Roseberry Care Centres GB Limited

Haythorne Place

Inspection report

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Sheffield
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Tel: 01142421814

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was carried out 22 May 2017 and was unannounced, which meant the provider and staff did not know we would be visiting. The service was last inspected in May 2016 at which time the service was rated as Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Haythorne Place' on our website at www.cqc.org.uk'

Haythorne Place is registered to provide accommodation, nursing and personal care for up to 120 people. The home is divided into six units. One unit accommodates younger people with physical disabilities, another unit specialises in people with mental health problems. Four units accommodate older people. Two of these provide support for people living with dementia. The home is situated in the Shiregreen area of Sheffield and has access to the shops, public transport and other amenities. At the time of our inspection 115 people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was clean in the main; however the décor looked tired and worn. Some outside areas posed a potential risk to people because they had been poorly maintained and designed.

The home had a safeguarding policy in place to protect people from the risk of abuse. Staff we spoke with knew the importance of reporting any incidents. Assessments identified risks to people and management plans to reduce the risks were in place. Where safeguarding alerts had been submitted for investigation the registered manager acted appropriately to address issues and prevent them re-occurring.

We received positive feedback from people who used the service and their relatives. People we spoke with told us they felt safe and relatives also said the home provided safe care.

People were really clear about who they could turn to if they were worried or had any concerns. The staff were also aware of the role they played in keeping people safe by reporting any concerns.

Accidents and incidents were appropriately recorded, however, more detail should be added to identify any trends and prevent further incidents re-occurring.

There was an infection control policy and a procedure in place, Staff were trained in the prevention and control of infection, wore clean uniforms and wore appropriate personal protective equipment (PPE), such as gloves and aprons when providing care and when serving food. At the last inspection of the service we

identified areas within each house that required improvement. At this inspection there remained several areas which required cleaning and refurbishment.

The registered provider had a policy and procedure in place for the safe management of medicines. Staff were working in accordance with this policy which assisted in keeping people safe and well.

During the day staffing numbers were sufficient to meet people's needs. Some people felt staffing numbers during the night should be increased.

Staff employed at the home had been recruited in a way that helped to keep people safe because thorough checks were completed prior to them being offered a post.

People and their families were involved in making decisions about their care. A range of healthcare professionals visited the home to offer support and advice to staff about people's varying needs.

In the main people said the food provided was good and there was plenty of choice available.

People who used the service and their relatives spoke positively about the staff and told us they were kind and caring. We saw staff advising and supporting people in a way that maintained their privacy and dignity. Staff observed were caring towards people and had a good understanding of any behaviour triggers.

We asked for some information that was on show in one house to be moved to a more private place so that the privacy and confidentiality of people who used the service was not compromised.

People were able to discuss their health needs with staff and had regular contact with a range of healthcare professionals as needed.

People and their relatives knew how to complain and they told us they would inform the staff if they were unhappy with their care.

There were meetings for people who used the service, relatives and staff where they could share ideas and good practice.

The registered manager was working in partnership with other professionals to improve the quality of the service.

We found one breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach in regulation 15: Premises and equipment.

You can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service required improvement to make it safe.

Areas of the home were in need of refurbishment and redecoration so that people's safety and well-being was not put at risk.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

The service had appropriate arrangements in place to manage medicines.

Staffing levels were sufficient for people's needs to be met in a timely manner.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were supported to eat healthily and maintain an adequate diet.

Staff received regular training and supervision to ensure they had relevant skills and knowledge to support people they cared for.

Is the service caring?

Good

The service was caring.

People made positive comments about the staff and told us they had developed good relationships with them.

People were observed being spoken to appropriately, with kindness and dignity.

Information seen that was not locked away could compromise people's rights to confidentiality.

Is the service responsive?

Good

The service was responsive.

Care plans provided staff with sufficient detail to deliver person centred care.

People enjoyed and benefitted from being involved in a range of social activities and outings.

People and relatives told us they were listened to and were confident in using the complaints procedure if they needed.

Is the service well-led?

Requires Improvement

The service required improvement to be well led.

There was a registered manager who was well thought of and respected.

Accidents and incidents were appropriately recorded however, more detail should be added to identify any trends and prevent further incidents re-occurring.

Staff and relatives said the service was improving and they had confidence in the registered manager.

Haythorne Place

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 was 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 22 May 2017 and was unannounced. The inspection team consisted of four adult social care inspectors, one specialist advisor, with expertise in nursing care and two experts by experience with expertise in the care of older people, people living with dementia and mental health. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 115 people living in the home. During the inspection we spent time observing care and speaking with people about their experience of the care provided. We spoke with 28 people who used the service and 11 of their relatives who were visiting the home.

We also spoke with the registered manager, the regional manager, the quality director, the deputy manager and 13 staff including qualified nurses, care staff and catering and ancillary staff. We spoke with a healthcare professional who was attending to people on the day of our inspection. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local council quality assurance officer who also undertakes periodic visits to the home.
Before the inspection, we asked the provider to complete 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. The PIR was returned within our requested timescale.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at seven people's written records, including the plans of their care and the systems used

to manage their medicines, including the storage and records kept. We looked at six staff files, including recruitment and training information. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Requires Improvement

Is the service safe?

Our findings

Everyone spoken with, with the exception of one person, said they felt safe and supported in the home. Their comments included, "I feel safe and cared for," "I feel safer, it's better than living alone," "Yes I do feel safe. We get looked after here," "There are no problems I feel safe in here" and "I don't have any concerns for my safety, you can always talk to the house manager if there is something wrong." One person told us, "We need more women here; I do not feel safe with all the men around. I have mentioned it; there is nothing they can do."

Relatives told us, "I know [relative] is safe here, [relative] can't wander off like they did at home," "Yes [relatives name] is safe, I would move her if not" and "I've never had reason to question [name] safety."

At the last inspection of the service assurances were given to improve areas of the service which were in need of refurbishment. At this inspection we found very little had improved within the environment. We found throughout the six houses communal areas looked tired and in need of refurbishment. Some communal carpets were showing signs of wear and did not appear clean. Toilets had paint that was flaking from the walls and some flooring in these areas was stained and needed replacing. One bath on house 5 was inoperable on the day of the inspection, the repair had been authorised and was awaiting completion. However, there were sufficient alternative bathing facilities.

We noted in house 4 a hoist was plugged in being recharged in front of and blocking a fire exit and in one dining room a table was blocking a fire exit. We asked staff to clear these fire exits immediately.

We saw broken concrete manhole covers between houses 3 and 4 and throughout the grounds. There were broken concrete surrounds around manhole covers in the garden of house 4 which could present a trip hazard. The garden in house 1 (which was used as a smoking area) had gates which lead out onto a public path. This meant it would be possible for a person to get out into the park without staff knowing.

We found in house 1 the slope down to the garden which was used as a smoking shelter was steep. We saw a person waiting 18 minutes and calling for help to get up this slope before a care worker pushed the person's wheelchair up the slope. The person told us, "I cannot push myself up this slope it is too steep, there always a long wait for help to get back in. The ramp is so steep the manual wheelchairs cannot get up it. It's alright for people in the electric ones. I only have one useful hand to push myself with, it's impossible to get back inside."

We found in house 4 metal strips that divided the kitchenette from the lounge area were badly damaged and black tape had been used to try to prevent trips and falls. This also made the area difficult to clean effectively. The smoking room in house 4 had been emptied but had not been refurbished. This area was unpleasant to pass through for people accessing the outside garden. Outside the uneven pebbled area was covered with discarded cigarette ends. The unit manager told us the pebbled area made it difficult to clean. A more suitable flat surface would make it safer for wheelchairs and easier to be cleaned.

Kitchenettes throughout the six houses were in poor repair and needed replacements and some fridges were in need of defrosting and cleaning. There was a small area of flooring in house 2 where a kitchen cabinet had been replaced that requires attention. The kitchenette in the downstairs facility in house 1 was being refurbished. We spoke with the regional maintenance manager about the refurbishment of other kitchen facilities and they said refurbishment was needed in all of the kitchenette facilities.

At the last inspection we reported that some the medicine cupboards were not glossed or varnished, which made it difficult to clean them effectively. At this inspection we saw that this still the case for the medicine cupboard in house 4.

The registered manager showed us a refurbishment programme which had identified some of the above issues had been on the programme since 2015 but work had not been carried out.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15. Premises and equipment.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We asked staff about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns.

A safeguarding adult's policy was available and staff were required to read it as part of their induction. We looked at information we held on the provider and found there were four on-going safeguarding investigations. We discussed these with the registered manager and she was open and transparent in her responses. Lessons had been learned and actions taken to prevent the re-occurrence of similar issues happening again. The registered manager told us that she was aware of when and what was required to be reported to the Care Quality Commission.

The manager told us they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. Risks associated with personal care were well managed. We saw care records included risk assessments to manage risks of falling, risk of developing pressure sores and risks associated with nutrition and hydration.

We checked how accidents and incidents had been recorded and responded to at the service. Any accidents or incidents were recorded on the day of the incident. We saw the recording form had the description of the incident and what corrective action was taken, along with how to reduce the risk of it happening again. The form categorised the incidents into slip, trips and falls. It identified the time of the fall which was used to help determine if staffing levels were correct. It also gathered information if further action was required such as attention from a health care professional or a referral to the falls assessment team.

One person told us, "I have no problems, my medicines arrive on time." A relative said, "I come four times a week. I always see [relative] getting her medication on time."

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs) in two houses and observing staff administer medicines in three houses.

The controlled drugs (CDs) that were prescribed for people in the home were stored and recorded appropriately. Some prescription medicines are controlled under the Misuse of Drugs legislation and are called controlled drugs. Any medicines that were not needed or out of date were disposed of appropriately. For instance, staff used a denaturing kit to render CDs irretrievable and unfit for further use until they were returned to the dispensing pharmacy. A full record was kept of all medicines destroyed and returned.

Medicines were stored securely and arrangements were in place to ensure medicines were stored at the right temperature. For example, in one of the houses an air cooling unit was used to ensure the medicines were stored at the right temperature. This was because the monitoring records kept of the temperature had identified the temperature of the room was sometimes above that recommended.

Some people were prescribed medicines to be taken only "when required" for example, painkillers and medicines for anxiety. Information was available for staff to follow in order to ensure the medicines were given correctly and consistently with regard to the individual's needs and preferences. People we spoke with told us they were happy with the way staff supported them with their medicines. One person said, "They [staff] are good. They make sure I get my meds and they ask if I need pain killers."

We saw staff supported people to take their medicines appropriately. We observed one person took some time to take their medicine and the staff member took time with them and did not rush them. Information was in place for each person listing their medicines and the way they liked to take it, as well as any other relevant information such as any allergies. We saw evidence that staff knew people's preferences, and this helped to make sure their care was personalised. For example, a staff member told us one person liked to sleep late and sometimes did not want to take their medicine when they first woke up. The staff member said if this was the case, they would return about twenty minutes later, and the person usually felt ready then.

We looked at all the medication administration records (MAR's) and saw complete and accurate records had been kept for medicines administered to each person. Staff told us the MAR charts were checked regularly to identify any errors or omissions, and these were dealt with immediately. Staff were aware of the side effects and risks associated with the medicines that were prescribed to people and it was clear from the records we saw people's medicines were kept under review with other healthcare professionals

Medication audits were undertaken to check how well medicines were managed at the service. When these identified shortfalls they were recorded the action taken to make the improvements and changes needed to ensure medicines were well managed.

People who used the service and their relatives told us, "It always looks to me as though there are enough staff, [relative] doesn't have to wait long for help with anything," "There are enough staff on duty," "I think there should be an extra member of staff on duty during the night, there are enough staff during the day," "There should be more staff on nights, probably one more" and "There are enough staff, you do not have to wait long; staff answer the call bell quickly enough."

Our observations on the day of the inspection were that enough staff were employed to ensure people received care and support in a timely manner.

The registered provider had a policy and procedure for the safe recruitment of staff. We looked at six staff files. We saw checks had been carried out, prior to people being offered posts. These included identity checks, past employment history, references from previous employers and Disclosure and Barring Services (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people

from working with vulnerable groups, by disclosing information about any previous convictions a person may have.

Good

Is the service effective?

Our findings

People and relatives spoken with said the staff looked after people properly and made sure they saw GP's, opticians and nurses when they needed them. Their comments included, "The staff know what they're doing. They know just how to look after me," "I see the chiropodist regularly, they see to that," "I have kept my own GP from when I was at home, that's good," "I see my GP when my physical health is not right," "The staff are excellent, I cannot fault them," "Staff are okay, they let me do what I want," "They look after my arthritis, they are good," "You can always hear the staff asking peoples permission about all sorts of things," "They call the opticians and chiropodist. They always let me know when they do it" and "The staff call me for the smallest thing, they keep me well informed."

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the registered manager was meeting the requirements of the act. The service had policies and procedures in relation to the MCA and DoLS. We also saw examples where people had been supported to make decisions in accordance with the MCA.

We looked at four people's DoLS applications and authorisations. We saw a mental capacity assessment had been completed prior to an application being made which showed staff were following the MCA code of practice correctly. One person had very recently been admitted to the home on an emergency basis. The registered manager felt it appropriate to make a DoLS application regarding the person and told us they were was gathering information in order do so.

Where Deprivation of Liberty Safeguards decisions had been approved, we found the necessary consideration and consultation had taken place. This had included the involvement of families, multi-disciplinary teams and independent advocates, where appropriate.

Documentation in people's care records showed when decisions had been made about a person's care, where they lacked capacity to decide at that time, these had been made in the person's best interests. The senior staff we spoke with had a good understanding of their responsibilities under the Act and people we spoke with told us staff asked for their consent to any care and treatment offered, and respected their choices. We also saw evidence of this in people's records.

The majority of people spoken with complimented the food. The menus on display in the houses fully reflected the meals that were offered and served. This aided people in making informed choices. We observed the menus displayed were not in a 'dementia friendly' or pictorial format.

People's comments included, "I can't remember what I had but it must have been good as I ate it," "The food is very good and you get a choice," "I don't eat a lot but what I do have is lovely," The food is ok," "The food has gone downhill recently," "Egon Roney has nothing to worry about, you can have what you want, there is choice" and "It can get a bit monotonous, but we go out for fish and chips, pub lunches and curry."

Staff told us, "The meal times are a protected time for the residents. It offers so much more privacy and dignity for people who need a lot of help" and "If loved ones still want to help with meals such as feeding we will make sure they have a private place to have their meal together."

We observed lunch being served in the houses. The staff were seen to be calm and patient when encouraging people to the dining tables. This was observed to be a calm and relaxed atmosphere. Smaller dining areas were provided for people who may need to sit separately or in a more peaceful environment. People were offered choices; however, tables were not pre-set with placemats, serviettes or condiments in all of the houses. People were assisted with eating both in the dining rooms and in the lounge areas attached to the dining rooms. The staff that were assisting people did this in a very calm and relaxed manner, quietly engaging and encouraging them. The staff teams worked well together and supported each other.

In-between meals we saw regular drinks and snacks were offered to people. We did not see any fresh fruit available for people, should they wish to have a healthy snack.

Staff spoken with, knew people who used the service well and could explain how their needs were managed. They spoke with warmth and compassion about the people they supported. There was evidence in the care files we reviewed of staff contacting other professionals as required.

Monthly or weekly weights were recorded and referrals to a dietician were evident in some care files seen. Where there were concerns about a person's nutrition and hydration, monitoring charts had been completed so staff had information available to them to further encourage and support the person with food and fluids.

New staff employed at the home were signed up to complete an induction programme that met the requirements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff spoken with had all received an induction, which they felt was appropriate. They did not feel that they were ever left to struggle, if they were unsure of things. They had also completed a period of shadowing a more experienced staff member.

Following induction there was a system in place to provide staff with training to ensure they had the required skills and knowledge to carry out their role. We looked at the training matrix which showed the training staff had undertaken. We saw staff had completed courses in such things as fire safety, food hygiene, health and safety and nutrition and hydration. Staff told us they were prompted by the registered manager to complete and refresh their training at the required intervals. The matrix kept by the registered manager flagged up any staff that were due/overdue any courses and we saw these had been booked in for completion.

The registered provider's appraisal policy stated staff would be provided with two appraisals each year. The

registered manager told us this was being changed to reflect current practice of each staff member receiving an annual appraisal. In addition to this formal staff supervisions were held at regular intervals throughout the year. The staff spoken with told us they were provided with good support from the registered manager and deputy manager. Their comments included, "I have a supervision every couple of months, which I find useful" and "I always get supervision and if I identify something need to discuss I can just ask and the managers will see me."

Good

Is the service caring?

Our findings

All the people we spoke with thought the service provided was caring and staff were kind, respectful and considerate. Their comments included, "They respect me, they always knock before they come in [my room]," "They help me when I need it," "They encourage me to be as independent as possible," "They look after me," "The staff are brilliant, I know where I am with them" and "The staff don't mind doing anything for me, if I want anything I can just ask, I know they are there for me."

Relatives told us, "There's a big difference, [relative's name] has improved so much since moving into the home 18 months ago, both in their mental state and health," "The staff are very nice," "Staff are very attentive," "They treat people as an individual," "I'm glad I picked this home for my relative, they have made friends here," "The staff are so thoughtful," "The staff deserve a gold medal for what they do," "All their hard work is appreciated" and "Mum is happy here and well looked after."

During the inspection we observed some staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way. They checked people's wellbeing and if they required assistance.

We saw staff got on well with people. We saw warm and good humoured interactions between staff and people who used the service and saw examples of staff communicating with people effectively.

We saw some affectionate exchanges between some people and staff members, and some exchanges of friendly banter. One person told us they really enjoyed a joke with the staff.

We observed care staff transferring a person to a chair from a wheelchair. This was carried out by two staff that were seen to talk to the person explaining what they were doing and offering encouragement and reassurance. Relatives said the home provided aids and adaptations including handrails, assisted bathing, raised toilet seats and grab rails. These helped to promote people's independence and keep them safe.

We saw people were moving around each house freely and had access to their bedrooms and the outside rear of each house when they wanted. Staff respected people's decision to spend their time in the privacy of their own room.

Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. One person told us, "I like to stay in my room and that's not a problem, I still feel there's someone nearby if I need them."

It was noted that personal information including names, telephone numbers and signed prescriptions were visible to all visitors to one house. We observed the area was left unattended by staff on numerous occasions. This did not promote people's privacy and confidentiality. This was fedback to the registered manager on the day of the inspection and immediate action was taken to rectify this.

Good

Is the service responsive?

Our findings

We observed people were given care and support as they needed it. When call bells rang they were answered promptly. People told us staff were there for them when needed.

People were happy and content with the programme of activities available for them. Their comments included, "I enjoy the company of others," "There's a good library I can help myself to," "I absolutely loved the St Patricks day party, it was such fun," "We have regular entertainment from [name]. He is fantastic. He sings my favourite songs just for me," "I make sure that I get out on all the outings. They are every six weeks," "I loved the trip to the Butterfly House," "The activity girls are always asking us what we want to do, or if we have any new ideas," "I never get bored living here," "It would be nice to have a church service every now and then," "I would join in some hymn singing if they organised it" and "I can go into the garden when I want to, I have my cat here."

Relatives told us, "The activity worker is doing a brilliant job," "It's becoming a bit of a community," "[Relatives name] has put her name down for the trip to Southport in a few weeks" and "[Activity workers name] came to see us as soon as mum came in, they wanted to know what sorts of things she likes doing, even if it was years ago."

The service had two activities workers who were employed on a full time basis. Activities were provided in the morning and afternoon and varied depending on what people wished to do. We found the activity worker spoken with had a good understanding of people needs and abilities and encouraged them to take part.

The activity worker said they had spoken with people and their relatives about things they were interested in, and then drew up an advertised activities programme. Examples of the activities included baking, sewing, bingo, table top games, dancing and singing (with outside entertainers). There were many examples of community activities. Some people said they particularly enjoyed the visits to the snooker club, crown green bowling and the local social club. During the summer there had also been trips out and some new decking had meant people were able to sit out and enjoy the garden in the good weather.

Staff told us, "They do provide us with a budget and we spend every penny of it," "I feel as though the activities programmes are being produced with the full involvement of both service users and their families" and "We support a very diverse group of people of all ethnicities and ages."

We noted from the activity timetable that each house received the services of an activity coordinator on one day. We also noted that every month there were month specific activities such as Easter in April, Pampering in May and 1940's theme in June. Also a singer visited fortnightly and an outing for each house was arranged every six weeks. We did not see from the activity list any activities that would help people with mental health problems develop life skills which could help them move on to other supported living environments.

During the morning of the inspection we observed the activity worker sat in the garden reminiscing with ten

people talking (and listening) about music, prompting people with photos and newspapers. During the afternoon many people were seen inside and out (in the sunshine) enjoying the 'pub' facility along with music and karaoke. Many people were actively engaging and enjoying each other's company.

Care plans seen showed people had their individual needs assessed and regularly reviewed so any changing healthcare needs could be responded to. We saw care plans and risk assessments were reviewed following such things as a fall or illness to see if any amendments to the person's plan were needed.

One visiting healthcare professional said staff promptly alerted them to people who required attention and that discussions took place if any arrangements needed to be changed or improved. They told us, "I find the staff good. [Name] one of the nurses always has all the BP's [blood pressures] done in readiness. Most of the nurses are okay; some are very experienced and know the residents so well. They let us know if they are concerned about anyone and they are usually justified. There are a couple of nurses who aren't so great, but on the whole I enjoy coming here. We visit a few care homes regularly and this is one that I do enjoy coming to. We have a good relationship with the home."

One relative told us how the service had been responsive to their family member's needs. They said, "My relative came here from hospital. We had looked at a couple of other homes, which were a bit posher. We came in here after we'd seen the other homes and the staff here just seemed so happy. We spoke with some other relatives and they were saying how lovely the staff are. My relative has deteriorated and is now bedbound. I asked if we could change rooms to this one, as it looks onto the garden. It was fine, so I brought the plants and trees in pots from their house and they are now outside the window. The staff here are brilliant and talk to [name]. [Name] is a Manchester United supporter and sometimes when I visit, there is a carer who is also a supporter and she is showing [relative] pictures on the phone of the game, which [name] loves to see. [Relative] lost weight in hospital and they are trying everything here. They have seen the dietician and the staff offer small amounts often of nutritious things. [Name] isn't losing any more weight though, which is down to the staff. They weigh them a lot, using the hoist scales."

People and their relatives knew how to complain and they told us they would inform the staff if they were unhappy with their care. Their comments included, "I get listened to, they try to help," "The staff are so approachable, we could discuss anything with them," "I would see the manager if I had any worries," "I know about the complaints procedure but I've never had to complain about anything" and "If you raise anything, you know it will be dealt with."

The registered provider had a complaints policy and procedure, which clearly set out how and when each complaint would be responded to. Since the last inspection the service had received eight complaints. All but one had been investigated and resolved by the registered manager. One complaint was still on going. The service had also received compliment cards and letters thanking staff for the care provided to people.

Requires Improvement

Is the service well-led?

Our findings

The manager had been employed at the home since 1998 and was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their visitors spoke positively about the management team. People told us they knew who the registered manager and deputy manager were and found them approachable. They told us they felt involved in decisions made at the home and were often asked their opinions on the quality of the service. People told us, "I definitely made the right choice in coming to live here," "The staff are always asking us we want anything to change," "I have no problems with the management of this place," "This home has a good manager," "The staff know what they are doing, they care for me so well" and "They are always asking us if everything is alright in the home."

Relatives told us, "It's the best it's been," "The manager has a good attitude," "I can turn to any member of staff or the managers to raise concerns. I feel they will be dealt with," "The best thing is that mum is living within her own community" and "The manager has an open door policy."

Staff told us, "Management is better now," "She [the manager] is there for us," "The manager is very supportive" and "I have had a great induction by the registered manager and deputy manager. It has helped me out a lot. They have told me everything I need to know."

The registered manager had a system in place to audit and monitor all areas of the service. The areas covered included, pressure wounds, deaths, medicine errors, supervisions, GP reviews, safeguarding referrals, care plans and DoLS applications.

We saw the system to monitor accidents and incidents was completed each month. We found high numbers of accidents were recorded March 2017. Whilst the analysis had identified most of the accidents had occurred in the afternoon it did not show what action had been taken to address the issue. It was also difficult to establish how many accidents involved the same person which would be used to refer people to the falls team to put strategies in place to reduce the risk of further falls. The registered manager told us that a person would be referred to the falls team if they had three or more falls. She agreed to add this to the analysis in the future. Following the inspection the registered manager told us, "There is supportive evidence within individual care plan reviews and reviews after the accident/incident. Regular care plan audits take place which monitor the actions. The 24-hour handover reports certain information regarding accident and actions taken. Also the implementation of close observation reports, which were available at the time of the inspection, and were located in the file, behind the individual accident reports. These indicate each person by name and the type of accident and the amount."

People spoken with told us they had been involved in a range of surveys to share their views on the quality

of their experiences. In response the senior managers had produced an outcome to the surveys advising people of any action they would be taking in response to listening to them. They were also clear about who they could turn to if they were worried or had any concerns.

'Resident and relative' meetings and staff meetings had been held at the service. People told us this gave them an opportunity to give feedback on the quality of the service. The registered manager told us they were trying different ways to engage people who used the service, relatives and staff in meetings. They had recently included cheese and wine at the relatives meeting but this had still been poorly attended. People who used the service told us they enjoyed the smaller meetings held in each house as they were more comfortable talking at these.

Staff meetings were held bi-monthly. The registered manager said she had decided to hold alternate house and full staff meetings as some staff preferred the house meetings but others thought it was a good idea to all meet together as a full team. Senior staff meetings were also held monthly or more frequently if there were any issues that needed immediate attention.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises and equipment must be kept clean, secure and properly maintained.