HC-One Oval Limited

Straven House Care Home

Inspection report

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West Yorkshire
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27 April 2018

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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

Our inspection took place on 20 and 27 April 2018 and was unannounced. There had been a change of provider in 2017 and this was the first inspection since the new provider had registered with the Commission.

Straven House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Straven House accommodates 24 people in one adapted building. At the time of our inspection there were 17 people living at the service.

There was a registered manager in post although they were on leave at the time of our inspection. We interviewed the registered manager on the telephone on 27 April 2018. 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. A deputy manager was on duty during our inspection who was supported by a registered manager from one of the provider's other services and the provider's area director.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they felt safe living at Straven House. We saw procedures were in place to keep people safe, such as reporting and investigating potential abuse, accidents and incidents, and ensuring appropriate risk assessments were up to date. Staff had been trained to recognise and report signs of abuse.

Sufficient staff were employed who received regular training and supervision to make sure people received safe and effective care. Staff were recruited safely to ensure they were suitable to work with vulnerable people. People told us staff knew what they were doing and were kind and compassionate. It was clear from our observations that staff knew people well and people were relaxed and comfortable in staff presence. Staff told us they felt supported by the management team.

People received medicines as prescribed and checks were in place to ensure medicines were managed safely. Staff liaised with health care professionals to ensure people received appropriate medical support.

Straven House was clean, tidy and appropriate systems and equipment checks had been made. A programme of refurbishment was underway and people were encouraged to furnish their bedrooms with personal items. People looked smart and well presented.

The service worked within the legal requirements of the Mental Capacity Act 2005. The management team and staff understood their legal responsibilities under the Act. Decisions were made in people's best

interests and people's consent was sought.

People were supported to consume a healthy and varied diet. Choices were offered for each meal and we saw staff encouraged people to drink plenty of fluids daily.

Care records contained detailed and relevant information to ensure people received appropriate care and support. People and/or their relatives were involved in the planning and review of care plans.

People were happy about the care they received at Straven House and knew how to complain if this was necessary. Complaints were investigated and appropriate actions taken.

Checks were made to keep the service running smoothly. These included regular visits from the provider. A service improvement plan was updated with key information and actions from these checks. People were asked their opinion of the quality of the service through regular meetings and an annual survey, from which some improvements were actioned. The management team were keen to drive improvements at the service through meeting with other managers to share best practice and keeping themselves updated with best practice guidelines.

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 understood how to recognise and report abuse. Sufficient staff were deployed to keep people safe.

Medicines were managed safely. People received their medicines as prescribed.

The home was clean and programme of refurbishment was underway. Staff wore aprons and gloves when carrying out personal care tasks.

Is the service effective?

Good

The service was effective.

The service was working within the legal requirements of the Mental Capacity Act 2005. Staff had regard to people's choices and decisions were made in people's best interests.

Staff had received the required training and supervision to equip them for their role.

The service worked with a number of health care professionals to meet people's health care needs.

Is the service caring?

Good

The service was caring.

Staff knew people well and the atmosphere was warm and friendly.

It was clear from the chatter and interactions that people were happy living at Straven House.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and individualised plans of care put in place. These were regularly reviewed, with input from the person and/or their relatives.

A variety of activities were offered at Straven House. People could choose if they wanted to take part in activities.

Complaints were investigated and actions taken. People knew how to complain if necessary.

Is the service well-led?

Good

The service was well led.

A comprehensive range of audits was in place to monitor and drive improvements at the service. This included asking people what they thought about the quality of the service.

People praised the management team and said the service was well led.

Regular staff and residents meetings were held to include people in the running and developments of the service.

Straven House Care Home

Detailed findings

Background to this inspection

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

Our inspection of Straven House Care Home took place on 20 April 2018 and was unannounced. Following our site visit, we spoke on the telephone with the registered manager on 27 April 2018.

The inspection team comprised two adult social care inspectors 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. The expert-by-experience used on this occasion had experience in caring for older people.

Prior to the inspection, we reviewed the information we held about the home. This included information from the local authority commissioning and safeguarding teams and statutory information we had received from the home. The provider had submitted a provider information return (PIR). A PIR gives the provider the opportunity to tell us about the service, what they do well and any planned improvements they intend to make.

We used a variety of methods to gather information about people's experiences at the service. During the inspection, we spoke with six people, one relative and one visitor of people who use the service and a health care professional. We observed care and support and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the way people's medicines were managed, looked at four people's care records, some in detail and others to check specific information. We viewed other records relating to the management of the service such as maintenance records, quality checks and meeting notes. We looked at staff files and training records. We looked around the home at a selection of people's bedrooms and the communal areas. We spoke with four care staff, the cook, the activities co-ordinator, the deputy manager and the provider's area

director. Following our visit to the home, we spoke on the telephone with the registered manager of the home on 27 April 2018.

Good

Is the service safe?

Our findings

People told us they felt safe living at Straven House. Comments included, "I just feel safe," and, "They are so careful. One [person] was asked not to go down the slope in the garden, as it is too steep for [person] as [person] uses a walking frame. [Person] went anyway so staff reacted quickly and brought [person] back." We had observed this incident and saw staff gently encouraged the person to return to the top of the garden and explained politely why they were making the request. One person who told us they felt safe living at the home said, "The alarm went off last night because we had a power cut. Staff came quickly to tell me what was happening." The person said this made them feel safe because they were informed of what the problem was, they had not been left to worry and felt reassured they were safe. We saw emergency procedures had been followed during the proceeding night and people had been informed of the power cut so they were not unduly alarmed.

Safeguarding procedures were in place. Staff had received safeguarding training and understood how to recognise and report any concerns about people's safety and welfare. The service had made appropriate referrals to the local authority and the Commission. We saw investigations had been carried out and actions taken where required, reducing the risk of recurrence.

Assessments were in place to mitigate risk to people's health and safety. These were clear, identified the risk and were updated with what actions had been put in place to reduce the risk, or if the risk had changed. Equipment such as bed sensors and low beds were in place to keep people safe when they were assessed at risk of falls. One person's relative told us, "[Person's name] is monitored frequently. [Person] has movement sensors in [person's] bed. If [person] moves, staff know about it."

Accidents and incidents were recorded and investigated with actions taken where required. We saw a falls team met regularly to monitor incidents, analyse trends and looked at lessons learned as a result.

The service held small amounts of personal money for people who used the service. The money was held securely and receipts were issued when money was spent. All transactions were recorded and checked. This helped to protect people from the risk of financial abuse.

Sufficient staff were deployed to keep people safe. People told us, "We have more staff now than before. Some people need more help than me so sometimes I might have to wait", "They are not short of staff," and, "There always seems to be enough staff." During our inspection, we saw some staff took time to sit in the lounge, chatting with people and other staff spoke with people in their bedrooms, asking if there was anything they wanted and staying to chat for a few minutes. This showed there were sufficient staff deployed to complete required tasks and spend quality time with people. No one we spoke with raised concerns about staffing levels and said staff were usually available to provide assistance when required.

A recruitment and selection policy was in place, which showed all applicants were required to complete a job application form and attend a formal interview as part of the recruitment process. During recruitment, they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before

they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession. We looked at three staff recruitment files and found appropriate checks had been made prior to employment. This meant safe recruitment procedures were in place.

Medicines were safely managed. People told us they received their medicines as prescribed. Comments included, "Perfect. When I asked for paracetamol I am always given it," and, "I get my eye drops always on time." We found medicines were stored securely. Medication, which required refrigeration, was stored correctly in a separate medicines fridge. We looked at the medicine administration records (MARs) and found these were well completed. We checked the stock of four medicines against the MARs and found they were correct.

Where people had medicines prescribed 'as required' we found protocols in place to guide staff as to when, what dosage and how often to give these medicines. Some people were prescribed medicines which had to be taken at a particular time. We saw there were suitable arrangements in place to enable this to happen.

People had separate handwritten MARs in place for certain topical medications such as creams. The MARs included a body map of where the cream should be applied. The MARs were kept separately and were completed by staff when a cream was administered.

Safety checks were in place such as water checks, internal and external environmental checks and gas and electrical checks. We saw the service had comprehensive fire safety records and weekly fire alarm tests took place. The service maintained a central file of people's individual personal emergency evacuation procedures (PEEPs) in a 'grab bag' in the office for swift reference. Equipment in use had been maintained and serviced in line with the manufacturer's guidelines.

We looked around the premises and found it was clean and free from unpleasant odours. People told us they were very satisfied with the standard of cleanliness at the home. Comments included, "Spotless. Clean towels and we are asked everyday what do we want doing," and, "Excellent; clean and tidy. This morning I had a shower and they changed my bedding; that is the standard here." Staff told us they completed training in infection control and we saw there was an infection control policy and procedure in place. The implementation of infection control procedures was visible. Hand sanitisers were placed around the building. Liquid soap and paper towels were available for hand washing. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves.

Good

Is the service effective?

Our findings

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. Where conditions had been imposed, we saw a meeting had taken place with the person's family to discuss these conditions. A record of the meeting and how the conditions were being met was documented in the person's care plan.

People's capacity to consent to their care and support arrangements was assessed. Decisions about important areas of care and support where people were unable to make their own decisions were made in people's best interests. These involved relevant people, such as the person's GP, next of kin and key worker. We saw independent mental capacity advocates were involved where people had no relatives to speak on their behalf. Daily records and observations showed us people's consent was sought for care and support interventions. People we spoke with confirmed this. We concluded care was delivered in the least restrictive way possible.

Some people's relatives retained power of attorney for their finances and/or health and welfare. We saw documentation about this was kept with the person's financial information in the administration office. Following our discussions, the area director agreed it would be more beneficial to retain copies of this key information in people's care records, particularly where power of attorney related to people's health and welfare.

People's needs were assessed with input from the person, their relatives and a range of health care professionals to develop care plans that that adhered to recognised guidance

Where staff were concerned or had noted a change in people's health we saw they had liaised with health care professionals. Care records showed people had access to a range of health and social care professionals such as GPs, psychiatrists, district nurses, dieticians, opticians and dentists. For example, we saw the service referred people at nutritional risk to the GP. Detailed care plans were in place reflecting the advice provided by the GP. One person's relative told us, "If there has been a slightest problem the nurse and/or doctor is called." We spoke with a health care professional who told us staff listened to and followed their advice about people's health and welfare and communication from the service was good. They told us,

"Communication is good; anything they're worried about or if they're concerned about anyone, they're straight on the phone. They take on board everything we say." We saw one person had a telephone in their room. They told us, "I can ring them (GP or nurse) if I need to." Another person commented, "I can see a doctor more or less when I want."

We saw staff handovers were completed at the start of each shift, which included information about any concerns and updates about people. In addition, a daily 'heads of department' meeting discussed key areas of the service, including maintenance and housekeeping. This ensured each area of the service was kept updated and informed about what was needed to keep the service running smoothly and provide people with optimum care and support.

No one at the service had specific communication difficulties, although staff told they wrote things down for one person to assist their understanding. We asked the area director if there were policies and procedures regarding accessible information and communication. They told us this was included in a number of the provider's policies including the equality policy. However, following our discussions, they said they would look at providing a specific policy and procedure with reference to the Accessible Information Standard. The new policy was sent to us a few days after the inspection.

People had access to a good range of food and choice. We saw people's individual nutritional needs were met. We spoke with the cook. They knew about individual's likes, dislikes and specific dietary requirements. The cook explained all meals were cooked using fresh ingredients. Each person had specific individualised dietary information in their personal file. For example, one person was on a calorie-controlled diet due a health condition. Their care plan clearly described this. There was additional guidance in place for staff to understand the calorific content of snacks.

Peoples' feedback was sought about the food provided by the service. There was a book in the dining room for people to write their comments about the quality and variety of the meals served and people's opinions were sought during residents meetings. We tasted the food served at lunchtime and it looked appetising and was tasty.

We observed the meal service at lunchtime. People's meals were well presented on the plate, including the meals for people who had been assessed for soft or pureed diets. Tables were attractively set with napkins, matching crockery, condiments and flowers on the table. The dining room was decorated with union jack flags, bunting and displays to celebrate the upcoming birthday of the Queen. A pictorial menu displayed the choices for the meal. People told us the food was generally good and they were offered choices of what they wanted to eat. Comments included, "Staff ask in a morning what we would like and again in the dining room. We get a choice and also we are offered sandwiches or an omelette. I am having fish today", "The food is very good. I think we get enough choice. I am happy with the food. Its good basic food, it is to my likening," and, "We get a choice and they are open to suggestions." One person's relative told us, "Until recently [relative] ate everything and said the food was good. Now [relative] is very unwell and does not want food. They ask [relative] what [relative] would like and bring it to [relative]. [Relative] asks for salmon a lot and even when it is not on the menu they cook it for [relative]." This showed the service provided effective dietary support for people.

During the meal service, we saw staff chatted with people and were attentive to people's needs. For example, we saw staff assisted one person move closer to the table so they could easily reach their plate, helped another person cut up their food and checked people had enough to eat and drink, offering second helpings of food. The atmosphere in the dining room was calm and relaxed. Some people chose to eat their meals in their room and staff took trays of food to these people. Trays were set with cloths, condiments,

cutlery and napkins. Plates had food covers on to keep the food warm. We saw staff checked to make sure the food was well presented before delivering the trays. One person said, "Where can you go where you can get three meals a day and a hot or cold drink? It's like a hotel. They let me go back to bed after breakfast if I want and I have my morning coffee in bed. I like it."

We looked around the premises and saw a programme of refurbishment was underway. For example, some bedrooms were being redecorated and new carpets were being fitted. We saw areas such as skirting boards in the hallway had chipped and missing paintwork and this was included in the service's refurbishment plan. We saw people's rooms were attractively furnished with matching furniture and contained personal items such as ornaments, photographs and pictures. Clear signage was in place indicating locations of toilets, bathrooms and people's bedrooms.

New staff were required to complete a comprehensive induction to the service which included information about the service's policies and procedures and ways of working. In addition, they received a range of appropriate training, which was delivered both face to face and via the computer. New staff without previous care experience completed the care certificate. This is a government recognised training scheme, designed to equip staff new to care with the required skills for the role.

Existing staff received regular updates in a range of subjects including safeguarding, equality and diversity and fire safety. We looked at training records which showed training was kept up-to-date. Staff told us they felt they had the relevant skills and training to complete their role. One staff member told us, "When we get new staff, they are always paired up with experienced staff." People we spoke with told us staff were competent and knew what they were doing. Comments included, "They are very good workers. Some people need more help than others. Staff are very patient and have the ability to look after people," and, "They seem to know what I need and look after me well." This showed us staff training had been effective.

Staff told us they felt supported by the management team. There was a structured probation and supervision process in place. Staff received regular individual supervision, some of which counted as the annual appraisal or review. These covered topics such as tasks, responsibilities, training and development.

Good

Is the service caring?

Our findings

People told us staff were caring and kind. For example, one person had gone into the dining room for their lunch and realised they had mislaid their handbag and became anxious. One staff member gently reassured the person whilst another staff member went to look for it and brought it to the person straightaway. People greeted staff warmly and appeared comfortable in their presence. It was clear from the chatter and laughter during the inspection that people were relaxed, happy and good relationships had developed between staff and people living at the home. Comments included, "Some I have a hug with; they are like my best friends. I have a wonderful bath once a week and today I will have my hair done", "They treat me like a human being", "We joke and pull each other's legs. I am very happy with my personal care. They know me and how I liked to be handled," and, Respectful, very nice and kind."

We saw staff treated people with dignity and respected their privacy. For example, we saw staff knocked on people's bedroom doors and waited for the person to give them permission to enter. One person told us, "I am on first name terms; I like that. They knock on my door before coming in. They explain what they are doing when washing and bathing me; very patient." A relative commented, "Dignity is always at the front. Staff discuss with us about whether other people should visit due to [person's] dignity. They also look after us by asking how we are and, 'can we do anything for you?'" We saw people could choose to put a 'do not disturb' sign on their bedroom door if they wanted privacy and staff took note of this.

People told us staff respected their independence as much as possible. For example, at lunchtime staff encouraged people to use their walking frames to move into the dining room but were on hand to give assistance if required. One person told us, "I am fairly mobile but occasionally I need help. They know how to do this to keep my independence." We saw people had received polling cards for the local elections. Other people had chosen and been encouraged by staff to register for a postal vote and were exercising their right to vote.

A small card was hung on each person's door indicating a key fact that was important to them. For example, one person's sign indicated, 'I look forward to trips with my family and enjoy arrival visits to the home.' This meant before entering the bedroom, staff could refresh their memory about a detail important to the person, to facilitate conversation.

People looked smart and well-presented and staff complimented people on how they looked. For example, we observed a staff member speaking with one person who had returned from the hairdresser, saying, "Oh [person's name], you do look nice; very smart." The person looked delighted with the compliment and smiled, patting their hair and thanked the staff member. The remark led to other people who were sitting in the lounge commenting about how nice the person looked. This generated a general conversation about hairstyles. We saw staff spoke in a similar way with other people when they returned from having their hair done or when they had chosen their outfit for the day. This helped foster a warm, friendly and happy atmosphere.

Staff demonstrated they knew people well, their individual likes, dislikes and preferences. For example, staff

were able to confidently describe how to provide a person with reassurance to reduce their anxiety. This corresponded to the information recorded in the person's care plan and staff interaction with the person during our inspection.

Staff knew people's favourite activities and how they liked to be communicated with. Information on people's life history was included within people's care plans to aid staff better understand the people they were caring for. For example, one person's plan included their history and experiences, which related to behaviours they exhibited. Staff we spoke with were aware of this information. The information staff gave us about people correlated with what was recorded in peoples' care records. For example, one person's care records documented they liked walking in the garden, feeding the birds and painting or colouring pictures. The person's activity log showed these activities took place on a regular basis.

Staff listened to people and allowed them to make choices. Each person had a 'choices and decisions' care plan in place, which included clear direction to staff about choice. For example, one person's plan stated, 'Staff to provide [Person's name] with choices and options such as choosing clothes and food.' People's daily notes documented the choices people had been offered and made. We observed people chose to get up when they wanted and spend the day where they wanted. Often people liked to have breakfast in bed. Staff took trays to people's bedrooms with their breakfast choice. Other people preferred to sit together in the lounge and watch the news on television whilst eating their breakfast.

In some people's plan it was recorded that family should be contacted and informed of any changes in the person health and welfare as they had power of attorney. Care records demonstrated the service was in regular contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making. One relative told us communication from the service was excellent and they were kept fully informed about their relative's health, which gave them peace of mind. We saw information about advocacy services was displayed and independent mental capacity advocates (IMCAs) were used when required.

Staff had received training in equality, diversity and human rights. This helped ensure the service was responsive to the diverse needs of people who used the service and was working within the framework of the Equalities Act 2010. Other protected characteristics are age, disability, gender, marital status, religion and sexual orientation. This information was discussed with people at the initial assessment of their care and support needs. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to coming to live at Straven House. Following assessment, detailed and person centred plans of care were put into place. We saw these gave clear indicators about how people should receive individual care and support. 'My day my life' profiles were in place which included information on what a normal day looked like for the person.

Plans of care contained information about triggers for people's behaviours and how staff should support the person. For example, one person's care records stated, 'When [person] has a panic attack, they respond well to staff sitting with them and speaking to [person] kindly.' We saw this happened during our inspection, which showed staff were aware of and followed the person's plan of care.

People and/or their relatives were involved in the planning and review of their care. Reviews were detailed with personalised information and changes or amendments to care records clearly documented. The service also had implemented a 'resident of the day' during which all aspects of a person's care and support was reviewed.

We saw care records accurately reflected people's likes and dislikes. For example, one person's care plan told us they like singing. We observed the person during the first part of the morning sitting quietly in the lounge. When the singing started as part of the morning activity, they became actively engaged, reading the song sheets, telling people the words and how the song was supposed to be sung. The area director and the deputy manager told us the service was gradually moving across to the new provider's paperwork, which included detailed life story booklets for each person and their relatives to complete which would give greater information about people's life stories.

People had their end of life wishes recorded although some of these did not contain a great deal of information. We spoke with the deputy manager who told us this was an area where they were making improvements, sending letters to families to ask for their input. We saw this letter in one person's care records as well as actions detailed in the service improvement plan. This gave us confidence the service had highlighted this key area for further work and was taking the required actions.

People's personal preferences were respected, such as where they wanted to sit and what they wanted to eat and drink. For example, during the inspection, a staff member politely asked one of the inspectors to move from where they were sitting since it was where a person usually sat who was just coming into the lounge. This showed staff put the people who lived at Straven House at the centre of the service.

We looked to see how the service supported people who required different means or assistance to communicate. People had communication care plans setting out how staff were to communicate effectively with them. We observed and staff told us that no-one had any specific needs currently. However, the area director told us the provider was looking to devise a specific protocol to reflect the Accessible Standards to ensure all services were aware their responsibilities in this area. This new policy was sent to us following our inspection.

The staff team demonstrated a commitment to supporting people to engage in interests and activities both within the home and in the local community. People who used the service were asked what activities they like doing and this were recorded in their care plan. We saw some activities reflected these, such as singing and spending time in the garden. The service employed two activities co-ordinators who worked on separate days to ensure people were engaged in meaningful activities if they wished. People had access to a range of activities such as music, painting, going out in the garden, pottery, dance, quizzes and exercise. This also included trips out into the community. Information on activities for each week were displayed in the home and a copy delivered to each person's room. People's care records demonstrated these activities took place on a regular basis.

Throughout the day, we observed activities took place which people were engaged with. For example, in the morning, some people were practicing songs for the 'open day' being held the day following our inspection. In the afternoon we saw some people were playing dominoes in the quiet lounge, others were completing puzzles, colouring, reading magazines or papers in the main lounge or enjoying the sunshine on the outside patio in the company of the activities co-ordinator. We saw the activities co-ordinator visited some people in their own room to chat or do activities on a one to one basis. The activities co-ordinator told us, "It's like a big family. Everyone comes into the lounge. I'll go round the rooms and tailor it (activities) to what people want...it has to be flexible. I'll do one to one with people. Some people choose not to do activities." People and their relatives told us there were plenty of activities on offer at Straven House. We saw photographs displayed of recent events, including those showing people enjoying a recent visit by a local motorbike group at Easter. Several people were assisted to sit on the motorbikes since they had either ridden these in the past or wanted to try this out.

We saw only one complaint had been received by the service during the last 12 months. This had been investigated and actions taken, with the complainant notified of the outcome. People told us they knew what to do if they had a complaint and they would be listened to. One person told us, "I haven't had an issue to complain about but I would if I had to." A relative told us, "The complaints policy is written down in the terms and conditions of the home. We would speak to staff first. They ring us once a month and ask us if we have any concerns. If we have had a problem we have spoken to staff and been reassured." They told us they had raised concerns when their relative's hearing aid went missing and added, "Straight away staff looked and looked until they found it." This gave us confidence that complaints and concerns were treated seriously, investigated and actions taken as a result.

A number of written compliments had been received which included, 'Thank you to everyone for the care and kindness given to [name]', and, 'We always felt reassured that you were going that extra mile.'

Good

Is the service well-led?

Our findings

People were complimentary about the management team and felt the home was well run. They told us they knew who the registered manager was and felt able to approach them with any concerns. One person told us, "[Name] is the manager. She is very good; you can talk to her," and a regular visitor commented, "It's very well run. Staff never seem flustered; a calm atmosphere." One person's relative said, "The manager is more involved with the paper work. She is not as hands on as the deputy. She looks after the caring side so the home runs smoothly. (They are) Approachable with an open door policy and very welcoming."

A health care professional commented, "The manager is very, very good. Very responsive. She knows exactly what is going on. She's very supportive of her staff... [Deputy manager] is particularly good; doesn't miss anything. She stands out. They're all very good; they're a lovely group of girls. I would send my grandma here; it's that sort of a home."

We found the management team open and committed to make a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering optimum care, based around empowering people and achieving good outcomes for people living at the service. The management team met with senior staff and the head of each department every morning to share key information about the service. This included activities, events, maintenance and updates on the health and well-being of the people who lived at the home.

The registered manager told us they had worked their way up to being the registered manager from a care staff role, so understood all aspects of the service and how to achieve best practice. They said they made sure they were a visible presence in the home, sometimes helping out on the floor if necessary and were happy to speak with people about any concerns or worries they may have. This corresponded with what people told us.

Staff told us they felt supported and had respect for the management team. Staff morale was good and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people came first.

The registered manager told us they kept up to date with best practice information and guidelines through a variety of different ways. For example, they discussed and shared information with other registered managers, attended the provider's quality assurance meetings, liaised with health care professionals, the local authority and the Commission as well as reading updated relevant articles and information on-line.

A comprehensive quality assurance monitoring system was in place to assess, monitor and improve the service. This included monthly checks on care plans, falls, infection control and daily, weekly and monthly medicines checks. We saw where actions had been identified from these checks, these were fed into the service improvement plan, with completion dates and updates documented. These audits were effective in identifying concerns and had already noted and had actions in place about required areas of improvement

we found during our inspection.

The registered manager attended regular quality governance meetings to discuss best practice and audit results across the provider's services in the area. Information and actions from these were then discussed at the service quality governance meetings with senior staff and then in staff meetings. Actions required were fed into the service improvement plan. This meant all staff were involved in driving service improvements.

We saw out of hours and weekend quality visits were made by the provider to ensure the service was running smoothly at all times. Results from these were discussed at the quality governance meetings and any actions discussed at service level and formed part of the service improvement plan.

We saw people's opinions of the service were sought through monthly meetings and an annual survey. We saw meetings discussed any concerns, events planned and service updates, including the recent move to the new provider. We looked at the results of the latest survey, completed in December 2017, which reflected people's high level of satisfaction with the service. We saw where any concerns had been raised, actions had been taken to address these.

The provider of the service had recently changed and we saw several meetings had been held with staff, people who used the service and relatives to discuss the changes. The area director told us a representative from the provider came to the home on the day the new provider took over the running of the service to provide support and answer any questions people had. This showed the provider's commitment to working with people to ensure a smooth changeover.

There were monthly staff team meetings in place these were well attended. Topics covered at the meetings included service updates, audit results, infection control, safeguarding and medication. We spoke with the registered manager about the staff survey, which had been completed just as the provider takeover was made known. The registered manager acknowledged results reflected staff concerns about the future direction of the service. However, staff we spoke with were positive about the new provider and did not raise any concerns.