

Clarendon Mews Care Limited

Clarendon Mews

Inspection report

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Date of inspection visit:
01 August 2017

Date of publication:
20 September 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 1 August 2017 and was unannounced.

Clarendon Mews provides residential care for up to 45 people many of whom are living with dementia. Accommodation is provided over three floors with access via stairwells and passenger lifts. The majority of communal living areas are located on the ground floor, with smaller seating areas located on the first and second floor. There is a garden which is accessible and secluded. At the time of our inspection there were 38 people using the service.

At the time of our inspection visit the registered manager had left the service and had applied to CQC to deregister. 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. The providers told us the manager was in the process of applying to be the next registered manager.

People made many positive comments about the caring nature of the staff. They used words like 'tender' and 'loving' to describe them. People said the staff always had time for them. Staff knew the people they supported well and valued them as unique individuals. All the interactions we saw between staff and people were positive and personalised.

The staff team recognised the importance of physical touch and comfort to some people using the service. The manager ensured that every person (who wanted this) got at least five hugs a day. We saw staff use touch as a way to communicate with people and provide them with reassurance and support.

Personalised care plans helped to ensure staff knew people's life histories and what was important to them and made them feel good. If people had a particular interest or talent staff supported them to develop this so they felt fulfilled. Staff used innovative methods to support people who were living with dementia ensuring they were cared for in a calm and happy atmosphere. Relatives of people living with dementia said the staff were skilled at communicating and working with their family members.

People were encouraged to make decisions about their care and support. The routine at the service was flexible and people chose what they did and when. People told us they could get up and go to bed when they wanted and choose whether or not to take part in activities and meetings.

People told us they felt safe and the service and trusted the staff. They said that if anyone using the service became distressed the staff gently reassured them, took them for a walk, or diverted their attention in other ways. People could be sure that any concerns about their welfare would be addressed and improvements made where necessary.

People had risk assessments so staff knew the risks facing them and how to keep them safe. There were enough staff on duty to provide people with the care and support they needed. Call-bells were answered promptly and staff continually engaged with people and included them in activities and social events. Staff managed medicines safely and people had them when they needed them.

People told us the staff were skilled and provided them with good quality care. Staff were trained to meet people's needs safely and effectively. The service's training programme helped to ensure staff had the knowledge and confidence they needed to carry out their roles and responsibilities effectively. Staff understood the importance of people consenting to their care and support in line with the Mental Capacity Act 2005.

People made many positive comments about the food served and told us mealtimes were friendly and sociable events. We saw lunch being served and the food was plentiful and well-presented. If people needed support to eat their meals staff provided this. Staff ensured people had prompt access to GPs and other health care professionals when they needed it.

People had the opportunity to take part in a range of group and one to one activities. People told us when they came to the service staff asked them about their hobbies and interests so that suitable activities could be provided for them. During our inspection visit we saw people play table tennis, attend an art class, and have games of dominos. People said staff took them out to the shops or the pub if they wanted this.

The interior of the premises had been decorated to provide people with interesting things to look at and sensory items to touch. The garden was popular with people as it was secure, level and easy to access. We saw a number of people use the garden either on their own or with staff accompanying them. The design and decoration of the premises helped to provide a stimulating environment for people.

All the people we spoke with said they were satisfied with the quality of the service which they said they would recommend to others. They told us the service had a friendly atmosphere and visitors were welcome at any time.

People told us the manager, providers, and staff asked them for their views at meetings and on a one to one basis and listened to what they said. For example, at the July 2017 residents meeting people asked for a water feature for the gardens. By the time of our inspection visit the providers had purchased one and it was at the service waiting to be installed.

People and staff said the service had improved since the new providers took over. The premises were being refurbished and the gardens landscaped. Other positive changes included higher staffing levels and improvements to the dining experience for people.

At the time of our inspection visit the previous registered manager had left the service and applied to CQC to deregister. A new manager was in post and was in the process of applying to CQC to be the next registered manager.

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 felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities.

Medicines were safely managed and administered in the way people wanted them.

Is the service effective?

Good ●

The service was effective.

Staff were trained to support people safely and effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Staff were caring and kind and treated people as unique individuals.

Staff communicated with people in the way they wanted and involved them in decisions about their care and support.

Staff respected and promoted people's cultural needs, privacy and dignity

Staff provided people with loving and caring support at the end

of their lives.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to and they were listened to if they did and action taken to put things right.

Is the service well-led?

Good ●

The service was well led.

The service had an open and friendly culture and the staff were approachable and helpful.

The manager and providers welcomed feedback on the service and made improvements where necessary.

The provider used audits to check on the quality of the service.

Clarendon Mews

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 1 August 2017 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of dementia care.

We reviewed the 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 looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with seven people using the service and two relatives. We also spoke with the manager, two of the providers, and a senior care worker, and three care workers. We observed people being supported in communal areas and in the dining rooms at lunchtime.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at five people's care records.

Is the service safe?

Our findings

People told us Clarendon Mews was a safe place to live and they trusted the staff. One person said, "I feel safe. It's comfortable." Another person told us, "The place is safe and quiet. The staff are helpful. If anyone is in trouble then they [the staff] look after you. I have not fallen down anywhere." A relative commented, "I've not seen anything to worry about. The staff seem like a friendly lot."

People said that if anyone using the service became distressed the staff gently reassured them, took them for a walk, or diverted their attention in other ways. We saw a staff member sitting with a person and reassuring them by stroking their hand. The person gestured to the member of staff and told us, "She looks after me." This caring approach helped to ensure people were supported in a calm and safe atmosphere.

Staff were trained in safeguarding and knew how to report any concerns about abuse within the service and to external agencies like the local authority. Staff told us the new providers and manager were committed to providing a safe environment for people and had brought about positive changes, for example increased staffing levels, to enable this to happen.

Records showed the providers and manager took prompt action if a safeguarding issue was raised. Following a recent safeguarding incident we saw they worked closely with the local authority, people and relatives, and their own staff to address the concerns and took appropriate and decisive action to ensure people were safe. This meant people could be sure that any concerns about their welfare would be addressed and improvements made where necessary.

We looked at how staff managed risk at the service. One person told us they were less at risk since they moved in. They said, "When I came here I was very unsteady on my feet but I have never fallen here and I'm much safer now."

People had risk assessments so staff knew the risks facing them and how to keep them safe. For example, one person was at risk of trying to leave the service unaccompanied. Records showed this was because they were very active and liked to keep busy. To address this the manager arranged for the person to have periods of 1-2-1 staff support to go for walks and do individual activities. This helped to ensure the person had plenty to do which reduced the risk of them trying to leave the service.

Another person sometimes became distressed when staff supported them with their personal care. Their risk assessment stressed the importance of staff communicating with them at this time. Staff were told to talk to them about their favourite subjects (which were listed) in order to engage with them and help them become calmer and more relaxed. It stated, 'Before delivering personal care staff should sit with [person] talk to them then move to the subject of getting washed and changed.' This meant that staff had the information they needed to minimise risks to the person concerned.

People said there were enough staff on duty at all times to meet their needs. One person told us, "If you need staff you don't have to wait long." Another person said, "There are plenty of staff. They come quickly

within five minutes." People told us that if there were ever staff shortages due to illness agency staff were brought in to make up the numbers.

Records showed that staffing levels were determined by people's needs rather than on a numbers basis. For this reason some areas of the service had a higher ratio of staff to people due to the level of support people required. A staff member told us the manager was flexible about staffing levels to ensure all areas of the service were well-staffed at all times. They gave the example of one floor where there were five staff to nine people.

During our inspection visit we saw there were enough staff on duty to provide people with the care and support they needed and to enable them to take part in activities on a group or one-to-one basis. Call-bells were answered promptly and at no time did we see anyone having to wait for significant amount of time for staff support. The staffing levels at the service also helped to reduce incidents of people becoming distressed as staff continually engaged with people and included them in activities and social events.

We looked at staff records to check the staff employed were suitable for their roles. The manager told us she had carried out an audit of staff files when she started work at the service. She said all staff had had criminal records checks but she had found some other documentation missing and had asked the staff in question to provide replacement documents. This will ensure the service has all the required staffing documentation in place.

People told us they received their medicines when they needed them. One person said, "I get my medications and they give them to me to take. I have to take them but no-one forces me." Another person explained, "I get regular medicines from my carer. I'm in a routine and know when it's time for my medicines." This person also said they had just had their medicines reviewed. They told us, "The review was done at a meeting with the manager, owner, senior, psychiatrist, social worker and my carer. My views were listened to." Relatives said they were satisfied with how their family member's medicines were managed and had no concerns about this area of the service.

People had care plans in place for their medicines. These stated what medicines they had been prescribed and what they were for so staff could explain this to people when they administered them. People's preferences as to how they liked to take their medicines were recorded so staff had this information, for example, '[Person] likes to take his medicines one at a time. He doesn't mind what he takes his medications with although he loves coffee.'

Records told staff what to do if people refused their medicines. For example, one person's medicines care plan stated, '[Person] has been known to refuse his medicines in the past. Should this happen it needs to be recorded on the back of his MARs [medicines administration records] after three consecutive times this needs reporting to GP.' This meant staff knew what action to take if there were concerns about a person's medicines routine.

Records showed that only senior care staff gave out medicines following the successful completion of an accredited safe handling of medicines course. Since taking up her post the manager had carried out an audit of medicines stocks and records to check they were in order. She said she had identified a few areas where minor improvements were needed and these were being addressed. She had also arranged for the service's contract pharmacist to carry out a full audit to ensure that medicines were being managed safely at the service.

Is the service effective?

Our findings

People told us the staff were skilled and provided them with effective care. One person said, "The staff are in the right job." Another person told us, "The staff are very good when people get upset or angry. They know what to do." A relative said the staff were well-trained and they were pleased with the way they looked after their family member.

Staff told us they'd been trained to meet people's needs safely and effectively. One staff member said, "We are trained in working with challenging behaviour, safeguarding and dementia." During our inspection visit we saw staff supporting people to mobilise safely, take part in activities, and make choices about their meals. They did this skilfully using their knowledge of people as individuals to provide them with effective, personalised care.

All staff completed the Care Certificate, a nationally-recognised qualification in care, and had on-going training to keep their skills up to date. They completed a wide range of courses in general care and support, health and safety, and those specific to the service, for example dementia care. The staff training programme helped to ensure staff had the knowledge and confidence they needed to carry out their roles and responsibilities effectively.

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).

Some people had restrictions on their liberty authorised by the local DoLS team and their care plans included instructions to staff on how to support them in line with their DoLS authorisations. The manager told us she had applied for further DoLS authorisations for other people and had submitted applications to the DoLS team but was still waiting for a response. She said the DoLS team had told her there was a backlog of applications so there was a delay in processing these. She said that in the meantime people were being supported in keeping with their best interests to ensure they received effective care.

Staff had been trained in the MCA and DoLS and understood the importance of people consenting to their care and support. During our inspection visits we saw that staff always sought people's consent before they assisted them. Care plans stressed the importance of people consenting to their care and advised staff how best to seek consent. This meant that staff were working within the principles of the MCA and seeking people's consent to care and treatment in line with legislation and guidance.

We looked at how people were supported with their food and drink. People made many positive comments about the food served. One person said, "The food is good. I have water and soft drinks in my room. I am eating more here. I get snacks if I want them." A relative said, "The food is good. [My family member] has enough to eat and cleans the plate. There is plenty to drink."

People told us mealtimes were friendly and sociable events. One person said, "When it's dinner time we all talk with each other." Another person said, "I eat in the dining room in my group and have a chat." Some people had their meals in one of the dining rooms and others in their own rooms depending on their preferences. One person told us, "I eat breakfast in the room downstairs and have dinner in my own room." Another person said that if they went out staff kept their meal for them for when they got back which showed a flexible approach to mealtimes.

We saw lunch being served in main dining room and in a dining area on another floor. The food was plentiful and well-presented. Some people ate independently and others with discreet staff assistance. Those who needed it had adapted cutlery and tableware to make mealtimes easier for them. People and staff talked together during the meal and there was humour and laughter. A senior member of staff in charge of the dining room checked people were having enough to eat and drink. We asked people if they were happy with their lunch and people said they were.

We saw staff take meals on trays to people in their own rooms. We also met one person who was having a meal in another part of the premises with a staff member. The table had a dining cloth and a flower on it. The staff member made conversation with the person and provided them with the support they needed to enjoy their meal at a leisurely pace.

Records showed people's nutritional needs were assessed when they came to the service. Staff worked with GPs, dieticians, and speech and language therapists to help ensure people's nutrition and hydration needs were met. For example, one person was admitted with swallowing issues. Staff involved the SALT (speech and language therapy) team and followed their advice on the use of thickeners to enable the person to swallow more easily. However, the person's care plan stated they should be weighed monthly. The manager said this had not been happening but now she was in post she would ensure that it did. This will help to ensure the person's nutritional needs are monitored.

People told us staff ensured they had prompt access to health care professionals when necessary. One person said, "They get doctors and opticians for you if you need them. I broke my glasses two weeks ago and have got new ones. The response time is good." A relative told us that when their family member had a series of urgent health issues staff immediately called for medical assistance each time. The relative said, "They phoned us. It happened three times in a week. The doctor and paramedics came quickly."

Records showed that staff worked closely with a range of healthcare professionals, including GPs, community nurses, dieticians, opticians, dentist and chiropodists, to ensure people's medical needs were met. People had care plans in place for their medical needs which staff followed taking advice from healthcare professionals where necessary.

The staff we spoke with understood people's medical needs and how they could be managed. They were also alert to people's changing medical needs. For example, one staff member told us that a person who had always been cared for in bed had showed signs they wanted to get up. To ensure that if they did this they were safe the staff member had referred them to a physiotherapist for advice on how staff could support them safely and effectively.

Is the service caring?

Our findings

People made many positive comments about the caring nature of the staff. One person said, "They are good, really good. They talk to me and use my first name. I think they are very special. I can share my problems with them. I think they are very friendly. All of them." Other people and relatives used words like 'tender' and 'loving' to describe the staff. One person told us, "The staff are lovely. They talk with you and always say hello." A relative said, "The staff are always very caring."

People said they felt valued by the staff. One person told us, "This place has everything that you want. It is there for you. People have time for you. I have been asked about the service and I think it is good. Most of all, the staff talk with you and check that you are alright." People told us staff encouraged them to do as much as possible for themselves and supported them with things that they could not manage. All the interactions we saw between staff and people were compassionate and personalised.

The manager said she ensured that every person (who wanted this) got at least five hugs a day. She said this was because the staff team recognised the importance of physical touch and comfort to some people using the service. During our inspection visit we saw staff use touch as a way to communicate with people and provide them with reassurance and support.

Staff were knowledgeable about people's cultural needs and respected these. For example, one person told us female staff provided their personal care as this was their preference. People's cultural needs with regard to meals, lifestyle and religious worship were identified and met. Staff took an interest in people's backgrounds, lives and cultural needs and were proud of the diversity of the people they supported.

Personalised care plans helped to ensure staff had a good understanding of people as individuals. For example, one person was described in their records as 'someone who likes to help others'. Their care plan stated, 'I'm always here to help so if you need anything just come and find me.' And, 'Please feel free to come in and have a chat with me, when I'm off duty of course, and bring the biscuits.' This was an example of staff valuing a person and recognising them as a positive asset to the service.

Staff used innovative methods to support people who were living with dementia. For example, they encouraged one person who was reluctant to shower by engaging them in water game which the person enjoyed. They said that once the person was wet through they were willing to go in the shower so it meant they could have the personal care they required in a happy atmosphere.

Several people living with dementia said they did not like to go out alone in case they got lost so staff accompanied them. One person went out daily with staff support because they liked to do this. In this way staff supported people to feel part of the wider community as well as the community within the service.

Staff communicated well with people in the way that suited them. We saw one staff member supporting a person who was beginning to become distressed. She asked them if they wanted to go for a walk. They did so the staff member accompanied him and afterwards gave him a drink and talked gently with him. These actions

enabled the person to use an activity to overcome his distress in a way that was safe and caring both for him and others.

Staff knew people's life histories and what was important to them and made them feel good. For example, one person had been a champion tennis player in their youth and still liked to play. To enable them to do this staff set up a tennis court with a net in the gardens for the person in question and others who were interested in playing tennis. We saw this person and others practising serves and it was clear they were enjoying this activity.

Another person using the service had held a senior managerial position prior to their retirement and felt comfortable and competent in a boardroom situation. Recognising this, the manager and staff asked this person to chair their meetings and the person did this regularly. The manager told us, "We understand [person's] need to be in charge sometimes and running our meetings enables them to do this in a safe and positive way."

A further person was unable to attend to family wedding due to health issues and their relatives were sorry they would miss this event. In response staff organised a parallel reception at the service on the same day with the person concerned as the guest of honour. People and staff dressed up as wedding guests and there was a prize for the best dressed person and the best hat. Non-alcoholic 'bubbly' and a buffet were served and staff took photos to send to the person's family and display at the service. This was an example of staff going the 'extra mile' for a person they supported.

People told us they were encouraged to be involved in making decisions about their care and support. One person said, "My carer asks me what I think." Another person told us, "My carer reminded me about my care plan review. My opinions were taken into account. These were checked against my abilities and I can carry on making my own decisions." Two relatives of people living with dementia said staff involved in their family member's care plans and reviews.

The routine at the service was flexible and staff encouraged people to make choices about what they did and when. One staff member explained, "We have staff here 24 hours a day. So why should residents get up or eat when they don't want to? We try to fit round them rather than expecting them to fit round us and our staff needs." Another staff member said, "It's their home and as long as it's safe they can make their own decisions." One person told us they were 'very independently minded' and staff respected this. They said staff supported them to spend time in the garden which was something they liked to do. They also told us they preferred not to take part in group activities and events and staff understood this and did not pressure them to attend.

People told us about the choice they made each day. One person said they could get up and go to bed when they wanted and preferred to have dinner in the downstairs dining rooms although they could have it in their room, or another part of the premises, if they wanted to. Another person said, "I am an early riser [but] I can get up later if I want to." Throughout our inspection visit we saw staff offering people choice about all aspects of their lives including meals, baths and showers, and activities.

Relatives said that staff consulted them about how best their family member's needs could be met. One relative told us, "[My family member] has a care plan. It is downstairs. There have been reviews and I am consulted and involved in them." Staff said that people and/or their relatives were always invited to attend care reviews so their views could be taken into account. One staff member said, "Today I talked with [person's name] about a review of medications and their care plan to remind them of the medicines review meeting because they forget otherwise." This showed that staff encouraged people and relatives to get

involved in the provision of personalised care.

People told us staff treated them with dignity. One person said, "Yes they respect me. Nobody puts me down" Another person told us, "The staff here are lovely. They respect you. Staff always knock on the door. They always give me my own space. I wash myself and staff keep an eye on me to see that I don't fall. They encourage me to do things for myself."

Other people told us staff knocked on their bedroom doors and waited for permission to enter and that staff always closed their doors and curtains when they assisted them with their personal care. Staff were trained in dignity and respect during their induction and followed the providers' policies and procedures on how to support people so as to maintain their dignity.

We looked at how people were supported if they were using the service at the end of their lives. The manager and deputy were both end of life 'champions' (part of a network of people committed to improving end of life care) and were qualified and experienced in this type of care. If a person was at the end of their life records showed that extra staff were put on duty so the person and their relatives could have the intensive support they needed.

Relatives were welcome to stay at the service with their family member. The manager told us no-one who was receiving end of life care was ever left alone and staff provided them with support and physical reassurance (for example holding their hands or giving them hugs) if they wanted this. Staff were trained in end of life care and, when we visited, were booked to visit a local funeral parlour. The manager said this would help them to understand the role of funeral directors so they would be able to advise families if they had any questions about this.

Is the service responsive?

Our findings

People told us the staff met their needs in the way they wanted. One person said, "The staff are very good and know what help I need." Another person said, "The staff are helpful in every way. My room is always clean and tidy. My bed is always made and bed linen changed regularly. I have had no water infections since coming here."

Relatives of people living with dementia said the staff were skilled at communicating and working with their family members. One relative said, "The staff manage [people's] moods well as some residents have challenging behaviour." Another relative told us the staff knew how to respond when their family member became distressed. The relative said, "They know how to deal with that."

During our inspection visit we saw staff provide people with safe, kind and responsive care. For example, one staff member de-escalated a challenging situation by walking with a person who was distressed, talking with them, and making them a drink. We saw the person was calmer and happier following this intervention.

We looked at people's care plans to see how staff met their needs. Care plans were personalised to give staff an idea of the person themselves and their preferences for how they wanted their care provided. For example, one person's night time care plan stated, 'I like to have supper before I retire and a hot cup of coffee. I like to go to bed between 10 and 11. I would like my bedroom door locked at night. I have a door code so staff can get in and out.' This mean staff could support the person with their chosen individual night time routine.

If people needed regular monitoring, for example with their food and drinks, repositioning, or continence care, staff provided this. They completed charts to show the care they had provided and at what time. This meant there was a record of people receiving responsive care so the manager could have an overview of this.

People had the opportunity to take part in a range of group and one activities. One person said, "We have singalongs and a piano player comes here. I also go out to restaurants and shops with [staff member]." Another person told us, "I like joining in the activities and also enjoy sewing." A relative told us their family member had recently been playing badminton and table tennis at the service.

People told us when they came to the service staff asked them about their hobbies and interests. One person said, "Staff asked me if I wanted to do anything particular and what I would like to do." A relative told us, "When they came they asked about what he likes and dislikes. He likes football and watches it on the television."

During our inspection visit we saw people take part in a range of activities with staff. These included table tennis, art, and dominos. People said staff took them out if they wanted this. One person went out every day with staff to the shops or to a pub. Singalongs were held and visiting entertainers came to the service. If people needed support for religious worship staff provided this.

The interior of the premises had been decorated to provide people with interesting things to look and sensory items to touch. The garden was popular with people being secure, level and easy to access. We saw a number of people use the garden either on their own or with staff accompanying them. The design and decoration of the premises helped to provide a stimulating environment for people.

We looked at how staff responded if a person made a complaint. No-one we spoke with had done this, but they all said they would if they needed to and that they would tell the staff or the manager. During our inspection visit one person raised a concern about the laundry service. On hearing this staff immediately took action and resolved the issue to the satisfaction of the person concerned.

The providers' complaint procedure was displayed on the notice board and people and relatives were given a copy when they came to the service. The providers, manager, and staff said they continually checked that people were happy with the service and said that by doing this they hoped to create a culture where people felt safe to speak out if they had any concerns.

If a complaint was received the manager and providers took prompt action to address the issues raised. For example, records showed that on receiving a recent complaint one of the providers carried out a full investigation and then wrote to the complainant explaining what they had done to put the situation right. They thanked the complainant for bringing matter to their attention and asked them to do this again if they had any further concerns. This showed the person was listened to and action taken in response to the concerns they raised.

Is the service well-led?

Our findings

At the time of our inspection visit the previous registered manager had left the service and applied to CQC to deregister. A new manager was in post and was in the process of applying to CQC to be the next registered manager.

All the people we spoke with said were satisfied with the quality of the service provided. One person said, "I would recommend this place." A relative commented, "The place is well managed. The room and the home are clean. The carers are always there for you." People told us they had met the new manager and found her approachable. One person said, "Yes I know her. She is lovely." A relative told us, "Her door is always open to me"

People told us the service had a friendly atmosphere and visitors were welcome at any time. One person said, "My brother came to see me yesterday. He stayed for seven hours. He can come at any time." Another person said, "My son comes when he wants." Relatives said they could visit whenever they wanted. One relative told us, "I can come anytime. If there are concerns about my [family member] I phone the staff and they communicate with me and resolve the problem."

People told us the manager, providers, and staff asked them for their views of the service. One person said, "Yes I have been asked. It is a very nice place." A relative told us, "The manager asks me. They look after my husband. I'm happy with them." Another relative said, "Sometimes we have family meetings and people can give feedback."

People told us they had the opportunity to attend monthly residents meetings and it was up to them whether they went or not. One person said, "We have residents meetings to discuss things." Another person commented, "I know there are meetings but I don't go. The manager has asked me about the service here."

We looked at the minutes of the most recent residents meeting in July 2017. They showed the meeting was held over the course of one day to ensure people's had the opportunity to contribute to it in the way that best suited them. This meant that some people were seen in small groups in the lounges and others on a one-to-one basis in their own rooms. The minutes recorded that a total of 16 people were spoken with and the topics covered were meals, staff, and improvements to the premises and gardens.

A few people taking part in the meeting had asked for a water fountain. When we inspected the providers had already purchased this and it was at the service waiting to be installed. This showed people had been listened to. The manager said people's other suggestions and comments, which were recorded in the minutes, would be incorporated into an action plan so people and relatives could see how both she and the providers were responding to what people had told them.

The providers said that as part of their role in overseeing the service they intended to speak with a sample of people using the service and staff once a month to get their views. They had devised a series of questions, which they showed us, designed to encourage people to comment on the service and let the providers know

if they had any concerns. This will help to ensure the providers have an overview of the service from the point of view of the people using it and staff.

People and staff said they had seen recent improvements to the service. One person told us, "It [the service] is better now than it was." A relative said, "I know the manager. She is new and so are the owners. They have made the place nicer." Two staff members also told us about changes they had noted. One said, "The new owners have an office here and are making changes." Another commented, "The staffing here is enough now. The manager plans ahead. We have staff meetings."

Since taking over the service the providers had carried out an extensive audit of all aspects of the service and put a detailed action plan in place in order to bring about improvements. This was being followed and records showed the provider and manager had already made a number of positive changes including higher staffing levels, strengthening infection control and fire safety procedures, ensuring the Mental Capacity Act 2005 was being correctly followed, putting in place a schedule of staff supervisions, improving the dining experience for people, and implementing an effective care plan audit tool.

The premises were in the process of being refurbished. The garden had been landscaped to make it more suitable for people living with dementia and those with mobility needs. New lawns and pathways had been laid to make it easier for people to move about the garden. The providers had also created a large decking area with lighting where people and relatives could sit and enjoy the garden during the daytime and on warm evenings. Inside the premises new hard flooring had been fitted in corridors and communal areas and the providers had purchased three new large-screen TVs for people to use if they wanted.

During our inspection visit we did note one area where improvement was needed. The stairwell bannisters were low enough for a person to topple over them and had gaps underneath that a person could fall through. We saw some people using the service had access to the stairwells and staff confirmed this was the case. We discussed this risk with the providers and manager and they agreed to risk assess the stairwell. Following our inspection visit the providers contacted us to say they had already had builders in to assess the safety of the stairwells and were in the process of deciding on the best solution to implement.