Sutton in the Elms Care Limited

Sutton in the Elms

Inspection report

34 Sutton Lane
Sutton-in-the-Elms
Leicester
Leicestershire
LE9 6QF

Tel: 01455286577

Date of inspection visit:
28 March 2017

Date of publication:
24 May 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

This was an unannounced inspection which took place on 28 March 2017.

Sutton in the Elms is a purpose built residential and nursing home situated in the village of Sutton in the Elms. Accommodation and communal space is over two floors and all rooms are for single occupancy. There are suitable shared areas and a secure garden. The home provides accommodation for up to 40 older people some of whom living with dementia. There were 38 people living at the home when we visited.

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.

We previously inspected this service on 10 December 2014 where we found the provider needed to make improvements. These were to help people remain safe, to ensure staff were supported through supervision to do their job effectively and to support staff to raise concerns should they have any.

Staff understood how to protect people from harm and abuse. Staff had received suitable training.

Risk assessments and associated management plans were in place to support people.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people using the service.

Medicines were appropriately managed in the service. People saw their GP and health specialists whenever necessary.

People were encouraged to be as independent as possible by staff who were suitably inducted, trained and supported.

The provider's recruitment process was robust and included checking prospective staff before they started to work at the home. The provider also included people who used the service in the process. This helped the provider to make safer recruitment decisions.

Staff understood the requirements of the Mental Capacity Act (2005) and understood how to obtain people's consent before they offered care and support. Staff knew how to support people to make decisions for themselves. Where people may have lacked the capacity to make their own decisions, the provider had followed the requirements of the Act.

People were being supported by staff who cared. They had built relationships with staff that were

meaningful. People's dignity and privacy was being promoted and maintained by staff.

People enjoyed the food that was offered to them and were supported to maintain a healthy diet. They could choose what they ate and their preferences and requirements were known by staff.

Significant accidents or incidents had been reported to CQC and suitable action taken to lessen the risk of further issues.

Assessments and care plans were up to date and met the needs of people in the service. Staff were very centred on the needs of individuals.

People had mixed feelings about the level of activities and entertainments on offer.

Staff were clear about their roles and responsibilities. They knew how to raise concerns about the practice of a colleague if they had needed to and felt able to do this. Staff were able to make suggestions for how the service could improve. The registered manager promoted a positive and open culture within the service.

The provider had a suitable quality monitoring system in place and action had been taken where improvements were needed. However, an internal audit of medicines had not been undertaken by the provider.

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 how to protect people from abuse and avoidable harm.

There were sufficient staff to keep people safe who had been checked prior to working for the provider.

People received the medicines that they required in a safe way.

Is the service effective?

Good

The service was effective.

People received support from staff who had received regular training and guidance. Staff did not always receive regular formal supervision.

Staff understood their responsibilities under the Mental Capacity Act 2005. They ensured that care and support was provided only if a person gave their consent and they protected the rights of people to make decisions about their care.

People were happy with the food provided. Staff ensured people had good levels of food and drink.

Staff supported people to access health services when they needed them.

Is the service caring?

Good

The service was caring.

People told us the staff team were kind and caring and we observed staff members treating people in a caring and considerate manner.

People's privacy and dignity were respected.

People were supported and encouraged to make choices about their care and support on a daily basis

Is the service responsive?

Good

The service was responsive.

People's assessment and review of their needs occurred regularly and included people important in their care and support.

People's support and their plans focused on them as individuals in line with their preferences.

People and their relatives knew how to make a complaint if they had wanted to.

Is the service well-led?

Good

The service was well led.

Staff understood their roles and responsibilities and were supported by the registered manager.

Staff knew how to whistle blow on their colleagues if they needed to and could give suggestions for improvements to the service.

The registered manager was aware of their responsibilities and promoted a positive and open culture with the service.

Sutton in the Elms

Detailed findings

Background to this inspection

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

The inspection visit took place on 28 March 2017 and was unannounced.

We previously inspected this service on 10 December 2014 where we found the provider needed to make improvements in keeping people safe, ensuring staff were supported through supervision to do their job effectively and supporting staff to raise concerns should they have any.

The inspection team consisted of one inspector, a specialist nurse advisor 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 expertise in understanding services for people living with dementia.

Before the inspection the provider completed a Provider Information Return. 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 notifications the provider had sent to CQC about incidents that had occurred at Sutton in the Elms in the previous 12 months. Notifications are events a provider has to tell us about, for example serious injuries and allegations of abuse.

On the day of our visit we spoke with seven people who used the service and two relatives. We spoke with the provider, the registered manager, the provider's operation manager, two nurses, four carer staff, the cook, the maintenance person and two visiting healthcare professionals.

We reviewed a range of records about people's care and how the service was managed. This included six people's plans of care. We also looked at associated documents including risk assessments. We looked at

two staff files including the provider's recruitment and training records and the quality assurance audits completed by the registered manager.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Good

Is the service safe?

Our findings

At the previous inspection on 10 December 2014 we found that incidents reported by staff were not always investigated by the provider. During this inspection we found that the provider had put robust systems in place to ensure that any concerns raised by staff were appropriately investigated and referred to the local authority's safeguarding team. Any investigations required had been undertaken in a timely manner. Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any.

People who used the service told us they felt safe at Sutton in the Elms. One person told us, "Safe, very safe. I didn't feel safe at home with my frame but I feel much safer here. You couldn't be in a better place." Another person commented "Yes, quite safe, never had reason to be scared." Relatives confirmed they thought people were safe living at Sutton in the Elms. One relative commented "Never witnessed any concerns.".

Staff training records confirmed that all staff had undertaken training in safeguarding and that this was regularly refreshed. A staff member told us, "I have had previous training in safeguarding people and I have followed programmes (on television) on the abuse that went on in residential settings If I was to witness it I will stop it immediately and bring it to the attention of the manager."

The provider had taken action to protect people from being harmed by others and to support the people who presented behaviours that challenged. People told us that they did not feel scared or worried by the behaviour of anyone else using the service. One person said, "I had a lady wander in but it was all very nice. I rang the buzzer and the girls (staff) came quickly but she had gone. Not frightened at all." The registered manager reviewed incidents that occurred between people that used the service. They had taken action to protect people from being harmed by others and to support the people who presented behaviours that challenged.

Risk assessments detailing guidance for staff to follow were in place. These identified areas where people may need additional support. For example, people were protected from the risk of developing skin damage. We noted that there were no people using the service who had skin damage, despite there being a number of people who spent long periods of time in bed. Staff were very knowledgeable in obtaining advice about the prevention and management of skin damage from the local NHS tissue viability nurse. This showed that there was good clinical management by staff to promote people's skin health.

People identified as being at risk of falling had risk assessments in place and these were reviewed monthly and whenever there was an incident. A nurse told us, "When there is a fall we review both care plan and the risk assessment in order to learn from the incident and take any action to prevent further incident and harm to the person."

Records identified where a person may be at risk through their behaviour, whether to themselves or others. Staff recorded the details of the behaviour to identify any patterns so strategies could be created to support the person. One staff member was able to describe the strategies they used to support people including the

use of music and supporting someone to a quieter area of the service. We saw that the person's care plan gave guidance to staff on how to prevent and manage the behaviour and this did not involve restraining or isolating the person from others. The records showed that their behaviour did not impact on other people.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff. This was because they had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the service.

People we spoke with generally felt there were sufficient number of staff. One person told us, "I think there are enough staff. I've only used my call bell at night, they came quite quickly." Another person commented, "I think there are enough staff. The longest I've waited after ringing the bell is about five minutes." A third person told us, "Whenever I need help I press the call bell and they are here in no time." One relative commented, "Generally yes (enough staff). Problems tend to arrive more at weekends. They get agency staff in." People also commented that there had been a recent recruitment drive and there was less reliance on agency staff. A person told us, "I much preferred the permanent staff than the agency staff because they know the routine and you know what to expect. Having said that all staff are very obliging."

Staff felt there were sufficient number of staff. One staff member told us, "It is not always easy to work with temporary staff because they don't know the place and the people, however in recent weeks we are using more bank staff and the home have employed a number of permanent staff."

The provider used a dependency tool to calculate the number of staff required to support people's assessed needs. Staffing numbers varied according to the level of dependency people were assessed at. We observed staff responding to the call bell within a reasonable time, usually within two minutes.

People lived in a safe and well maintained environment. Communal areas, stairs and hall ways were free from obstacles which enabled people to move freely around the home. Although on the day of our visit the quiet lounge had a lot of furniture in it. The registered manager told us they had recently been given some bookshelves and they were to be used to store all the books that were read by people using the service.

Regular monitoring and safety checks of equipment were carried out to help keep people safe. People had access to specialist equipment such as wheelchairs, a stair lift, walking frames, hoists, specialist beds or bathing aids to use whilst having a bath or shower. Fire, electrical, and safety equipment was inspected on a regular basis.

People had a Personal Emergency Evacuation Plan (PEEP) in place. A staff member told us, "We review the PEEP regularly to ensure that people get the right assistance in the event of fire." The provider also had plans in place in the event of an emergency to ensure that people would be safe.

There were safe systems in place for the management of people's medicines. A person told us "I get my medicine on time." Another person commented, "I have medicine four times a day. I get regular pain killers. I ask for more twice a day. They are very good in getting it for me."

Staff had received training in the safe administration, storage and disposal of medicines. They were knowledgeable about how to safely administer medicines to people. Two nurses told us that they had completed a medicine management course and competency training. One nurse told us, "I have been informed by my manager that I would have a competency test annually and it may be repeated after a medicine incident to ensure that I am competent and safe." There were policy and procedures for the

administration of medicine and up to date NICE guidelines (National Institute for Health and Care Excellence) available. This ensured staff had up to date information on administering medicines.

Staff had completed medicine administration record (MAR) charts in accordance with the provider's procedures. Records showed that each person had received their prescribed medicines at the required times. Medicines were ordered in a timely manner ensuring people were not at risk of their medicines running out. Controlled medicines were stored in a separate locked cupboard. Records showed that unused medicines were taken back to pharmacy for safe disposal, this ensured that the service did not have excessive stores of medicines. There were protocols in place for people where they received medicines 'as required' ensuring they received them in a safe and consistent manner.

Good

Is the service effective?

Our findings

People were supported and cared for by a well trained staff team. One person said when asked if staff meet their needs, "Absolutely they do." Another person told us, "I wouldn't stay here if they didn't." A relative told us, They deliver a very good standard of care."

All of the staff we spoke with told us that they had induction and training before they started working at the service. One staff told us, "Before I started working I had induction. I was supernumerary (not supporting people directly) and received training such as manual handling and food hygiene. I was also given the opportunity to learn about the place by shadowing other staff. That was very helpful. I have had other training since then." All the staff told us that they had training to equip them to work safely and effectively with people who used the service particularly people living with dementia. Staff were able to identify different types of dementia and how to support people living with it. Records confirmed that staff had received dementia awareness training.

Staff were unsure about supervision and how often they had received it. One nurse told us, "I had supervision but I can't remember when it was. I think it was six months ago." Another nurse told us, "I don't have a supervision contract, but I know that we are supposed to have supervision every three months." One care staff told us, "I have supervision twice a year, but I can't remember when I last had supervision."

The registered manager told us that there were plans for staff to have regular supervision but they had prioritised ensuring all staff were trained and meeting people's needs. They also told us the plan was to delegate supervision roles amongst senior staff. However all staff that we spoke with told us that there were regular staff meetings, the registered manager meets with them frequently and they were also able to speak to the nurses if they had any concerns. Staff meetings for the year were advertised on a board.

Throughout the day we saw examples of staff communicating effectively with people. We heard staff explain how they proposed to support people, and then talked to people whilst supporting them. For example, we heard staff support a person to transfer from their wheelchair to their chair and encouraged them by saying, "Take your time, there is no rush." Staff spoke with people as they supported them. People were cheerful and confident in how they responded to staff. This showed they felt comfortable and relaxed.

Staff respected people's choices. For example, one staff member empowered a person by asking "Is it alright if I move this chair?" People told us that what they liked about the service was that staff explained things to them when carrying out their support and they were given choices.

The Mental Capacity Act (MCA) 2005 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 process 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.

The registered manager had a thorough understanding of the MCA. Staff we spoke with knew the key principles of the MCA and said that they put them into practice. We saw staff throughout the day offering people choices either by asking them where their wanted to sit or offering them choices for their midday meal. People's care records included appropriate assessments of people's capacity to make decisions. Communication plans were in place, which explained how staff supported people to participate in decision making. For example one person's care plan stated 'Get near [the person's name], call them by name and maintain eye contact all the time.'

There were clear instructions for people who received their medicines covertly. We saw that there was information from the GP, the pharmacist, the person and their next of kin. It was also identified in the person's care plan in their mental capacity assessment and DoLS. We observed a nurse giving covert medicines in the least restrictive manner to a person. Although the person was to be given medicines covertly the nurse spent a lot of time explaining to the person why they should take the medicine. The person took the medicine on their own accord. The nurse told us, "I believe that all individuals should be given the opportunity to exercise their autonomy." We heard all staff inform people in advance of carrying out procedures.

At the time of the inspection the registered manager had submitted applications for DoLS authorisations. Staff were aware of restrictions in place and these were identified in people's care plans.This demonstrated they understood the MCA.

People were supported to eat a healthy balanced diet. There was a choice of meals available each day and alternatives were available should someone want something different to the menu. Most people told us the food was good and there was plenty of it. One person commented, "It's good we have an Italian chef. There's always two choices, they come round in the morning. If you don't want it they will do you an omelette instead. You can have as much as you like." Another person said, "The food is marvellous. We have a very good Italian chef. I order it in the morning, I get two choices, it's homemade." However one person did tell us, "It could be better, you are supposed to get a choice. There were two choices today, beef pie or fish pie. If I don't like what they are offering sometimes they say there isn't anything else then I just pick over the meal I have to have." A relative told us, "The food seems to be good, [Person] says they like it."

During lunch we observed that people were offered a choice of food and drinks. Food was served hot. The activity co-ordinator went around with the menu to ask people for their preferences and when the food was being served people were given another chance to choose the meal they preferred. The chef told us, "We don't order food to a budget and we can order what we require. We receive fresh vegetables and meat locally twice a week and as and when we require. I work on the recommendation of the dietician and the speech and language therapist. I provide the different textures of food required including diabetic, mash food. I also respond to people's ethnic needs like, Halal and vegetarian. I also respond to late and immediate requests for omelettes, salad, soup and pizza. I incorporate people's preferences by attending the residents' meeting and meeting with the staff." There was a board in the kitchen which provided information to staff about people's diets. This meant that information was available about people dietary needs.

Records showed that staff had assessed the nutritional needs of the people and the support they required. Staff used a tool to inform them of the level of risk which, included monitoring people's weight. A daily record was kept that demonstrated staff monitored people's food and drink intake if they were at risk. If

there were any concerns about people not getting enough nourishment, referrals had been made to a dietician for advice and guidance. One staff member told us "There is one staff member who is allocated to ensure that people have drinks in their rooms at all times." This was important to make sure that people had access to drinks throughout the day.

Our observation was that the meal time was a pleasant experience for everyone with people chatting. We saw that the meals and dining room were very well presented. One person told us, "The tables are set out very nice, it's very nice there."

People were supported to access health services when they needed to. For example, people told us they were able to see a GP if they felt unwell. A person told us, "The doctor used to come weekly. Now they can't so we get a specialist nurse. The doctor comes the same day if needed. The chiropodist comes every two weeks. I nearly went to the dentist but the pain went away. They would take you if needed." Another person said, "I saw my doctor recently, she came the next day. The optician came and gave me new glasses. There is a dentist but I want to see my own if I can get in a chair. There is a chiropodist, haven't had them done yet."

People told us that staff were concerned about their health and asked them how they were feeling. They told us that their general health was good and they had access to a regular exercise group to ensure they were 'fit'. One person told us "I enjoy the exercise group because it is fun." Another person said, "My general health is good and the doctor is excellent. I can see him easily when I am unwell." Records showed that people received routine health checks. During the inspection we spoke with the visiting chiropodist. They told us "I come here monthly and see everybody and more importantly monitor the people with diabetes. I can always rely on the co-operation of the staff."

We spoke with a visiting GP who told us they were very happy with the support people received in maintaining their health and well being. They told us that staff were good at supporting people to maintain good skin health as well as ensuring people had enough to drink. Good hydration reduces the risk of people developing health care problems such as urinary tract infections and skin breakdown.

Good

Is the service caring?

Our findings

People were very positive about the caring approach of staff. We received a variety of comments including, "They are very kind and considerate." "Yes, they are. No issues, not at all." And "They always speak to me, ask me if I am alright?"

Relatives also told us that staff were friendly and welcoming. One relative told us, "Yes, they are, they are all very kind indeed."

People told us that staff treated them with dignity and respect. One person said, "Yes they do, it's very respectful." Another person commented "There's always someone on hand when I have a shower. They make sure I am safe and wait outside". One person we spoke with spoke highly of staff and how they had assisted them to feel the service was their home. They told us, "The staff are very kind and good at what they do. I hated the idea of coming to a home but had no option because I needed help 24 hours daily. The staff have made it easy for me to adjust to life here. I cannot thank them enough for their help and kindness." Another person commented "The girls (staff) are wonderful and the manager comes and sees me regularly. You will not hear a bad word from anybody and that is the honest truth."

Interactions between staff and people were warm and compassionate. Staff communicated with the people effectively and used different ways of enhancing that communication by touch, ensuring they were at eye level with those people who were seated.

Throughout the day we heard positive interaction and discussions that showed staff not only knew people well but cared about them. For example, during the morning when staff were making people drinks. A staff member was going to make a person a hot drink another staff member said, "I've made her a hot chocolate, she really likes that."

People were treated with dignity and respect by staff. We saw staff knock on people's bedroom doors and identify themselves upon entering the room. Staff used 'do not disturb' signs when personal care was being carried out, ensuring other staff knew not to enter a bathroom or bedroom. We saw and heard staff being discreet when people needed assistance. For example where people needed assistance to go to the toilet, staff asked them quietly, then discreetly helped them to use the facilities. A person told us, "Nothing is too much for them and they are on the go all the time. Staff are pleasant, work very hard and they always have a smile on their face. Thank you is not just reward for their dedication."

We also saw that staff had received training in equality and diversity. This showed that the provider had taken steps to promote dignity in care and support people to make lifestyle choices.

Some people who used the service lived with dementia which meant they did not fully participate in longer term decisions about their care. However, some people told us they had been involved. One person said, "Yes, I have, there was a plan initially, she (the registered manager).updates me. We are always kept in the picture." Another person commented, "They did when I first came with my daughter but not since." Relatives

had opportunities to be involved in decisions about how their family member's care and support was delivered. A relative told us they contributed to their loved one's care plan when they arrived at the service. For example, care plans included sections about how people wanted to be supported. Everyone we spoke with felt happy with the arrangements and were reassured that they received the support they needed. One person said, "I leave it all to them, I trust them."

People were supported to be as independent as they wanted to be. People told us that staff encouraged them to be independent. One person said, "I think I am encouraged to be independent, as far as I can. I am bed bound."

People's care plans included assessments of their dependency needs. Staff were aware of these and they used the information to encourage and support people to be independent. For example, we heard a staff member supporting a person by encouraging them to walk.

We looked at people's plans of care and saw they included details about their personal preferences or their likes or dislikes within daily living. For example care plans included information on how a person preferred to sleep and what potentially could give them a disturbed nights sleep. This meant staff had the information they needed to support a person as they wanted to be cared for.

People's relatives were able to visit Sutton in the Elms without undue restrictions. We saw from the visitor's signing in book that relatives visited the home throughout the day. Relatives we spoke with confirmed they could visit when they wanted to.

Good

Is the service responsive?

Our findings

People's care records were well organised and included pre-admission assessments. The provider had systems in place to gather information from various sources to develop care plans. These involved the person, their relatives, those close to the person and other professionals and health care workers. The records showed that letters were sent to relatives inviting them to participate in the care of the people. We did note that it was not always clear that the person had been involved in the creation of their care plan. We discussed this with the registered manager who, following the inspection, sent us details on how they proposed to involve people in their care plans in the future.

Assessments of activities such as mobility, pain and nutrition were completed before a person moved into the service and action taken where issues were noted. This helped the registered manager to understand people's needs and to make sure that the service could meet them.

People had care plans that were focused on them as individuals. Care plans contained information about people's life history and individual preferences. For example, in one care plan we saw information on how to communicate with a person as they struggled to communicate verbally. It described how staff should observe for nonverbal cues, such as facial expressions.

Not everyone we spoke with could recall being asked about their likes and dislikes. One person told us, "No, not at all." Another person commented, "[Registered manager] knew about my history when I came in." A third person said, "Yes, all that sort of thing." A relative told us, "My [person] was assessed in hospital. I was involved there." We found that people's support plans included information about their likes and dislikes as well as their life histories and daily routines.

Staff were very knowledgeable about people's likes and dislikes and they put it to good use when the opportunity presented itself. For example when we asked a staff member to point us in the direction of a person, they asked us if we could comment on the picture that the person had painted which was hanging on the wall. The staff member told us, "It will bring great joy to them."

Although care plans were reviewed it was not always clear that the person or their representative had been involved. The registered manager told us they would look at ways of recording this.

Records showed that people were allocated a named nurse and a key worker. One staff member told us "All the people and relatives know the nurse and key worker who are responsible for their care. This is to help the person to discuss their care with the person that is most knowledgeable about their care." People we spoke with could not always recall the name of their keyworker. However we did see information in people's bedrooms identifying who their keyworker was.

People had access to a wide variety of activities including physical exercise, sensory activities, religious activities, outings, music, arts crafts, and puzzles. A person told us, "We have activities. We don't do anything at the weekends." Another person commented, "No, they haven't asked if I want to go out or anything. They

do activities, I have been down to the sing songs and quizzes." A third person said, "I like all the activities here, there's always something going on."

The registered manager told us that they had recently sent the activities person to a training course to help with fitness in older people called 'Oomph.' (This is a social enterprise scheme that works to improve the fitness and wellbeing of older people.) People we spoke with told us they enjoyed the sessions that took place each week. One person told us, "I enjoyed the 'Oomph' this morning." We did note that activities were not always individualised to the preferences of people. There was also no record of attendance of activities so staff could not identify where people were not involved. We brought this to the registered manager's attention and they said they would look at ways of developing activities further.

The registered manager told us that they involved people, where possible, in the interviews for new staff. We spoke with two people who were involved and they confirmed they helped interview new staff. They described how important this was as they were able to ensure that staff recruited understood the needs of older people. Staff also told us that they found this important as it showed that people who used the service were at the centre of what the service did.

People who used the service and their relatives had access to a complaints procedure. This was displayed in the entrance hall alongside a poster showing the ratings we gave at our previous inspection. People and their relatives told us they were unsure about the complaints procedure but they felt comfortable about approaching the registered manager if they had any concerns. One person said, "No, (I don't know the complaints procedure) but I would just tell [registered manager]. A relative told us, "Not needed to make a complaint at all."

The registered manager told us that when people had any concerns they tried to resolve the situation before it escalated. We reviewed the complaints log and noted that two complaints had been received in the last twelve months, these had been thoroughly investigated. Following the inspection the registered manager told us they had held a residents meeting where they informed people about the complaints procedures and placed complaints forms in each person's bedroom so they could make comments or raise concerns if they had any.

Good

Is the service well-led?

Our findings

People, their relatives and staff members spoke positively about the registered manager and how they were approachable. A person told us, "Yes, I can't remember her name. She is very approachable." Another person said, "The manager cares a lot about what happen to people. She meets with us regularly and comes around during the day to ask us how we are." Other comments we received about the manager were, "She is a delight" and "She's a gem."

The provider promotes a positive and person centred culture within the service. A staff member told us, "The manager has made it clear that people must be at the centre of care and she visits and take ownership. She is a good manager." Another staff member told us, "The manager does not mind getting her fingers dirty, she helps when it is required and knows all the people by name. She has a relationship with all the patients. She makes it her job to know each patient. Within a short space of time she has introduced a programme of improvement like new call bells, new flooring, training and supervision. This place is much better now and will improve further if she stays here another six months." We saw that compliments had been received praising the registered manager and the staff team.

There was a statement of purpose about what people could expect from the provider. This included details about how the provider would assess people's needs, the complaints procedure and facilities provided by the home. All of the staff knew about the philosophy of the service about putting people at the centre of their care and we saw them doing this when we visited.

Staff knew how to report poor practice of their colleagues should they have needed to. One staff member told us, "If the manager does not do anything I can whistle blow and also bring this to the attention of the local authority." We saw that the provider had made available a whistleblowing policy and procedure for staff to follow with details of other organisations staff could report concerns to if they had needed to. These procedures were also discussed at team meetings and at interview. This ensured staff had the information to raise concerns about poor practice should they have need to.

People felt they were involved in developing the service. There were regular resident's meetings and we saw the minutes of meetings where a range of topics were discussed including meals. We saw that at one meeting people complained about meals not being hot enough. The registered manager took action and made arrangements with the kitchen that food should be brought to the dining room at an appropriate temperature. People also felt involved because they were encouraged to assist the registered manager in interviewing for new staff.

Staff told us that when the registered manager first arrived at the home they made changes that improved the culture and behaviour of the staff. One staff member told us, "The manager knows her priorities and is working through them. She has reviewed working practices such as allocation and safety." They added, "All staff cannot take their breaks at the same time and there must be a staff presence on the floor at all times. This has become common practice because she checked regularly at first." Another member of staff commented, "What I like about this place is that everybody cares for people and each other and there is

good team work. The manager and the staff have helped me to settle very quickly. I can see myself being here for a long time to come." A third member of staff told us, "The manager has her head well screwed on; she knows what she wants and is not afraid to implement other people's ideas if it is a better alternative. She is firm but fair."

Feedback about the service had been sought by the provider. The registered manager told us that questionnaires on specific issues were given to people. For example they recently sent out questionnaires about the quality of the food. Some of the people we spoke with confirmed they had received these questionnaires. One person told us, "We had a questionnaire with tick boxes, we had one last week." However other people could not recall being asked their opinion. We saw that the registered manager had called a residents meeting as a result of the questionnaire and the minutes showed that concerns about the quality of food were discussed as well as suggestions for meals. The chef attended this meeting and changes were made to improve the mealtime experience.

The registered manager was able to show us that where mistakes had been made they were open and transparent with the people involved. This included families, the local authority and Care Quality Commission. We were able to see that there were 'lessons learnt' from any issues that may have happened. For example where a person may have had a fall and been admitted to hospital. Staff confirmed that where incidents happened they received feedback from the registered manager in a constructive way to improve practice in the future. All of the staff spoke positively about each other's contribution and the part the registered manager had played in improving the service. Staff also told us that the registered manager was very receptive to any criticism and was keen to bring about changes to create a good care environment for people and good working conditions for the staff.

The registered manager was aware of their responsibilities. They could describe the need to alert the relevant organisations of significant incidents that had occurred. We saw that the registered manager was being supported by the wider organisation to deliver the care and support as detailed in the provider's mission statement and statement of purpose. For example, an internal inspection of the service had been carried out, where improvements were identified as being needed to the environment. We were able to see that these improvements had started. For example, there was new flooring along the main corridors and there were plans to refurbish all the bedrooms.

The registered manager had carried out regular audits to monitor the quality of the service being delivered. We saw that these had been carried out in areas such as people's care files and the general environment. We found that these were effective in highlighting ways to improve the service. We did note that an internal audit of medicines had not been undertaken by the service apart from the audit carried out by the pharmacist supplier. This was brought to the manager's attention, who confirmed this was part of the provider's audit process and would take place. We saw that training, care plans and recruitment had all been audited. Actions had been identified and we saw that the registered manager was addressing these. This showed that the provider had procedures in place to ensure effective leadership from the registered manager.