Food is well prepared and nice. Portion sizes are slightly less than I like so I order more, which comes."

We observed the lunch time meal and saw tables were set with, place settings, condiments, napkins and flowers. The food was freshly cooked and looked appetising. We saw the meal service was not rushed and we noted pleasant exchanges between people living in the home. People could choose to eat in their own bedroom and staff asked people what they would like to eat. The atmosphere was calm and relaxed.

The registered manager told us they had recently introduced a new menu which was healthy and more nutritionally balanced. We saw the resident meeting minutes for June 2016, showed discussions included the menus and options. We received mixed comments from staff about the new menu. One staff member told us, "Food is good; I would eat some of it." Another staff member said, "Menus have just changed and residents were happier with the old menu, menu is a bit spicy." Other comments included, "New menu does not suit the cliental", "Food is good and it smells nice. People eat quite well", "People are getting used to the new menu" and "It is fresh and healthier, soup used to be powdered, now it is freshly made and no one is losing weight."

One staff member told us, "We have all different foods to what people are used to. People are not eating as much. I was not asked about the change in menu. Tea is always sandwiches; there is no real hot option for tea." On the first day of our inspection the teatime meal was ham and pea soup or bubble and squeak on a nest egg. On the second day of our inspection the teatime meal options were spring vegetable and basil parmesan soup or jumbo cod fish finger with coleslaw. We noted sandwiches were also provided as an alternative if people did not want a choice of the main menu.

In the PIR the provider told us, 'Some residents are a little apprehensive about the changes but all have agreed to try the new menus. Residents will be supported throughout the change and any concerns will be recorded'. The registered manager told us they were discussing the new menus at resident and relative meetings and were in the process of gathering people's comments.

We spoke with the cook who was able to fully explain people likes, dislikes and were aware of people's dietary needs, for example, people that required a diabetic diet. The cook told us they were always plenty of fresh fruit and vegetables and they were getting used to the new menu but the food was more nutritious with more variety. They said they would prepare meals to suit the person's likes.

We saw snacks and drinks were available throughout the day with staff having access to the kitchen when the chef had finished work for the day.

In the PIR the provider told us, 'We are implementing the 'Food in Focus' programme that will be phased in. This will enable a balanced and varied menu that is backed by research that gives a nutritious, healthy and varied menu. This programme will drive improvement in food quality and choice and improve the wellbeing'.

We saw evidence in the care plans that people received support and services from a range of external healthcare professionals. These included GP's, district nurses, opticians and chiropodists. Staff we spoke with told us one local health professional attended the home on a weekly basis to review any individual concerns. Staff told us, "Optician comes in. I took a lady to the local dentist not so long ago", "Nurse comes every Tuesday", "Optician and dentist come in" and "Different professions come in." This helped ensure people's health care needs were being met.

We saw staff members had involved health professionals in a timely way when people had become unwell. We spoke with one visiting health professional who told us, "Staff contacted the surgery appropriately. Resident care is good and it is a lovely home, people thrive." On occasion they said some staff would try and make decisions that a qualified person would be best placed to make.

One person who used the service told us, "I have been to the chiropodist." Another person said, "I have to go to hospital this week to have my eyes done. I can go to the doctor if I need to." Other comments included, "Doctor comes if I am not well."

Good

Is the service caring?

Our findings

People told us they were happy and liked living at the home. Comments included, "They look after me well and staff understand me", "It is not so bad, every day is different", "I like it, it is very clean and it is like this all the time. They would worry if they did not see me get out of bed. Staff look after me more than well. It is like a palace", "I am happy everyone is nice" and "I read the CQC report before I came and the first impression is good, I hope they get a good mark, they deserve it."

One relative we spoke with told us, "We are very happy. Staff are lovely, friendly and helpful. The have good team work and good moral, things get done quickly." Another relative told us, "Staff are brilliant, if you need anything they are there."

Staff we spoke with told us they were confident people received good care. One staff member said, "It feels homely. We have good standards of care, I have no concerns." Other comments included, "Care is good, this is the best care home I have worked in", "People are presented well and are well looked after", "People are well looked after and I would have a family member live here" and "People look presentable and we meet people's needs."

People were very comfortable in their home and decided where to spend their time. The premises were fairly spacious and allowed people to spend time on their own if they wished. We saw people sitting in one lounge area watching TV or chatting between themselves and some people were spending time in their bedroom.

During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. It was evident from the discussions with staff and registered manager they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Staff knew people by name, and some of the conversations indicated they knew what people liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people.

People's care was tailored to meet their individual preferences and needs. People looked well cared for. They were well dressed and clean in their appearance which was achieved through good standards of care.

The home operated a key worker system for the people who used the service, when asked, the care staff explained the role, involved ensuring a person's personal care and effects were appropriate and in order and liaising with their relatives and health professionals. Some people and/or their family member we spoke with told us they were involved in developing their care and care plan. The home also operated 'Resident of the Day, which helped ensured people's care was planned effectively, reflected their needs and their soundings were comfortable. Each person was allocated a specific day of the month where they were 'Resident of the Day'.

In the PIR the provider told us, 'We will introduce role play into team meetings and get staff more involved in person centred thinking, for example, putting yourself in a residents shoes for a day and asking yourself how would I feel if that was me or my parent'.

People told us they were treated with respect and their privacy and dignity was taken care of. One person said, "People knock and come in. My dignity is respected." Another person told us, "I am a very private person and this is respected. I always get my own clothes back from the laundry."

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individual personal space. Staff gave examples of how they maintained people's dignity. One staff member told us, "I like to make people feel at ease and make sure the door is shut and people are covered with a towel when I am doing personal care." Another staff member said, "I close doors and curtains if need to maintain dignity."

We saw dignity information was displayed in the entrance to the home and saw relatives and visitors were able to visit without restriction.

Requires Improvement

Is the service responsive?

Our findings

We saw people spending time in their rooms or in the lounge areas. During the inspection a church service was conducted which was well attended and people were playing dominos in the dining area. We saw some people had a small patio area outside their bedroom where they were able to grow flowers and other people were using the main garden area at the front of the home. One person told us, "I sit out if the weather is nice. I join in with the bingo and dominos." Another person told us, "I don't join in with things, I keep myself busy. I sit out when it is nice." A relative we spoke with said, "I have never seen any activities in the morning."

We saw the list of activities displayed on a notice board in the home, which included knit and natter, singing for the brain and a vocalist. We spoke with the activity co-ordinator who told us they arranged specific activities which included a recent Summer fair. They told us people liked bingo and dominos. However, they said not all the activities displayed on the notice board took place. They said, "If I am not here things don't happen." The activities coordinator told us they did visit people in their room and were in the process of producing a life history for everyone. They also said sometimes they had movie nights on a Saturday and a games night on a Sunday.

Staff we spoke with said, "People have enough to do and they do really well with the activities. Someone comes and does arm chair exercises", "Could be more activities", "People have variety" and "Activities are good, bingo, dominos, church service and tea parties. People enjoy the activities and a couple of people like to knit."

We saw the resident meeting minutes dated June 2016, activities had been discussed. One comments stated, 'three residents explained they would like to do baking on a Saturday afternoon'. The activities coordinator told us this had not happened. The registered manager told us they had ordered some equipment for people to be able to bake. They also said they were in the process of reviewing the activities in the home and the number of hours that was allocated to activities.

We recommend the provider determines what people's individual wishes are and look at producing a programme of activity that people would like to take part in and that actually takes place.

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

Staff we spoke with told us the care plans contained relevant information to help meet people's individual needs. One staff member said, "Care plans are alright." Another staff member said, "Care plans are reviewed monthly and reflect accurately people's needs." A third staff member said, "They are informative and tell you

about passed needs." However, some members of staff told us they did not always have time to read the care plans, One staff member said, "I have not sat down and read the care plans but I know about people's needs by speaking to them and other staff." Another staff member said, "We do not have enough time to look at the care plans."
We saw from the staff meeting minutes dated May 2016 one action point stated, 'all staff to read new care plans and sign within four weeks'. The registered manager told us they had not happened as yet.

People we spoke with were not aware of their care plan but one person said, "I didn't know I have one but my daughter sorts that." One staff member told us, "We ask people or their family members if they would like to be involved with the care plan."

People's care plans reflected the needs and support people required. They included information about their personal preferences and were focused on how staff should support individual people to meet their needs. We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people.

Staff had handovers twice a day where they discussed changes, appointments and were updated on people's care and support needs.

In the PIR the provider told us, 'Upon admission, all residents/relatives are given the document 'Remembering Together' to complete which helps us to understand what is important to the resident. It also helps us to respond to their needs and preferences. Each resident has a care plan in place which is fully person centred and is reflective of their current needs, choices and preferences. We support residents to be involved in their care planning and evaluation of care along with their relatives using 'Resident of the Day'.

We saw the complaints procedure was displayed in each person's room. People we spoke with told us they felt confident telling staff if they had any concerns and these would be taken seriously. One person we spoke with told us, "I would go to the office if I have any concerns or to staff." Another person said, "If I don't like anything I let them know."

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the manager. One staff member told us, "I would go to senior or manager with any complaints and these would be dealt with properly." The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction.

We looked at the complaints records and saw the home had not received any recent complaints. We saw there was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

People who used the service and visitors were very positive about the staff and management of the home.

Staff we spoke with told us they were happy the home was well managed and the registered manager was very approachable and always happy to listen. One staff member told us, "It is a nice environment to work in. The manager comes out the office and speaks to everybody. The manager is very approachable. We have a good staff team and work well together. I am not concerned about anything, I like working here." Another staff member told us, "I love it here. The manager will always make time for you." Other comments included, "I really like it, the home is well run", "I love looking after people, we work as a team and get on well", "Manager does a great job and is approachable and calm", "Manager is doing a good job but sometimes there are different rules for different staff" and "Best care home I have ever seen, it is very good."

The registered manager told us they monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and relatives. We saw there were a number of audits, which included weight management, catering, pressure care, health and safety and falls. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon in a timely manner. We also saw a daily report completed by the registered manager which included resident care, infection control and general dining experience. We saw a home visit report completed by the assistant director of operations for July 2016, which included resident and relative feedback, medication management, audits and the environment. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

In the PIR the provider stated, 'Our quality assurance framework consists of daily, weekly and monthly tasks and audits to help us assure good quality care'.

We saw the relatives meeting minutes dated July 2016, which included discussions about armchairs, hot water, bedroom doors and menus. One comments included, 'new menus have been difficult for residents to get used to but all feel they are more nutritious'. We saw the resident meeting minutes dated June 2016, which included discussions about, health and safety, keyworker system, care home open day and menus. One comment stated, 'feedback requested about the new menus'.

We saw the majority or responses from residents/relatives feedback questionnaires for June 2016 showed people were satisfied or very satisfied with the questions asked. The registered manager told us for the

responses which showed dissatisfaction these were going to be discussed at the next residents meeting.

We saw the staff meeting minutes for July 2016, which showed topics, discussed included pagers, staff training, new bathroom, supervisions and appraisals and keyworker system. We noted the staff meeting should be held 'a minimum of monthly', however, we noted this was not the case. The registered manager said they would look at this. We saw staff had completed a survey in June 2016 and the results were discussed at the following team meeting.

In the PIR the provider stated, 'We have processes in place to listen to residents, relatives and staff, and respond appropriately'.