St Mary's Convent and Nursing Home (Chiswick)

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Inspection report

Burlington Lane
Chiswick
London
W4 2QE
Tel: 020 8994 4641
Website: www.stmaryscnh.org.uk

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 5 and 6 May and was unannounced. At the last inspection on 4 April 2014 we found the service was not meeting the regulations relating to care and welfare, safeguarding, respect and involvement, notifications and records. At this inspection we found that improvements had been made in all of the required areas.

St Mary's Convent and Nursing Home is a care home providing accommodation for up to 59 older people who require nursing, personal care and support. When we visited, 58 people were living in 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

Summary of findings

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 using the service told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm. Staff had received safeguarding training. They understood how to recognise the signs of abuse and knew how to report their concerns if they had any.

People, their relatives and friends told us they were happy with their care. Staff working at the home understood the needs of people and we saw that care was provided with compassion and kindness. People felt included in their care, were listened to and supported to make decisions and choices which staff respected. Throughout the inspection, we observed that staff cared for people in a way that took into account their diversity, values and human rights.

Assessments carried out by the staff ensured that people's needs were identified and met. Risks were assessed and reviewed to ensure people's individual needs were being met safely.

Staffing levels were appropriate to keep people safe and meet their needs.

Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff and volunteers began work.

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

CQC is required by law to monitor the implementation of the Mental Capacity Act (MCA) 2005 and the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. The service met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Where people did not have the capacity to consent to specific decisions the staff involved relatives and other professionals to ensure that decisions were made in the best interests of the person and their rights were respected.

Staff were well trained, skilled and supported to meet people's needs. They understood their roles and responsibilities.

People took part in activities and outings of their choice. The activities programme was extensive and took into account people's diverse needs.

There was a clear management structure at the service and people, staff and families told us that the management team were approachable, inclusive, and supportive. The home had an open and transparent culture, with clear vision and values.

The provider had effective systems in place to monitor the quality of the service so areas for improvement were identified and addressed.

The provider encouraged feedback from people, their relatives and friends, which they used to make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. People using the service behaved in a way which showed they felt safe.

The manager ensured there enough staff to meet people's needs and ensure their safety and welfare. Risks to people's safety were identified and managed appropriately.

Safe arrangements were in place for the management of medicines.

Good

Is the service effective?
This service was effective.

Staff were knowledgeable about how to meet people's needs. Staff attended regular training to update their knowledge and skills.

People's human rights were respected. Staff had undertaken training on the Mental Capacity Act 2005 and were aware of their responsibilities in relation to Deprivation of Liberty Safeguards.

People were able to choose what they wished to eat and drink. Staff supported people sensitively when they required assistance with their food.

Good

Is the service caring?
The service was caring.

People were treated with respect, kindness and compassion. People's dignity and privacy was respected.

Staff knew the people they cared for well and were committed to helping them achieve a good quality of life.

The home was structured around a strategy known as the 6Cs. The strategy had been implemented by staff throughout the home to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes for people using the service.

End of life care was provided in line with people's wishes and preferences. Support was provided to people's families and those that mattered to them.

Outstanding

Is the service responsive?
The service was responsive.

People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

People took part in activities and outings of their choice. The activities programme was extensive and took into account people's diverse needs.

Good

Summary of findings

People's views and concerns were listened to and acted upon.

Is the service well-led?

Good

The service was well- led.

The culture in the home was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team.

Feedback from people, their relatives and staff were sought on an on-going basis and used to continually develop and improve the service. The home took action to reflect and learn from incidents to ensure that improvements were made.

The provider had effective systems in place to monitor the quality of the service so areas for improvement were identified and addressed.

St Mary's Convent and Nursing 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.

This inspection took place on 6 and 7 May 2015 and was unannounced. The inspection team consisted of two inspectors and a pharmacist. 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. We looked at all the notifications we had received about the service since we last inspected on 4 April 2014. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

During our inspection we spoke with fifteen people using the service and eight relatives. We spoke with the nominated individual, registered manager, deputy manager, two nurses, the nurse consultant, the quality manager, eight care staff, two hairdressers, one domestic, the assistant chef, one healthcare professional and a visiting minister. We reviewed ten people's care records. We reviewed records relating to the management of the service including medicines management, staff records, audit findings and incident records.

Good

Is the service safe?

Our findings

People told us they felt safe and staff supported them to stay safe within their home and out in the community. We observed people's interactions with members of staff. People appeared relaxed in the company of staff. One person said "It's a nice place. Safe and effective." Relatives told us their family members were cared for safely. Comments we received included "My mum always tells me that she feels safe and is well looked after." And "My [relative] is 100% in good hands. I have no doubt about that."

At our last inspection in April 2014, we were concerned that people were not kept safe because staff did not know and understand the safeguarding procedures to be followed in reporting abuse. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this visit we found that improvements had been made in this area. All the staff we spoke with had been trained in safeguarding adults. We spoke with staff about their knowledge and understanding of forms of abuse. They had a good understanding of what safeguarding adults entailed, could identify types of abuse and knew what to do if they witnessed incidents of abuse. They knew how to raise their concerns with the manager of the home and felt confident that if they did raise concerns they would be listened to and action taken. All staff told us they had access to the safeguarding and whistleblowing procedures.

At our last inspection in April 2014, we found that people were not protected against the risk of receiving inappropriate care and treatment because risk assessments were not completed fully or accurately. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this visit we found that improvements had been made. Risks to people's health, safety and welfare had been assessed and managed. Risks including those relating to falls, pressure care, moving and malnutrition were assessed and management plans put in place as necessary. Assessments we viewed had been completed and risks had been accurately rated and recorded. People's care records outlined the potential risks to their safety and risk history and the plans that had been put in place to support them to keep safe. For example, where people were at risk of developing pressure sores, we saw that pressure relieving equipment was identified and provided to reduce the risk.

Relatives told us they were involved in discussions about risks and plans that were in place. For example one relative told us staff always ensured their family member wore their lap strap whist in the wheelchair. Another said the staff had discussed the use of bedrails with their family member and them before their use. Staff said getting to know the person and developing positive relationships with individuals was important in providing safe care and support.

People told us there were sufficient staff to keep them safe, meet all of their needs in the home and community. They told us they were attended to promptly. Staff chatted with people and had time to listen and respond without people having to wait. The team included staff that supported people to take part in activities, domestic staff who maintained the cleanliness of the service, administration staff and catering staff who prepared all food and beverages. The manager reviewed the care needs for people whenever their needs changed to determine the staffing levels needed and increased staffing levels accordingly. During our visit we observed a shift handover between staff. This was comprehensive and staff passed on essential information to keep people safe, such as changes in people's health, mood, medicine, activities, outcomes of any appointments and any other information required.

We saw that each person had a call bell in their rooms and their en-suites. The call bells were linked to a central screen informing staff who required assistance and monitoring the length of time people had to wait. Staff told us that waiting times were regularly reviewed as a service quality check and to provide feedback about levels of demand. We saw that call bells were answered promptly.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. We saw appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them. We spoke with four people who used the service who confirmed they always were given their medicines in a timely way. As part of this inspection we looked at the medicine administration records (MAR) for 21 out of 58 people. We saw appropriate arrangements were in place

Good

Is the service safe?

for recording the administration of medicines. These records were clear and fully completed .The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

We saw that medicines were reviewed regularly by the GP, who visited the service once a week, and dosage changes, such as changes to anticoagulant medicines after blood monitoring, were clearly documented and implemented promptly. Medicines prescribing was also monitored and reviewed by a pharmacist who worked for the local clinical commissioning group (CCG).

Where people had been prescribed medicines to be given 'only when needed', or where they were to be used only under specific circumstances, information on this was recorded within people's care records. For example, where people required medicine for the management of their epilepsy or pain.

Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. We saw that controlled drugs were managed appropriately.

We also saw the provider carried out daily and weekly audits to check the administration of medicines was being recorded correctly. Records showed any concerns were highlighted and action taken. This meant the provider had systems in place to monitor the quality of medicines management.

The service followed safe recruitment practices. We viewed three staff recruitment files which detailed that the relevant checks had been completed before staff began work. These included two references, one from their previous employer, a check conducted by the Disclosure and Barring Service (DBS) to show they were not barred from working in adult social care and proof of the person's identity and right to work in the UK. One member of staff we spoke with confirmed that they had been interviewed, had the necessary checks carried out and were in the process of undertaking an induction prior to them starting work. All volunteers at the service had the required checks carried out before they were allowed to engage with people. Therefore, people were protected from staff that were known to be unsuitable.

Systems were in place for the monitoring of health and safety to ensure the safety of people, visitors and staff. For example, weekly fire alarm tests, weekly water temperature tests and regular fire drills were taking place to ensure that people using the service and staff knew what action to take in the event of a fire. We saw that gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe for staff and people using the service. Staff we spoke with told us they were only allowed to use moving and handling equipment after they had been trained. Each person that required the use of a hoist had individual slings, so that the risk of accidents in relation to the use of inappropriate equipment and cross infection was minimised.

Good

Is the service effective?

Our findings

People were cared for by staff that had appropriate training and support to carry out their roles. People and relatives told us that staff had the right skills, knowledge and attitude. A relative told us "They are really hot on pressure sores here, carrying out regular turning, making sure [relative] is not left too long in her chair." Another relative said "We can see the training that the staff have been carrying out, because they write about it on the information board."

At our last inspection in April 2014, we found that the provider did not keep an accurate record of the care and treatment of each person. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this visit we found that improvements had been made. People's care plans detailed how people wanted to be cared for and supported. For example, people's preference in relation to their personal care was recorded such as whether they wanted a bath or shower, the type of soap and shampoo they liked to use. Where people required the use of moving and handling equipment we saw that care plans recorded the type of hoist to be used and provided guidance to staff about how this was to be carried out. Staff we spoke with said they had access to people's care plans and referred to them to support people in the way they wanted their care and support to be provided.

Staff received regular training to update their skills and learn new skills to further improve the quality of the care and support provided. Staff spoke positively of the training and development opportunities provided by the service. Staff were confident in their work and had a good understanding of the care needs of people, they told us they had training in the areas they needed to support people effectively. For example, staff had undertaken training in dementia care and plans were in place to train a group of staff to become dementia care champions by December 2015. Records showed that staff had completed at regular intervals a range of training and learning to support them in their work and keep them up to date with current practice and legislation. The nurse consultant and quality manager were developing a revalidation programme for all nurses to complete as part of their registration with the Nursing and Midwifery Council (NMC).

All the care staff we met had achieved National Vocational Qualification level III training and the qualifications were displayed on their name badge so that people living at the home were assured of their competency.

Staff told us they received regular supervision with their supervisor manager which gave them the opportunity to discuss their performance and to identify any training needs. The manager told us they had an appraisal system which was being reviewed to meet the needs of the organisation. Staff confirmed that supervision records were maintained and that they completed an annual appraisal of their work performance. Monthly meetings were held for all staff. Staff said these meetings provided information on changes within the service, discussions about people using the service, what improvements could be made and further training that was required. Minutes of meetings we viewed confirmed this.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people were only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. People we spoke with told us they were free to come and go as they wished. We observed this throughout our inspection. They confirmed there were no restrictions to their freedom.

We asked the manager and staff about their responsibilities in relation to the Mental Capacity Act (2005) and DoLS. Staff told us they had undertaken training in this area and that people were involved in decisions about their care and consented to the care and support provided by staff. Where people did not have the capacity to consent to some aspects of their care they would work with the family and other healthcare professionals to ensure that a decision was made in the best interest of the person. For example, staff described the DoLS authorisation that was in place for a person where there were concerns about their safety. We spoke with the relative of this person who told us they had been involved throughout the process, had been kept informed and had seen the completed documentation. Records we viewed confirmed this.

People's nutritional needs were assessed and they were supported to eat and drink sufficient amounts. People told us the food was of a high quality. One person said "I prefer

Good

Is the service effective?

to eat in the quieter dining room. The food is good. They provide vegetarian options to me; not bad at all." Another person said "Excellent food. The staff know what I like, I like ice cream and they make sure that I have it."

People were encouraged to have their lunch and evening meals in one of the three dining areas, breakfast was served in people's individual bedrooms. All the admin and support staff were required to attend to support the serving of lunch and to share in the meal. We observed lunch being served in two dining rooms. We saw that the lunch experience was a very pleasant and sociable event. People were asked what they wanted to eat and being offered a variety of different juices or water to drink. Where people required support with their meal we observed staff chatting with people, encouraging them to eat and assisting them at their own pace so they had time to eat and were not rushed. We noted that care was taken subtly to support people to eat independently. For example one person with poor eyesight was served food on a dark blue plate because this contrasted with food in a way that made it easier for them to eat. Dinner plates with a small lip had been chosen deliberately for all as this made it easier for people with limited dexterity to eat their food. We saw that a number of people had adapted cutlery to further their independence.

Visitors were welcome to join their relatives at mealtimes. Menus were displayed to remind people of the choices available. Throughout our visit we saw that people were offered hot and cold drinks and snacks throughout the day.

People were weighed monthly or weekly, depending on their assessed nutritional risk, and if concerns were identified they were referred to a dietician for input and prescribed treatment, for example, dietary supplements. Food and fluid intake for those people who were vulnerable to poor nutrition was monitored. These recorded what people had eaten and had to drink.

People were supported to maintain good physical and mental health and had access to local health services. People told us that staff supported them to attend routine appointments at the hospital and that a GP visited the service weekly. One person said "I see my doctor whenever I need to - they arrange it." Relatives we spoke with said they were kept informed of the outcome of any hospital or healthcare appointments and that staff kept them up to date of any changes in their family member's condition. Staff made referrals to relevant healthcare professionals and worked with them to make sure any changes in people's care and health needs were addressed in a timely manner. We spoke with one healthcare professional who told us the staff were proactive and took appropriate action to promote good skin care and pressure sore prevention by providing equipment, implementing current practice and having staff trained in tissue viability.

People's care records contained guidelines from healthcare professionals so that staff knew how to support people according to professional guidance. For example, we saw that guidelines were in place for a person that was at risk of choking. The relative of the person told us the staff followed the guidance to ensure their family member was comfortable and safe.

Outstanding ☆

Is the service caring?

Our findings

People, their relatives and visitors spoke highly of the service. People told us that they were at the centre of their care and that staff listened to their personal views and respected them. The feedback from people we received was overwhelmingly positive. People told us they were very happy living in the home and said that staff were "excellent", "caring", "compassionate", "helpful", "respectful" and "kind". All the people we spoke with described the service as exceptional.

One person told us, "I enjoy the sherry evening and they take the trouble to get my favourite whisky. I'm very content here, it's very pleasant." Another person said "I have already done my postal vote but the staff will accompany some people down to vote - people like to do this." A third person told us "Staff are helpful and respectful." And "I have been here for a while and I always see the staff treating other people here very well and with kindness."

A relative of a person told us "There is a real sense of community, it is a superb place. They [staff] are very, very caring. It is absolutely magnificent. Everybody here is compassionate. I would like to come and live here myself." Another relative said "As soon as I walked through the door, it was calm, gentle and everyone was friendly and welcoming. Everything I saw lived up to my initial response."

At our last inspection in April 2014, we found that some people were not treated with consideration and respect. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this visit we found that improvements had been made. People were treated with kindness, empathy, dignity and respect. We observed staff spending time with people, chatting or doing activities. We saw that staff spoke to people in a respectful tone and with warmth, giving them enough time to understand and respond. They asked questions that showed they were taking an interest in what people were doing and their plans for the day. We saw good examples of personalised care, for example a bedroom we viewed had instructions displayed on how the person wanted their pillows arranged and the volume they liked their radio to be set at.

Throughout lunch we saw staff very naturally and politely assisting people, for example by simply gently asking whether they could cut the person's food up a little or offering drinks and serving deserts and a choice of additional fruit. There was a lively buzz in the dining rooms and a friendly and congenial atmosphere throughout lunch promoted by staff joining people on each table as part of their own meal as well as promoting help when required. Where people required assistance with their food this was provided sensitively. Regular dining audits were carried out by the manager to improve people's dining experience.

Staff had a good detailed knowledge of people's needs, their preferences, likes and dislikes. For example, we saw during our SOFI observation that a person had been given a yogurt. The staff at the table knew that the person did not like that particular flavour and asked for it to be changed after speaking with the person. We spoke with the person who told us that staff knew what flavours they liked.

The home was structured around a strategy known as the 6Cs, which had been developed to improve nursing and care by the NHS commissioning Board and the Department of Health for staff to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes. The staff told us they were responsible for implementing this in all aspects of the care and support they provided. Information on the values was visible throughout the service, so that people were aware of what they could expect from the staff. These were care, compassion, competence, communication, courage and commitment.

People were involved in nominating staff for the staff award scheme which the service ran. People were asked to nominate staff that had gone the extra mile in care delivery. A total of 33 staff received awards from people using the service. This showed us that people were asked for feedback on the staff that provided care and support.

People were able to have visitors throughout the day. Relatives and friends of people said that they were made to feel welcome every time they visited. We observed staff greeting them in a warm and affectionate manner and offering tea and biscuits. Relatives told us they were invited to attend all events and activities in the home. People were also able to have family pets come and visit. Staff offered support to family members as well as people who used the service in keeping with the Christian ethos of the home.

Outstanding ☆

Is the service caring?

We saw that each person had a key to their own room. Most people preferred to have the doors to their room closed. We noted that staff knocked on people's doors if they needed to enter and waited for a response from the person before going in. Where a person preferred their door to be left open we saw that a notice was on the door to this effect. For example, one notice explained that the person preferred their door to be open during the day as they liked to see people walk by. We saw that people's preferences about their privacy was set out in their care plan. Plans for night time support in the records we looked at showed that most people preferred their doors to be closed and some expressed a preference not to be checked by night staff during the night.

Staff had a good understanding of people's diverse needs and how these were to be valued and respected. People felt their spiritual and religious needs were met and respected by staff. There was an on-site chapel where Mass was celebrated several times a week. People could choose whether they attended or not and how much they wanted to participate in the Christian ethos of the home. Arrangements could be made for visits from the clergy for people with other religious preferences.

Several people we spoke with told us they wanted to spend the end of their life at the home. We spoke with a relative who told us of several examples of how staff had delivered compassionate and supportive care, over and above their expectations. They said "My [relative] was very ill. The home called us out at night because they were so poorly. The night staff were fantastic. Every ten minutes they were bathing [relative] mouth. They were so compassionate and caring. They have been lovely with [relative]. It's a very special place." Another person said "Nothing is too much trouble for them. I want to spend my final days here, I have discussed what I want and they know my wishes."

People were asked for their views on Do Not Attempt Resuscitation orders (DNAR). Where people did not want to be resuscitated their decision had been recorded and staff were aware of people's wishes. People were provided with information about death and dying in the homes statement of purpose under the heading 'What happens when you die'.

Good

Is the service responsive?

Our findings

Prior to using the service people's health and social care needs were assessed to ensure the service was suitable and could meet their needs. People were encouraged to visit the service, meet the staff and other people prior to making a decision to move in. Two relatives confirmed that pre-admission assessments had been carried out by the manager.

People's views were recorded and they were fully involved in the planning and review of their care. Where a person was unable to fully contribute in their care planning, their family or friends were involved. This was confirmed by people and relatives we spoke with. The care records we viewed contained information on what was important for the person and their preferred routines. Staff responded to people's changing needs. For example, a person told us they had been moved to a bedroom on the ground floor because their mobility and care needs had changed and they required nursing care. We saw that staff attended promptly to a medical emergency, ensuring the person was safe and carried out the required treatment. Regular health observations were carried out on people such as blood pressure monitoring, temperature and pulse checks. We saw that staff had responded to a high blood pressure reading for a person by ensuring that the check was repeated after a period of time so that if they needed to they could take further action.

The service provided an extensive programme of activities within the home and in the community, which were innovative and met people's needs. Activities, events and entertainment were seen as an integral part of the care that people received to promote people's well-being and prevent social isolation. People told us they enjoyed the activities available. The special outings and events in the month included a pub lunch, various musical entertainments, outings and a computer class. The normal weekly programme of activities included reading, hairdressing, swimming, music and movement, tai chi, reminiscence sessions, indoor bowls board games, bingo, an art class and a very popular sherry party.

We saw the activities of the day going on during our visit. A small number of people enjoyed the Tai Chi and others took part in a reminiscence session, and cookery during our visit. There was a piano available in one of the main dining rooms for people to use. There were displays of the arts and crafts activity around the home. People told us how they liked to use their time. One person said "There is nearly too many things to go to." Another person told us 'I like to go swimming on Mondays and I enjoy the pub lunches. The café in the Orangery is good and I like to play bowls here."

We saw people doing their tapestries, using the homes library and we were told that this was further enhanced by a visiting library service every six weeks. People could choose to spend time in a variety of pleasant sitting rooms and those who were able were free to come and go as they pleased. One person said "I have my buggy and can go off to town." Another person told us how they liked to take a walk in the garden. A person commented how staff supported those less able to do things for themselves. They said "I see them often taking people round the garden and chatting even though some are not really able to talk much."

People we spoke with told us about the holidays at home that had been planned for July and October. The manager told us the two holiday weeks had been introduced because not all people at the service were able to go on holiday. Each holiday was based on a theme and plans were in full swing for the July performance week holiday, such as arranging a group of Morris dancers and other performances.

Efforts were made to keep people in touch with the outside world for example, there was a notice informing people living at the home that a royal baby had been born. Daily newspapers of choice were provided and there were magazines in the sitting rooms. We noted that people on their own in their rooms were provided with magazines to browse through.

People told us they knew what to do if they were unhappy. They said they would speak with the manager or a member of staff. When we asked people if they had any concerns they said they had none. The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families and was well-publicised throughout the home. Relatives said they were confident if they made a complaint they would be listened to and their complaint would be acted upon. We viewed the complaints log. Where a complaint had been received, this had been appropriately acknowledged, investigated and the outcome communicated to the complainant.

Good

Is the service well-led?

Our findings

People and their relatives told us the service was well-led by a manager who was active within the running of the home and had a good knowledge of the people who used the service and the staff. Comments we received included "The manager and nominated individual are devoted to the people here, it is very inclusive and feels like a huge family." And "If I had any problems I would speak with the manager, she is always on the floor, speaks to everyone and asks how we are."

At our last inspection in April 2014, we found that the provider had not notified the Care Quality Commission of two safeguarding incidents. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this visit we found that improvements had been made. We had received notifications regarding safeguarding concerns and the manager had a tracking tool which detailed when and who the notifications had been sent to, and the outcome of any safeguarding investigation.

The home had a manager in post who was registered with the Care Quality Commission (CQC) and was supported by the nominated individual and a deputy care manager in running the service. This provided consistency and stability in how well the service was managed and led. People and their relatives knew the management team well, saw them often and told us they had every confidence in them. People benefitted from the open, fair and transparent culture within the home. Staff told us they were supported, listened to and worked as a team to provide the best quality care to people.

Staff we spoke with described the vision and values of the organisation, which were to ensure people received person centred care which focused on the whole person and other people that were important to them. They told us the home was run as far as possible as an extended Christian family. The homes statement of purpose and welcome pack for people provided information on what the home aimed to provide.

We saw that systems were in place to monitor the quality of the care provided. These included a comprehensive audit programme to check the safety of the building, equipment, medicines management, care records, falls and staff records. The audits were evaluated and where required action plans were in place to make improvements in the service. We saw records were kept of safeguarding concerns, accidents and incidents. These were monitored by the registered manager and the service manager to identify any trends or patterns. For example, following several falls, the manager increased urinary tract infection screening and equipment such as a pendant alarm and a sensor mat had been purchased for individuals. These actions had reduced the number of falls incidents in the service. The staff told us they discussed any incidents and accidents during staff meetings so that they could improve their practice and implement any lessons learnt from the outcome of any investigations.

People and their families were asked for their views about their care and support and they were acted on. They told us satisfaction surveys were sent out annually to people who lived in the home, relatives and staff. Information from the surveys was collated and the results we viewed overall were positive. People told us they had regular meetings, where they could feedback on their experience of the service and make suggestions to improve the service and raise any concerns or complaints. People were sent a regular newsletter which provided information on the service development, activities, events and staff.