Huskards New Care Ltd

Hayes Park Nursing Home

Inspection report

2 Cropthorne Avenue
Leicester
LE5 4QJ
Tel: 0116 2731866

Date of inspection visit: 11 February 2015
Date of publication: 26/03/2015

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

Overall summary

This inspection took place on 11 February 2015 and was unannounced.

Hayes Park Nursing Home is a care home that provides residential and nursing care for up to 49 people. The home specialises in caring for older people including those with physical disabilities, people living with dementia or those who require end of life care. At the time of our inspection there were 38 people in residence. There were a number of people for whom English was not their first language.

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

People told us that they felt safe. People were well cared for, felt safe with the staff that looked after them and protected them from harm and abuse. People's care and support needs had been assessed and people were involved in the development of their plan of care. People told us they were satisfied with the care provided.

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were qualified and suitable to work at the home. We observed there to

Summary of findings

be sufficient staff available to meet people's needs and that they worked in a co-ordinated manner. Staff were knowledgeable about their responsibilities and trained to look after people and protect them from harm and abuse.

People received their medication as prescribed and their medication was stored safely. Staff were appropriately trained in medicines management and their competency assessed to ensure people's medicines were managed properly to maintain their health and wellbeing.

People lived in a homely and comfortable environment that promoted their safety, privacy and wellbeing.

Staff received an appropriate induction and ongoing training for their job role. They had access to people's care records and were knowledgeable about people's needs and things that were important to them.

The management team and staff knew how to protect people under the Mental Capacity Act, 2005 and the Deprivation of Liberty Safeguard (DoLS). We observed that staff gained consent before care and support was provided. The principles of the MCA Code of Practice about people's freedom were followed which promoted people's rights and choices about their care and treatment.

People were provided with a choice of meals that met people's cultural and dietary needs. There were drinks and snacks available throughout the day and night. We saw staff supported people who needed help to eat and drink in a sensitive manner. The catering staff were provided with up to date information about people's dietary needs and requirements.

People's health needs had been assessed and met by the nurses and health care professionals. Staff sought appropriate medical advice and support form health care professionals when people's health was of concern and had routine health checks.

People spoke positively about the staff's attitude and approach. They felt staff were kind and caring. Their privacy and dignity was respected in the delivery of care and their choice of lifestyle. Relatives we spoke with were also complimentary about the staff and the care. People gave examples of how they were supported to express their views in how they wished to be supported and that staff listened and respected their wishes.

We observed staff to be kind, caring and respected people's dignity and privacy, which promoted their wellbeing. Staff had a good understanding of people's care and cultural needs. Staff told us that they had developed good relationships and were converse with people using their first language which was not English.

People told us that they were supported by staff to pursue their hobbies and interests that were important to them. These included their cultural and religious needs and maintain contact with family and friends. Visitors were welcome without undue restrictions. This protected people from social isolation.

People were confident to raise any issues, concerns or to make complaints. People had access to an independent advocacy services if they needed support to make comments or a complaint. People said they felt staff listened to them and responded promptly if there were any changes to their health needs and wellbeing.

Staff told us they had access to information about people's care and support needs and what was important to people. Staff were supported and trained for their job roles to ensure their knowledge, skills and practice in the delivery of care was kept up to date. Staff knew they could make comments or raise concerns with the management team about the way the service was run and knew it would be acted on.

The registered manager understood their responsibilities and demonstrated a commitment to provide quality care. They had an 'open door' policy to encourage feedback from people who used the service, relatives of people who used the service, health and social care professionals and staff. The provider had developed opportunities for people to express their views about the service. This included the views and suggestions from relatives of people using the service and health and social care professionals to develop the service.

There were effective systems in place for the maintenance of the building and equipment which ensured people lived in an environment which was well maintained and safe. Internal audits and checks were used to ensure people's safety and their needs were being met. The quality of the service provided was

Summary of findings

monitored and action was taken to address any deficiencies found. The registered manager reported the service's performance to the provider who also monitored the quality of care provided.

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?

Good

The service was safe.

People told us that they received the care and support they needed and felt safe with the staff that supported them.

Staff had received appropriate training and were aware of their responsibilities of how to keep people safe and report concerns.

People's safety was promoted because safe staff recruitment procedures were followed when staff were appointed. There were sufficient numbers of staff available and deployed appropriately to meet people's needs safely.

People received their medicines at the right time and their medicines were stored safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff that had the skills and experience they needed to meet their needs.

Staff obtained people's consent before supporting them. They understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and ensured people's human and legal rights were respected.

People's nutritional and cultural dietary needs were met.

People were supported to access health care services and were referred to the relevant health care professionals in a timely manner which promoted their health and wellbeing.

Is the service caring?

Good

The service was caring.

People told us that the staff were kind and compassionate and we observed them treating people in a gentle, caring and respectful manner and promoted their individual lifestyle and cultures.

Staff empowered people by communicating with them using their preferred language, which was not English.

People were involved in making decisions about their care on a daily basis and their privacy and dignity was respected. Plans of care were detailed with people's preferences and decisions made about aspects of their care when they became unwell.

Is the service responsive?

Good

The service was responsive.

People received care and support that reflected their assessed needs and that promoted their health, welfare and lifestyle.

Summary of findings

People were encouraged to pursue their interests and hobbies, which included observing cultural and religious beliefs. People were able to see their visitors at any time and were supported to maintain contact with family and friends which helped to prevent them from social isolation.

Staff were knowledgeable about the care and support people needed, and their individual preferences in the delivery of care.

People had opportunities to share their experiences about the service including how to make a complaint about any aspect of their care and support. Procedures were in place to ensure complaints were addressed.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and they had good management and leadership skills. The registered manager and staff had a clear and consistent view as to the service they wished to provide which focused on providing person centred care in a safe and homely environment.

People spoke positively about the management of the service, which had an open and transparent approach to care and support. People's views were sought and they were encouraged to make suggestions about the development of the service.

Staff were supported by the management team and received relevant training and information to maintain their knowledge in delivery of a quality care service.

There were effective systems in place to regularly assess and monitor the quality of care provided.

Hayes Park 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 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.

This inspection took place on 11 February 2015 and was unannounced.

The inspection was carried out by two inspectors, an inspection manager 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 for this inspection had experience of caring for older people living with dementia, people with mental health needs and physical disabilities and was able to converse with people in their first language other than English.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned the PIR.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information received sent to us from people who used the service or the relatives of people who used the service and health and social care professionals.

We contacted health care professionals and commissioners for health and social care, responsible for funding some of the people that live at the home and asked them for their views about the service.

During the inspection visit we spoke with nine people who used the service. We spoke with four relatives who were visiting their family member. We 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 spoke with the registered manager, two nurses, four care staff and the cook.

We pathway tracked the care and support of five people, which included looking at their plans of care. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment, complaints and the quality monitoring and assurance. We also read the revised provider's statement of purpose, which had been sent to us. This document has information about the Hayes Park Nursing Home and the range of services it provides.

Is the service safe?

Our findings

People told us that they felt staff cared for them safely. One person told us "I feel safe living here with everyone else."

We spoke with four relatives, each visiting their family member. They all told us that their family member was safe and well cared for. One relative said, "She [person using the service] is safe here because the carers look after her."

We saw that the provider had a safeguarding policy and procedure in place that advised staff of the action to take if they suspected abuse. Staff we spoke with had a good understanding of what abuse was and their responsibilities to act on any concerns they had about people's safety. For example, one member of staff said, "There's no way anyone here is at risk of harm. I know if I reported any concerns to [registered manager] he would deal with it quickly." Staff also knew about the whistle blowing policy and were confident to use it if their concerns were not acted on. Staff told us that they had received training in the safeguarding procedures and the training matrix viewed confirmed this.

People told us they were involved in discussions and decisions about how risks were managed. One person told us that staff explained that a special bed was provided for their comfort and a hoist would be used when they needed to be assisted out of bed. Another person told us that a walking frame had been provided so that they could be independent when moving around the service. We saw people moved around the service safely and used the fixed handrails or support from staff. There was safe access to outdoor space, which people told us that they used on warmer days. Staff were seen to be aware of risk to people's safety and supported people correctly.

People could be assured that steps were taken to maintain people's safety. All the bedrooms were lockable and had secure storage to keep people's valuables safe.

We saw other equipment such as hoist and wheelchairs were stored safely and were easily accessible when required. A bathroom, which had equipment stored was cleared when it was brought to the registered manager's attention. They assured us that staff would be reminded to store equipment safely in the allocated areas. We found one radiator cover had a high surface temperature. When this was raised with the registered manager they told us that radiator covers were due to be installed. Following our visit the registered manager confirmed that the radiator covers had been installed.

People's care records we looked at showed that potential risks to people had been identified and plans were in place of the action required by staff to manage these risks. For example, risk assessments were carried out on moving and handling, falls and for health specific conditions. The plan of care provided staff with the guidance to support the individual and their safety. This included the number of staff and equipment to be used. Staff were able to describe in detail how they supported people safely, which was consistent with their plans of care. Records showed that advice was sought from health care professionals and risk management plans were reviewed regularly. People could be assured of their safety because risks had been assessed and staff followed the guidance to reduce and manage risks.

There were arrangements in place to deal with foreseeable emergencies. The provider's business continuity plan was in place that advised staff which procedure to follow in the event of an emergency. Each person had a comprehensive evacuation plan that detailed how to support the person in the event of an emergency. Regular fire safety checks were carried out. Staff used the provider's procedures for reporting incidents, accidents and injuries. The provider notified us and the relevant authorities of incidents and significant events that affected people's health and safety, which included the actions taken.

People told us that there were enough staff on duty to meet their individual needs. One person told us that staff were always available to help them. Another said, "They [staff] are always coming around; check you're ok or with a cup of tea."

Our observations confirmed that there were sufficient numbers of staff available to meet people's needs. A staff member remained in each lounge at all times. Staff responded to people's needs, requests for assistance and assured people who became anxious.

Staff we spoke with told us there were enough staff. One member of staff said, "We have enough nurses here. We share the work" and "It is good that we have two nurses on duty; if there is an emergency one of us can deal with it and the other is still available." The registered manager told us

Is the service safe?

that the staffing numbers were determined by taking account of people's dependency levels matched against the skills, experience and number of staff required. They had the authority to increase the staffing in order to meet people's needs and to keep them safe. The staff on duty reflected the staff rota and the registered manager provided the on-call support.

People's safety was supported by the provider's recruitment practices. Staff described the recruitment process and told us that relevant checks were carried out on their suitability to work with people. We looked at staff recruitment records which included the nurses and found relevant pre-employment checks had been carried out before staff worked unsupervised. A further check was undertaken as to whether nurses were registered with the appropriate professional body.

People told us that they received their medicines when they should. One person told us that their medicine was in liquid form which made it easier for them to swallow and said "The nurse brings the medicines over to me."

We observed the nurse administer medicines safely and completed the medicines records correctly. Staff correctly followed the protocols for medicines administered as and when required, otherwise known as 'prn', and recorded the quantity of prn medicines administered. Care records detailed the person's needs, preferred way to receive their medicines including any allergies to medicines and the doctor's contact details. Where people refused their medicines the records showed the action taken by staff to ensure their health and wellbeing.

Medicines were stored safely and at the correct temperatures. Medicines were administered by the nurses and registered manager only. The training records confirmed that nurses were trained in medicines management and their competency had been assessed. Records were kept up to date. A system was in place to manage and dispose of medicines, which was consistent with the provider's medicines management procedures. That meant people's health was supported by the safe administration of medication.

Good

Is the service effective?

Our findings

People told us they found staff were appropriately skilled and experienced in meeting their needs. One person told us that staff were trained to use equipment and took care when they were supporting them to transfer using a hoist. Another said "They [staff] do ask me in the morning if I want to go to the toilet" and "They're [staff] very helpful."

A relative spoke positively about staff, and their knowledge and understanding of their family member's needs who is living with dementia. They told us that staff knew how to support their family member and knew how to reassure them when they became upset.

Staff had received induction training and additional training for their job role. Staff involved in the delivery of care and treatment received practical training in the safe use of equipment and their competency had been assessed by the registered manager. A member of care staff said, "Every year we have refresher training on practically every aspect of care, which is good because things do change." A nurse told us they had clinical lead responsibility for nutrition and medicines and felt supported by the registered manager to maintain their professional qualification and development. They said, "I am offered lots of training. I have recently done nutrition, dementia, infection control, moving and handling and food hygiene training." Nurses had received training in the delivery of a specific health treatment and their competency had been assessed. Staff training records and training plan viewed showed that the provider has invested in the staff to ensure that staff's knowledge and skills in the delivery of care and treatment was kept up to date.

Staff we spoke with were competent and knowledgeable about people's needs and how people liked to be supported. Any changes to people's care needs were communicated well between the staff at the handover meetings at the start of each shift. Some staff were able to speak with people whose first language was not English and had access to communication cards to enable people with limited speech to communicate their needs effectively. We observed two staff used a hoist correctly to transfer a person safely and another staff member used a 'rotunda'. On both occasions staff checked that the individual was comfortable throughout this manoeuvre and maintained their dignity. That showed that staff had put their training into practice correctly.

Staff spoke positively about the support they received from their colleagues and the registered manager. One staff member said, "[Registered manager] is very supportive, listens and will address issues if you tell him." Another said "I had one to one supervision with [registered manager] every six to eight weeks. They are useful because I can say what is bothering me if there is anything and he tries to find a solution. I am confident he will find a solution. There is nothing bothering me currently."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff had a good understanding of MCA and DoLS and their role to protect the rights of people using the service. Staff knew the procedure to follow where they suspected a person's liberty could be deprived. Staff told us that people had various levels of capacity and understanding, which varied throughout the day and gave examples of how they supported people to make decisions about their daily life.

We observed staff sought consent before assisting and supporting people with their needs. The registered manager told us that people had access to an 'independent mental capacity advocate' to support people about their best interests. At the time of our visit seven people were subject to an authorised DoLS and that the provider was complying with the conditions. Records showed that people had either given consent to their care and treatment or a comprehensive mental capacity assessment had been completed because some people did not have the mental capacity to consent. For people with a 'lasting power of attorney' for their care and welfare their representative made best interest decisions on their behalf. That showed that the principles of the MCA Code of Practice were followed in relation to best interest decisions.

People told us they had sufficient amount to eat and drink. There was a choice of European and Asian meals and refreshments and snacks were offered in between meals. One person said, "I'm quite happy with the meals, there's a choice of English or Indian curries" and "I'm always hungry because I enjoy my food." Another person said, "They're [staff] always coming around with a cup of tea and biscuits." Throughout the inspection we saw people were offered and supported with their drinks and snacks.

Good

Is the service effective?

A relative told us that their family member often refused to eat and drink and said, "I come in and see the staff trying to encourage [person using the service] to eat" and as a result of staff's encouragement their family member has put on weight.

The cook had sufficient information about people's dietary needs, food tolerances and preferences. The menu showed that a variety of meals were offered, which were nutritionally balanced and included vegetarian choices and meals to suit people's cultural and religious needs. The cook also prepared 'soft' and 'pureed' diets for people at risk of choking or had difficulty swallowing, and meals suitable for people with a health condition such as diabetes. The cook told us that meals were fortified with rich ingredients such as full fat milk and double cream. The registered manager ensured the food stocks were plentiful and stored at the correct temperatures.

We saw from people's care records that an assessment of their nutritional needs and plan of care was completed which took account of their dietary needs. People's weight was measured in accordance with their assessed need and staff knew how to help those who needed extra support. For example, one person referred to the dietician was prescribed nutritional supplements. The nutritional plan of care detailed the recommendations made by the dietician.

Their food and drink charts showed the person ate and drank sufficient amounts and they had put on weight. That showed that staff had followed the dietician's instructions in order to promote people's health and wellbeing.

People told us they were supported to maintain their health and had access to health care as and when required. People's care records also confirmed that they received health care support from a range of health care professionals, which included doctors, specialist nurses, an optician and outpatient appointments at the hospital. An advance plan of care was in place where people had made an advance decision about their care with regards to emergency treatment and resuscitation. From our discussions with staff, people could be confident that staff would act in accordance with their wishes.

Relatives told us the staff contacted them when their family member became unwell and that the doctor had been called.

Prior to our inspection visit we contacted health care professionals and asked for their views about the service. They told us that they found staff including the cook, to be sufficiently trained and knowledgeable about the people they looked after and in meeting their individual needs. They told us staff referred people to them in a timely manner when people's health was of concern, maintained good records and followed any instructions given.

Good

Is the service caring?

Our findings

People were complimentary about the staff's attitude and kindness. One person said, "Very kind staff, they can't do enough for you" and another said, "The carers have a good approach to the residents."

Relatives we spoke with were complimentary about the staff. Comments received from relatives included, "[Person using the service] always looks so clean", "The staff are marvellous, they are always here for [person using service]" and "Everyone makes me feel so welcome here. It is just like going to someone's own house."

Throughout our observations we found staff were kind, compassionate and caring. We saw that positive relationships had developed between people that used the service and the staff team. Staff spoke to people in a friendly and respectful manner that was culturally appropriate. Some staff were able to converse in their first language which was not English. People looked relaxed with staff who spent meaningful time with people. This included a staff member supporting a person with their breakfast at a pace that suited the person; they explained what they were doing and offered encouragement. We saw that staff encouraged people to participate in activities and were continuously conversing and sharing light hearted banter with them.

Prior to our inspection visit we contacted health care professionals and they told us that staff were caring and knew each person using the service.

People told us that they were aware of their plans of care and that staff involved them in discussions about their care and support arrangements. One person told us that staff respected their independence and said, "I wake up myself and shower myself." Another person told us staff regularly asked about their comfort and safety when being hoisted and felt confident that staff would listen and act on any concerns that they might have.

We observed staff offered people everyday choices and respected their decisions. Staff spoke clearly to people, and explained what they were doing and where appropriate in people's first language. For example, a staff member said, "Would you like a drink and biscuit, I am coming with them now." People looked clean, well-cared for and were wearing clothing, jewellery and make up of their choosing. People were supported to observe their religious and cultural practices and staff were aware of this.

People's care records confirmed that people or their family member had been involved in decisions made about their care and support. The plans of care took account of how the person wished to be supported, which included respecting individual preferences, religious and cultural needs. Records showed that these were reviewed regularly and updated when changes were identified.

People gave examples of how staff respected their privacy and dignity. One person told us that they were supported by male staff and their spouse had female staff, as this was their choice. People whose first language was not English were able to converse with staff who also spoke the same language. Staff had access to communication cards to help them communicate with people whose first language was not English when staff with the language skills was not available. This showed that staff respected people's wishes and had awareness of people's individual needs.

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people. Staff told us they had read people's care records which contained information about what was important to them. Staff gave examples of how they maintained people's privacy and dignity when providing care and support. One staff member said, "When we hoist a lady we make sure she has a blanket over her legs." Our observations also confirmed this to be the case. Another staff said, "We always knock before going into someone's room." We observed staff were polite, and respected people's privacy when they supported people. For example, during lunch time we saw people were offered tissues to wipe their face and aprons were discreetly removed before people left the room.

All the bedrooms were lockable and had ensuite facilities that contributed to maintaining people's privacy. The shared rooms had privacy curtains so that people who wished to share could do so without compromising their privacy and dignity. People told us their rooms were comfortable and personalised to reflect their individual tastes and interests. There were a number of private rooms available where people could see their relatives and receive medical treatment from health care professionals.

Good

Is the service responsive?

Our findings

People told us that they were aware of the choices about their care, and received the support they needed to maintain their daily welfare. The people we spoke with told us that they had been involved in their assessment of their needs and in the development of their plans of care. One person said, "They [staff] do understand my needs." Another person told us they received support from female staff only, which they preferred. A third person said, "I like it here, I'm happy and the staff look after me."

Relatives told us that they had been involved in planning their family member's care and been invited to attend care review meetings. One relative told us their family member was keen to go to the temple and that they would speak with the registered manager about the support their family member would need. Another relative said, "Staff come quickly whenever [person using the service] needs them."

Staff told us they had additional responsibilities as a keyworker for named people who used the service. They met with people once a month to discuss their wellbeing, checked that they had a sufficient supply of toiletries and if they had any plans or social needs. They had access to care records and received daily updates about any changes to people needs at the start of each shift.

We looked at people's care records and found that people's needs were assessed prior to them moving into the service. The assessment process also sought the views of person's relatives or their representatives. The plans of care were personalised and took account of how people liked to be supported, their preferences, likes and dislikes. It included the person's life history, hobbies, interests and what was important for them. Short term care plans for specific health conditions had been developed. For example, a care plan for the management of a pressure sore had been written. This included specific guidance from tissue viability nurse about details of the wound dressing to be used and how often the person should be re-positioned. The person was provided with a special pressure relieving mattress and their intake of food and drink was monitored to maintain their health.

Care records showed that people's plans of care were reviewed regularly and relatives were invited to attend review meetings which sometimes involved the health care professionals. This supported what relatives had told us.

Records showed that regular checks were undertaken on people who required additional monitoring due to their health needs and staff acted quickly to report any concerns about people's health. That meant people could be confident that staff were provided with information and were knowledgeable about people's needs and were responsive to these needs.

People looked relaxed and had visitors throughout the day without undue restrictions. We saw a number of people took part in a game of bingo with the activities staff after lunch. People seemed to enjoy the activity from their smiles and laughter. We saw the activity staff member was creative in their approach to support people to socialise and participate in activities in addition to arts and crafts. Some people watched films and TV programmes that met people's cultural preferences. One person told us they continued to observe and practice their faith. The weekly activities plan included board games, chair exercise, arts and crafts. We saw photographs of people at a barbeque held in the summer. Some people along with visiting relatives told us that there was little opportunity to access community facilities and attend places of worship. We shared the feedback with the registered manager and they assured us that they would consider contacting local support groups and services.

People told us that they would talk to the staff or the registered manager if they had any concerns. One person said, "Whilst I have no complaints I would happily speak with [registered manager] if I had any concerns."

Relatives told us they knew how to raise concerns and had been given a copy of the provider's complaints procedure. They found the registered manager and staff were approachable.

We saw the provider ensured people had access to the complaints policy and procedure if required. This was available in different languages and included the contact details for an independent advocacy service should they need support to make a complaint.

The provider had systems in place to record complaints. Records showed the service had received no written complaints in the last 12 months and 29 verbal concerns and all had been investigated fully. The registered manager told us that any lessons learnt from complaints were communicated with all staff to prevent it from happening again. People could be assured that their complaints were

Good

Is the service responsive?

taken seriously and acted upon. The registered manager also had an 'open door' policy, which meant people who used the service, their relatives or friends and health care professionals could speak with them openly about any issues.

Prior to our inspection we contacted health and social care professionals for their views about the service. They told us that the management team responded well to feedback and as a result the care of people using the service had improved. One told us that the staff's ability to communicate in people's first language also contributed to providing timely medical treatment.

People told us their views were sought about the quality of care and service provided. People were encouraged to provide feedback on the quality of service through surveys and 'residents meetings' with the management team.

Good

Is the service well-led?

Our findings

The service had a registered manager in post and there was a clear management structure. The registered manager was supported by nurses, whilst they recruited a deputy manager. The registered manager told us that they felt supported by the provider and the service had regular internal inspections carried out by the provider representative.

The registered manager understood their responsibilities and displayed commitment to providing quality care in line with the provider's vision and values. They told us it was important that people's care needs were met in a timely and respectful manner by staff that were trained and caring. They kept their knowledge about health and social care up to date and knew how to access support from external health and social care professionals and organisations.

People who used the service and their visiting relatives told us that there was an open culture and good communication at the service. A relative described the support they received during a difficult time and said, "I highly recommend this place. When my [person who used the service] died recently [registered manager] and the nurse never left my side."

People spoke positively about the leadership and the management of the service. One person said "The manager does talk with me" and another said, "They [staff] come around and tell you things that they think you should know."

Staff had high praise for the registered manager; felt valued and were encouraged to develop the service and themselves. One said, "[registered manager] is very supportive and always here to give us advice. He is a good manager and is understanding. He always says to us if you have any problems or questions just phone me."

We observed staff worked well together and that this created a calm and organised atmosphere. Staff communicated well with people using the service, spoke clearly and gave the person time to reply. This demonstrated a person centred approach to care.

Staff demonstrated a good understanding of their roles and responsibilities and knew how to access support. Staff had access to people's plans of care and received updates about people's care needs at the daily staff handover meetings. There was a system to support staff, through regular staff meetings where staff had the opportunity to discuss their roles, training needs and to make suggestions as to how the service could be improved. Staff told us that their knowledge, skills and practice was kept up to date. Nurses were supported to maintain their professional registration and accessed specialist training when required. Nurses had clinical lead responsibilities in infection control and medicines management, which the provider had told us in the provider information return sent to us prior to the inspection visit. The staff training records we viewed showed that staff received refresher training for their job role and training on conditions that affect people using the service such as dementia awareness and behaviours that challenge.

The registered manager monitored the systems in place for the maintenance of the building and equipment. Staff were aware of the reporting procedure for faults and repairs. The registered manager had access to external contractors for maintenance and to manage any emergency repairs.

The provider visited the service to monitor improvements and provided people with an opportunity to make comments or raise concerns. The registered manager reported to the provider about the performance of the service. For example, the action plan showed that radiator covers were to be installed to all radiators to maintain people's health and welfare. It also included reviews of the complaints received and notifications of any significant incidents that were reported to us. Notifications are changes, events or incidents that affect the health, safety and wellbeing of people who use and others, which the provider must tell us about. The registered manager sent us the revised statement of purpose that sets out the aims and objectives of the service, including the range of care and support services provided at Hayes Park Nursing Home.

Regular meetings were held for the people who used the service and their family or friends. During these, people had the opportunity to share their views about the service; raise any issues that they may have and make suggestions as to how the service could be improved. A satisfaction survey was undertaken in January 2015. Although not all surveys were returned from the few surveys we saw the responses and comments were positive. The registered manager was analysing the results and assured us that actions would be

Good

Is the service well-led?

taken on comments received. This meant that systems were in place to ensure people using the service could influence the improvements made to the quality of care provided. That meant people were informed of changes within the service, encouraged to be involved and could influence how the service could be improved so that they and others received a quality service that was well-led.

We received positive comments from the health and social care professionals. They told us that the service was well managed and the registered manager was professional and promoted care that was person centred. They found the registered manager was professional, approachable, organised and promoted person centred care. They felt that they worked closely with the service to provide quality and consistent care that promoted people's health and welfare.

The local authority that commissioned and funded people's care packages for some people using the service shared their contract monitoring report with us. The report showed that the Hayes Park Nursing Home was meeting the quality standards set out in the contractual agreement.