Littleton Holdings Limited

# Mayfield House

## Inspection report

Mayfield Mews
Crewe
Cheshire
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Tel: 01270500414

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21 October 2016

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 20th and 21st October 2016 and was unannounced.

Mayfield house is registered to provide accommodation for a maximum of 51 people who may be living with dementia and require assistance with personal care. The two storey purpose built building is situated in a residential area of Crewe in Cheshire. Staff are on duty 24 hours a day to provide care and support for people who use the service.

At the time of the inspection a registered manager was in place. 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 were complimentary about the support they received at Mayfield House. The registered manager was available throughout the inspection and engaged positively with the inspection process. The registered manager was friendly and approachable, she operated an open door policy for people using the service, staff and visitors

Staff had received training in safeguarding and understood their responsibilities to protect people from harm and abuse. Staff knew how to report concerns and told us that they felt able to raise concerns appropriately. People felt safe and told us that they received the support that they needed, in a way that respected their wishes. We found that there were sufficient staff, who ensured that they supported people in a thorough and unrushed way. We noted that some areas of the home would benefit from re decoration and some furnishings were in need of replacement.

We found that staff were skilled, knowledgeable and well trained. They received a thorough induction when they began their employment with the home and received on-going training updates. Staff were supported to develop their knowledge and skills.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act were met. People's nutritional needs were met. We observed that people had plenty to eat and drink and were given appropriate food choices. We saw that staff supported people and understood their nutritional needs. The home had recently made improvements to the quality of the food and meal time experience.

We saw that people were well cared for and very comfortable in the home. The people and relatives who we spoke with were positive about the care they received and told us that the staff were kind and caring. We observed that staff were skilled and patient, treating people with dignity and respect.

All care plans were being re-written due to a new electronic recording system which had been implemented. We found that the focus was on person centred care.

Care records reflected the support that people needed so that staff could understand how to care for the person appropriately. The service was responsive to individual needs. We saw that activities were undertaken on a regular basis, however we found that these could be developed further.

We found that the home was well-led. People knew who the registered manager was and felt able to raise any concerns with her. Staff told us that they felt well supported. We saw that regular team meetings were held, as well as supervision meetings to support staff. A new quality manager role had been implemented and home improvement plan put in place. There were comprehensive quality assurance processes in place and people's feedback was sought about the quality of the care.

## 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 protected from the risk of harm or abuse. Processes were in place for staff to follow to ensure that people were not placed at the risk of abuse.

People were protected by safe and robust recruitment practices and there were sufficient numbers of staff to meet people's needs and keep them safe.

Medicines were stored and administered safely.

### Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well. Staff members had induction training when they joined the service and staff had regular on-going training. The service encouraged staff development.

Staff had an awareness of the need for consent and understanding of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards were being applied appropriately to people within the home.

People could make choices about their food and drink and people's nutritional needs were met.

### Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. People told us that the staff were caring and supportive.

Staff knew and understood people's history, likes, dislikes, needs and wishes.

We observed that people were treated with dignity and respect.

## Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their individual needs.

Activities were available to people, but these could be developed further.

People's concerns and complaints were listened and responded to.

## Is the service well-led?

Good

The service was well-led.

Staff said they felt well supported and worked as a team.

People were asked for their views about the quality of the care provided and there were systems in place to receive feedback from people using the service, relatives and staff.

The home had effective quality assurance systems in place to monitor and improve the quality of the care.

# Mayfield House

**Detailed findings**

## Background to this inspection

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

The inspection took place on 20 and 21 October 2016 and was unannounced.

The membership of the inspection team consisted of one adult social care inspector and one 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

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts and quality assurance team to seek their views, as well as the local Health watch (A national consumer champion for health and care). We used this information to help us plan our inspection.

The provider completed 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. Prior to the inspection we reviewed this information.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we spoke with 11 people who lived at the home and four relatives/visitors, to seek their views. We also interviewed staff including the registered manager, deputy manager, kitchen manager, quality improvement manager, the senior team leader, two team leaders and two care assistants.

We reviewed three people's care records and inspected other documentation related to the day to day management of the service. These records included three staff files, staff rotas, quality audits, meeting minutes, training records, supervision records and maintenance records. We toured the building, including bathrooms, store rooms and with permission spoke with some people in their bedrooms. Throughout the

inspection we made observations of care and support provided to people in the communal areas and observed how people were supported over lunchtime.

Good

# Is the service safe?

## Our findings

We asked people whether they felt safe living at Mayfield House. People told us "I'm safe here, it's a good place" and "I feel very safe." Relatives who we spoke with also felt that the home provided safe care. Someone commented "I have reassurance and peace of mind."

The provider had policies in place for safeguarding vulnerable adults and whistleblowing. These contained guidance on the action that would be taken in response to any concerns. Staff told us and we saw from the records that they had been provided with safeguarding training and discussions with staff identified that they understood the signs of abuse. Staff were clear about their responsibility to report any concerns and knew how to do this. They told us they would be confident to report any worries to the registered manager and believed they would be dealt with appropriately. They also knew how they could report any concerns outside of their organisation if necessary. A member of staff gave an example where they had previously taken appropriate action to report a concern.

We saw that where necessary referrals had been made to the local authority to report safeguarding concerns and found that these had been investigated fully with any necessary action carried out and recorded. This demonstrated that the registered manager had taken appropriate action to ensure that people who use the service were protected and safe.

We found that there were sufficient numbers of staff to meet the needs of the people living at Mayfield House. The registered manager told us that she had recently focused on the recruitment of new staff. Three new members of care staff had been recruited and were currently undergoing recruitment checks. The home would be fully staffed once these people were in post.

We reviewed staffing rotas, spoke to people living at the home, spoke to staff and made observations throughout the inspection. There were 46 people living at the home at the time, 31 people lived within the Lavender Unit and 15 people lived within the Magnolia Unit. The Magnolia Unit provided specific care for people living with dementia. During our inspection we saw that there were two team leaders and six care staff on duty, as well as the deputy manager. The registered manager was not on duty at the time, but came to the home to be available during the inspection. We found that staff were able to support people in an unrushed manner. One staff member commented "We get time to sit and talk to people."

We asked how staffing levels were determined, the registered manager demonstrated that staffing levels were increased and decreased dependent on the needs of people living at the service. A staffing tool was used to assess the levels of staffing required. For example an extra member of staff had been on duty this week due to a person being unwell. We asked staff whether they thought there was enough staff to meet the needs of people and they told us that there was. A staff member told us "there's always enough staff down to work."

We reviewed a sample of the call bell response time records. We looked at four separate days, which all demonstrated that the call bells were responded to within a few minutes and did not suggest that people

were left waiting for long periods of time. We heard call bells being answered promptly and staff were very visible around the home at all times. One person told us "If I need help staff are available"

We saw that staff employed by Mayfield House had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with the people who lived at the home. We looked at three staff records which showed that all necessary checks had been carried out before each member of staff began to work within the home, including a full employment history check and Disclosure and Barring Service (DBS) check. The DBS is a national agency that checks if a person has any criminal convictions. Through this recruitment process the registered manager was able to check that staff were suitable and qualified for the role they were being appointed to and not putting people they care for at risk.

We looked at the administration and recording of medicines. We spoke with and observed the team leader whilst they administered medication. They demonstrated a good technique and understanding of the safe handling of medication. Medicines were stored safely in line with requirements in locked trolleys and in a room of adequate size with a separate controlled drugs cupboard. Fridge temperatures were recorded daily and a recent audit had identified that a thermometer was required to enable staff to record the room temperature. Most medicines were dispensed in monitored dose blister packs. All storage was neat and tidy.

We reviewed the Medication Administration Records (MARs) for five people, which contained a photograph to identify the person, information about allergies and the way the person liked to take their medicines. Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation, these medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded. Arrangements were in place to ensure consistent administration of medicines prescribed to be given 'as required'. The home had policies and procedures for self-administration of medicines, although there was no-one currently living at the home who self-administered medication.

All accidents and incidents which occurred were recorded. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made. For example, if a person was identified as having an increased risk of falling they were referred to the GP for assessment and relevant measures to minimise risk were put in place. We noted that there was no wider analysis of these incidents and accidents to help identify whether there were any themes or trends which could be highlighted and addressed. The care records that we looked at contained individual risk assessments, they were completed and up to date. Any changes to people's needs were recorded and amended.

The home employed a maintenance person and we reviewed their records. These demonstrated that regular checks were conducted on the facilities and equipment, to ensure they were safe for the intended use. This included fire safety systems, call bells, water temperatures and electrical equipment. Gas, water and other appliances were also regularly serviced. Risk assessments were in place for the premises, environment and use of equipment to ensure risks were kept to a minimum. The registered manager told us that following a fire safety inspection in January 2016, the home had been issued with an enforcement notice regarding areas where remedies were required. We saw that the home had implemented an action plan and had satisfied all the requirements by September 2016. The home had a business continuity plan, which included guidance for staff about what to do in the event of an emergency, such as an unforeseen staff shortage or if people had to be evacuated from the premises.

The environment was clean and there were no unpleasant odours. Staff were wearing appropriate gloves and aprons to reduce the risk and help the prevention of infections

Good

# Is the service effective?

## Our findings

We asked people who lived at Mayfield house whether they found the care and support to be effective. People spoken with told us that they felt that their care needs were met within the home. They said "They look after you pretty good" and "They do everything well."

We looked around the home and found the environment in the main to be conducive to the needs of the people who lived there. Rooms were bright and well decorated and people had been encouraged to bring in personal items from home and many rooms were personalised. However we found that some areas of the home appeared tired and in need of decoration, for example the paint work in some areas was chipped or marked. The Magnolia unit, specifically supported people living with dementia. We found that the environment could be developed further to meet people's needs more effectively. For example there was little signage which could direct people around the unit or themed areas which people could relate to, such as where they were born, major events and personalities which might enable communication.

We also found that some of the furnishings looked tired and worn. The staff told us that chairs and carpets were regularly cleaned; however the chairs in the dining room in particular were stained and appeared in need of replacement. The registered manager explained that an action plan had previously been devised but had been put on hold due to the extensive work required to meet fire regulations. The action plan would now be re-implemented to address the other environmental needs of the building. We saw that some improvements had been undertaken, such as the development of a quiet room/reminiscence room, this was in response to suggestions made at a residents and relatives meeting.

Staff had the appropriate skills and knowledge to meet people's needs and were well trained. We inspected the home's training record, which showed that staff had completed training in relation to fire safety, infection control, equality and diversity, medication, mental capacity, safeguarding adults at risk, moving and positioning people, first aid and dementia in care amongst other topics. People living at the home told us that the staff appeared to be well trained. They said "They do everything well" and "They are very good at their jobs." We saw during the inspection that staff were skilled to support people living with dementia and observed a good example of a member of staff supporting a person in a positive manner, when they attempted to leave the unit.

New staff completed an induction which was based on the Care Certificate. This certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. Three staff had completed the Care Certificate so far. The registered manager told us that she had attended a conference organised by Skills for Care, which had increased her knowledge and understanding about the Care Certificate. She now planned for experienced staff to undertake a self-review to ascertain whether there were elements of the care certificate which they needed to undertake. Staff spoken with told us that they had completed an induction and this had included working alongside more experienced staff, until they were confident and competent to work unsupervised. They also told us that training was available and they felt supported to carry out their roles effectively.

Staff spoken with confirmed that they received individual supervision meetings and appraisals. The registered manager showed us records which demonstrated that staff had received regular supervision. Records were available on individual staff files, however we noted that there was no matrix or overview to enable the registered manager to easily identify when staff supervisions were due. The registered manager told us that she would implement this as soon as possible,

We noted that staff were encouraged to develop their skills and a number of staff were completing Competence based qualifications (QCF)in health and social care. The registered manager explained how after having undertaken the QCF level five in management, this had helped her to focus on the development of person centred care and embedding this within the home.

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 application 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 discussed the requirements of the MCA and the associated DoLS with the registered manager, who was aware of these requirements and showed us that policies were in place. We saw that staff understood the need to ensure that people's care was provided in as least a restrictive way as possible. For example a care plan had been devised for a person who was subject to an DoLS authorisation which stated that the person should be encouraged to take part in outdoor activity and be encouraged to use the telephone.

At the time of our inspection, there were 13 people subject to DoLS authorisations and a further two people awaiting assessment by the supervisory body (the local authority). The registered manager had a DoLS folder which contained all applications that had been made, she told us that the local authority usually alerted the home when any authorisations were due for renewal. However, we recommend that a system should devised to enable the registered manager to easily identify which people were subject to a DoLS authorisations and when they are due for renewal.

Staff had undertaken training and demonstrated an understanding of the MCA and that decisions may need to be made in a person's best interests. We saw that where possible staff supported people to make decisions for themselves about their care. For example, we saw people were offered the choice of where they wanted to eat their meals. People could choose to eat in their own rooms or in communal areas. A staff member told us "No-one makes the residents do anything they don't want to." A person living at the home confirmed, "I am able to make choices."

Where there were concerns that a person may not have the capacity to consent to their care, we saw that mental capacity assessments were completed. However we found that some of the assessments that we viewed, did not always record an outcome as to whether the person did or did not have the capacity to reach a specific decision. Family and health care professionals were involved with assessments and best interest decisions made where appropriate. We were told that the local authority had provided guidance to the registered manager about the appropriate completion of capacity assessments and these were now being completed more accurately.

We saw that some people had signed their care plans to confirm that they had consented to their care and treatment at Mayfield house. However, in some circumstances people's relatives had signed "Consent forms" on their relative's behalf. We discussed this with the registered manager, as this indicated a gap in staff knowledge around the MCA, as another person is unable to give consent on behalf of someone else, unless they have legal authorisation to do. The registered manager explained that these had been signed to indicate that the relative had been involved in a best interest decision, but noted that the new care plan documentation would ensure that this was recorded more accurately in future.

We found that people's nutritional needs were being met. People's views on the quality of the food were generally positive. Overall people told us that there was plenty of food available and they were able to choose from a menu. They described the food as "Very good" and "Excellent." However other comments included, "The food was a bit dicey to start with but has improved." Staff meeting minutes demonstrated that the meal time experience and quality of meals had been an area where improvements had been made.

We observed the lunch being served and people told us that they were enjoying their meals. The registered manager informed us that the dining room had recently been adapted. People living within the Magnolia unit were able to use the dining room for meals if they wished. We saw that people were able to choose where they would like their meals and some people preferred to eat in the lounge or their bedroom.

We spoke with one of the cooks who told us that a new menu had been devised and that people living at Mayfield House had been consulted with about the menu. He told us that some fresh ingredients were used and they baked homemade cakes and puddings. The cook had a list of people's individual requirements for example, whether they were diabetic or required a pureed diet. He told us that he was informed when people were at nutritional risk. People were able to make specific requests if they did not like what was available on the menu. Drinks and snacks were also available to people throughout the day. One person spoken with told us that they could have a drink "When I want one."

Staff had good knowledge of individual support needs and preferences around food and drink. We saw for example that staff had purchased food for someone who specifically liked snacks from a local bakery. We also observed that staff offered regular snacks to a person who was at nutritional risk and offered specific food that they knew he enjoyed. Fresh fruit was available in the lounge for people to help themselves to. We saw from the records people's nutritional and hydration needs were recorded. There was evidence that staff monitored those people who were at risk of losing weight and the registered manager completed a monthly nutritional review to ensure that people at risk were receiving the correct support.

Records maintained showed staff sought advice from the doctor and made requests for specialists when they believed this to be necessary in order to meet people's needs. We saw that people had access to their GP, district nurses and other specialist such as audiology when this was required. Referrals had been made to health professionals such as dieticians, mental health practitioners and tissue viability nurses when necessary. The registered manager told us that she was in regular contact with health and social care colleagues and felt that the home benefited from the advice and input provided by professionals' regular visits to the home.

Good

# Is the service caring?

## Our findings

People told us that staff provided them with compassionate care and support. Comments included "I like everybody here; I think they're all very nice" and "They do their jobs very well and are kind" Relative's also commented "They're brilliant, I'm impressed" and "They seem caring, friendly and welcoming."

During the inspection we observed how well staff interacted with people who use the service. We found that staff were kind and caring in the way that they approached people. We observed that staff chatted to people in a friendly manner and saw an example of this when a member of staff laughed and joked with a person whilst supporting them. We found that the home had a warm and friendly atmosphere. People spoken with were positive about the way they were treated by staff and people commented that staff were king and caring. A visiting relative said "They are all lovely and have a good sense of humour."

The staff we spoke with understood the importance of providing support in a compassionate manner. They told us "You treat people in the way that you want to be treated" and "Your approach is everything, the secret is knowing the resident." Staff had built positive relationships with people and we found that they had knowledge about people and their likes and dislikes. We observed that during the day staff were able to sit and chat with people living at the home. One member of staff told us that they supported people to complete a "My life story" document, which provided information about the person's history, lifestyle and preferences. They said "We'll sit with people, they'll fill it out or we'll write it for them, you get to know them personally."

We spoke with two visiting care professionals during our inspection. Both were very positive about the way people were treated by staff. They told us "They are very friendly" and "I find the staff very approachable." One gave us an example where staff had shown great sensitivity to a person.

We found that people were supported to maintain relationships with families and friends. Visitors were seen throughout the inspection with no restrictions placed upon them. The registered manager demonstrated that a small lounge had been refurbished to enable people to meet with their families in comfortable and private surroundings. Important occasions were marked within the home such as birthdays and other celebrations. On the day of the inspection it was one person's birthday and the staff had organised decorations and a birthday cake.

People were supported and involved in planning and making decisions about their care. We saw that where they were able to, people had been involved in the development of their plans of care and had signed them to say that they had been consulted with. People told us that they were given choices about the way their care was delivered. They said, "They asked me my likes and dislikes when I came in." and "I am able to make choices about what time I get up and go to bed." A relative said that there was information available about their relative's likes and dislikes and that this had been "discussed with them before admission." We saw that where required, people had access to advocacy support with regards to decisions about their care. We spoke with a visiting advocate during our inspection, who was complimentary about the knowledge of staff.

We found that people were treated with dignity and respect. We observed that staff knocked on people's bedroom doors before entering and ensured that doors were closed when carrying out personal care, to maintain people's dignity. A person living at the home told us that the way staff treated them was "very good and respectful." Staff spoken with had a good understanding of the need to respect people's dignity and privacy. They told us, "You wouldn't just barge into people's rooms without knocking." A number of staff explained the ethos of the home and the importance of respecting that they were working in the resident's home.

However, during lunchtime we heard some staff sharing information with each other about people in the communal areas. For example they called across to each about how much a person had eaten, which could be clearly heard by other people and relatives. Although the information shared was not necessarily confidential, we found that staff needed to be more mindful about where these discussions were held, to ensure that people's privacy was always maintained

Staff supported and enabled people to practice their faith and there were regular church services of differing denominations held within the home. People's end of life care needs and future decisions were also documented and contained within care plans to ensure peoples wishes and choices were respected.

Information about people living at Mayfield house was kept securely in a locked office to ensure confidentiality.

Good

# Is the service responsive?

## Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time, for example. One person said "I can go where I want and do what I want."

We observed that people living at the home looked clean and well care for. We spoke with members of staff about individual's care needs and how their needs were met. The staff were able to tell us about the care they provided and about how people liked their care to be given. We saw for example that staff provided responsive care to a person to support their mental health needs. Staff had enabled the person to prepare some of their own meals and this had resulted in a positive impact on the person.

We spoke with a visiting social care professional, who explained that they found the staff to be very responsive to a person's needs. The staff had liaised appropriately with health professionals to support the person to manage their health condition more effectively. The visitor commented "They've been very good with him."

The registered manager told us that the home was in the process of implementing a new electronic recording system. As part of this process, they were re-writing everyone's care plan. We were informed that the intention was to improve the care plans, so that they were written in more of a person centred manner. We saw that people were involved in the planning of their care and support. The new care plans had been discussed at a recent residents/relatives meetings. We saw a notice displayed in the home which invited family members and friends to be involved in the creation of the care pans.

We inspected the care records of three people who lived at the home and these reflected how people would like to receive their care, including their individual preferences. People had an assessment completed prior to their admission which formed the basis of their plans of care. We saw that the documentation supported staff to record people's preferences and abilities, focusing on what people could do for themselves. The plans included information about people's health and social care needs, as well as their preferences, likes and dislikes. The care records provided sufficient detail to enable the staff to know how to meet the person's care and support needs in a way that they preferred. We saw that some of these plans were focused on tasks that the staff were required to undertake. However the staff were all aware of the need to work in a person centred manner. They told us "You get to know people's preferences, say if they like a wet shave or not and you know when people like to get up."

We saw that care records contained risk assessments and daily monitoring sheets. The records also demonstrated that care plans were reviewed on a regular basis and updated when people's needs changed. Staff told us that they were kept updated about any changes to people's care needs through various means. Handover meetings were held at each shift change over and staff told us that important information was shared at these handovers. Staff told us "Any changes get handed over, the seniors will tell us and we also read the care plans."

There were a range of activities on offer throughout the week. The registered manager told us that a formal programme of activities was not in place but that activities were agreed with people on a daily basis. Activities were therefore dependent upon what people felt they wanted to do. We saw that care staff were encouraged to lead activities and support people to follow their interests, as part of their role. There was no specific activities coordinator role. During our inspection there was music and singing in one of the lounges. We saw that people participated and joined in the singing. We also saw during the afternoon that staff sat with people whilst they chatted and knitted. Other activities undertaken included quizzes, pampering sessions and outside entertainers visited the home every month. However, we found that activities tended to take place mainly during the afternoon, when staff were available to support people and these could be developed further. One person's relative commented that whilst there was bingo and quizzes, their relative "doesn't think much goes on and misses that." We discussed this with the registered manager who agreed that she would address this further. Activities had already been identified within the home's own action plan as an area which needed to be more coordinated and planned.

People said that they felt able to raise any concerns with staff. The provider had a complaints procedure in place, which was on display in the home. The records demonstrated that there had been one complaint in the past twelve months, which had been dealt with appropriately. The registered manager told us that they held regular residents/relatives meetings. We saw a notice in the home which advertised the date of the next meeting. We reviewed the minutes of these meetings and saw that they provided an opportunity for residents and relatives to share their experiences and give feedback about the quality of the care. As well as these meetings the registered manager encouraged people to come and talk to her through a drop in session on a Monday afternoon.

Good

# Is the service well-led?

## Our findings

We found that the service was well led. One staff member told us that the home was well managed and staff were happy working there. Comments included "We're listened to by our management" and "I love it."

We saw that suitable management systems were in place to ensure that the home was well-led. The registered manager was registered with The Care Quality Commission (CQC) and understood her responsibilities. She was well supported by a wider team, including a deputy manager, quality improvement manager and senior team leader. The registered manager was available throughout the inspection and she engaged very positively with the inspection process. We found that the management team were friendly, approachable and professional. Documentation was available on request throughout the inspection, although we noted that some areas could benefit from further organisation, such as an overview of supervisions and DoLS authorisations.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action has been taken. Our records indicated that all notifications had been submitted appropriately in line with CQC guidelines. The registered manager was clearly aware of her responsibility to inform CQC as required.

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home. The registered manager and told us that she was focused upon improving the experience of the people living at the home and was motivated to continue to make further improvements to the quality of the care provided. We saw that an improvement plan had been devised by a newly appointment quality improvement manager, to help to achieve this. In particular the registered manager was keen to promote a person centred culture within the home. We found her to be very visible around the home and was very knowledgeable about the needs of the people living there.

The staff we talked to spoke positively about the current leadership of the home. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns, and they could approach the manager at any time for help and advice. Staff said they were well supported and had lots of opportunity to develop. A member of staff explained how she had benefited from management support to undertake in diploma in dementia care. Staff comments included "The support I've had is incredible" and "We all have respect for each other, it's like a big family."

We saw that team meetings were held on a regular basis and the records of the most recent meeting held demonstrated that a range of topics were discussed and included the management of medicines and communication. Handovers took place at the time of staff shift changes to ensure important information about people's care and support was known to the oncoming staff team. The management team had regular contact with the night staff and meetings were held during the evening so that night staff could attend. The registered manager told us that she always worked late into the evening on a Sunday, so that she maintained contact with the weekend and evening staff. Supervision and appraisal records reviewed

demonstrated that staff were given guidance about the expectations upon them.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider had introduced a RADAR auditing tool, which could be viewed by the homes nominated individual and provided a detailed record of all audits conducted with their outcomes. We saw that numerous regular audits had been completed by the registered manager and quality improvement manager. Audits which were carried out included pressure care, infection control, weekly medication audits, food and meal time audits amongst others. Action plans were in place where required, to address any identified issues.

We saw that systems were in place to seek feedback from the people using the service and their relatives/representatives. The provider also sent out an annual satisfaction questionnaire to people and their relatives. The latest survey had been sent out in March 2016 and an analysis of the results had been carried out. The registered manager told us that feedback from the survey was taken into account to help develop the service. For example, we saw that actions had been taken to make improvements to the quality of the food following some previous negative feedback. This demonstrated that the home took an inclusive approach to ensure that the service developed in a way to meet the needs of the people it supported.