

Nightingales Care Limited

Nightingales Nursing Home

Inspection report

355a Norbreck Road
Thornton Cleveleys
Lancashire
FY5 1PB
Tel: 01253 822558
Website:

Date of inspection visit: 29th October 2014
Date of publication: 13/04/2015

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 29th October 2014 and was unannounced.

Nightingales is a Care Home situated in the residential area of Thornton Cleveleys. The home provides residential and nursing care for 55 people, including people who are living with dementia. The main building is a converted farmhouse and purpose built extension and has a ground and first floor facility. There are single

and double bedrooms which all have ensuite facilities. There is a passenger lift in place. There is another residential building within the grounds and this is known as The Barn.

There was a registered manager 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.

Summary of findings

The registered manager had arrangements in place to protect people from abuse and unsafe care. The registered manager and her staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with said they were receiving safe and appropriate care which was meeting their needs. One person said, “I feel completely safe.” One person visiting the home said, “I love my mum more than anything. I would never leave her anywhere if I thought she wasn’t being well cared for. I have nothing but praise for the manager and her staff. I always look forward to visiting the home and never leave worried about mum.”

We found people who lived at the home and were living with dementia were encouraged and supported to be as independent as possible with staff support. One member of staff was observed physically supporting a person to eat their lunch. Once the person had gained interest in their food the staff member gave them back their spoon and encouraged them to eat independently.

We looked at how the home was staffed. We found sufficient staffing levels were in place to provide the support people required. We saw the deployment of staff at lunch time was organised. People who had been identified as being at risk from poor nutrition had a care worker allocated to assist them to eat their meals. We observed staff members were attentive to the needs of people who required assistance. We saw they were kind and patient and interacted with the people they were supporting. We saw staff had time to spend socially with the people in their care and could undertake her tasks supporting people without feeling rushed.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people’s dietary needs and these were being met.

People’s care and support needs had been assessed before they moved into the home. We looked at care records for people receiving nursing and residential care. We found the care plan records were up to date and being kept under review. We noted these described the

daily support people were receiving and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines.

The environment was well maintained and clean and hygienic when we visited. No offensive odours were observed by any members of the inspection team. The people we spoke with said they were happy with the standard of hygiene in place.

We found medication procedures in place were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

We found recruitment procedures were safe with all appropriate checks undertaken before new staff members could commence their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place. This included mandatory training covering health and safety, manual handling techniques, food hygiene, infection control, safeguarding, personal care and medication administration. On the day of our inspection five staff members attended a training session being facilitated by Blackpool council regarding dementia awareness.

The service had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Relevant staff had been trained to understand when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection two applications had needed to be submitted. Appropriate procedures had been followed and the Commission had been informed about the applications as required by law.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, house meetings, relatives meetings, care reviews and audits. We found people were satisfied with the service they were receiving. The registered manager and staff members

Summary of findings

spoken with were clear about their role and responsibilities. They told us they were committed to providing a high standard of care and support to people who lived at the home.

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.

The provider had procedures in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report any concerns they had about poor care and abusive practices.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service. The deployment of staff was well managed providing people with support to meet their needs.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs. People who required help at mealtimes were supported by appropriately deployed staff in a sensitive manner.

People unable to make decisions for themselves had received mental capacity assessments. Appropriate procedures had been followed and best interest decisions made in line with legislation.

Good



Is the service caring?

The service was caring.

People were supported by caring and attentive staff who showed patience and compassion to the people they were supporting. Staff demonstrated a good understanding of the needs of people who lived with dementia.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People and their families had been involved in developing their care plans. Relatives reported they were involved in reviews of care and the home responded appropriately to meet people's changing needs.

People knew their comments and complaints would be listened to and acted on effectively.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with stakeholders, people who lived at the home and relatives for their input on how the service could continually improve.

The provider had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Nightingales 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 29th October 2014 and was unannounced.

The inspection team consisted of two adult social care inspectors, a specialist advisor 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 specialist advisor and expert by experience for the inspection at Nightingales Nursing Home had experience of services who supported people with dementia care.

Before our inspection on 29th October 2014 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received. We reviewed the Provider Information Record (PIR) we received prior to our

inspection. 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. This provided us with information and numerical data about the operation of the home. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included the homes manager, twelve members of staff, six people who lived at the home, five visiting family members and a visiting Independent Mental Capacity Advocate (IMCA). We also spoke to the commissioning department at the local authority, the Clinical Commissioning Group (CCG) and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also looked at the care records of four people, training records of four staff members, the duty rota, training matrix, menu's, records relating to the management of the home and the medication records of six people.

Is the service safe?

Our findings

People who were able to speak with us told they felt comfortable and safe. One person said, “I have complete confidence in the staff when they are attending to my personal care needs. They are very patient and careful to ensure my safety.”

We found the registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. The registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us the service had a whistleblowing procedure and they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct. Records seen confirmed the registered manager had responded appropriately to safeguarding concerns raised about staff working for the service. Information received from the local authority confirmed the registered manager worked with them when undertaking their investigations.

Most people had limited verbal communication because of their dementia condition. However we were able to speak with six people and five visiting family members. One person visiting the service said, “My [relative] has been in this home for over five years. I visit every day. I have never heard any of them raise their voice or show impatience when supporting people. I have recommended the home to others. I am very confident my [relative] is well looked after when I return home and can sleep well at night and not worry.”

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people in their care. We looked at the services duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. We saw the deployment of staff at lunch time was organised. People who had been identified as being at risk from poor nutrition had a care worker allocated to assist them to eat their meals. People who required support with their personal care needs received this in a timely and unhurried way. We saw staff had time to spend socially with the people in their care and could undertake tasks supporting people without feeling rushed. We observed requests for support were dealt with promptly

and staff responded quickly to people requesting assistance through the homes call bell system. A visiting relative we spoke with said, “There are always plenty of staff on duty when I visit. I can always find someone to talk with about my [relatives] care which I find reassuring.”

We saw staff assisting people with mobility problems. We observed two staff members transferring one person from their chair to a wheelchair using moving and handling equipment. The staff were patient and took care to ensure the person being supported was assisted safely. They spoke to the person constantly explaining what they were doing and provided the person with reassurance that they were safe. Both staff members confirmed they had received mandatory moving and handling training and told us they felt competent when using moving and handling equipment.

We looked around the home and found it was clean, tidy and well-maintained. We found equipment in use by the home was being serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We spoke with a member of the services maintenance team and checked records being completed. This confirmed equipment including wheelchairs and moving and handling equipment (hoist and slings) were safe for use. The fire alarm and fire doors were being regularly checked to confirm they were working.

We also saw checks had been made to ensure window retainers were in place and water temperatures were delivering water at a safe temperature in line with health and safety guidelines. The maintenance records had been signed and dated once the checks had been completed. We saw action plans had been developed where issues had been identified. We saw one record which confirmed water temperatures had been adjusted in one persons room when water temperatures had been found to be too high.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medication procedures. This meant systems were in place to ensure that people had received their medication as prescribed. The audits also confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

Is the service safe?

We observed medicines being administered on both the nursing and residential unit at lunch time. Nursing staff administered medicines in the main building where people with nursing needs were accommodated. Senior care staff who had received medication training administered medicines on the residential unit. We saw that medicines were given safely and recorded after each person received their medicines. Staff informed people they were being given their medication and where required prompts were given.

We looked at the recruitment procedures the service had in place. We found relevant checks had been made before three new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), (formerly CRB checks) and references. These checks are required to identify if people have a criminal record and are safe to work with vulnerable people. The application form completed by new employees requested their

National Insurance (NI number), personal identification number (pin) number for nursing staff, details of any convictions, 2 references and a full employment history including reasons for leaving previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We spoke with one member of staff who had recently been appointed to work at the home and was completing their induction training. The member of staff told us their recruitment had been thorough and confirmed they had waited for their checks to be completed before commencing work at the home. The member of staff said, "I was informed at my interview I wouldn't be able to commence employment until a DBS check had been completed and my references had been received. It was explained to me why these checks were required and I agree with them."

Is the service effective?

Our findings

People we spoke with including visitors told us the care and support was good and people were happy. Our observations confirmed that the atmosphere was relaxed and people had freedom of movement. Staff spoken with showed they had a good understanding of the care needs of people they supported. One staff member said, “We are fully informed about the assessed needs of people and the level of support they require. If changes are required to people’s care for any reason we are informed.”

During our inspection we looked at four care plan records. We found these described the assessed needs and support people required. The records had written confirmation that people and their relatives had been involved in the assessment and had consented to the care being provided. One person visiting told us they had been fully involved in their [relatives] assessment and the development of their care plan. The visitor said, “I am pleased I am encouraged to be involved in my [relatives] care. My [relative] has dementia and although she does not recognise me I visit every day. The staff update me on my [relatives] wellbeing and any changes that might have to be made with her care.”

We found the staff team understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. Throughout the inspection we saw staff encouraging people who had been identified as being at risk from poor nutrition and dehydration to eat and drink. We observed the staff completing records confirming fluid and nutritional intake.

At lunch time we carried out our Short Observational Framework for Inspection (SOFI) observations in both dining rooms. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they were supporting. We observed staff informing people what the options were for lunch. One person who said she didn’t like the options on offer had an alternative meal of their choice provided. The person gave us the thumbs up and said they were happy with their meal choice. We saw people who required support eating their meals had this provided in a

dignified and timely manner. The support staff provided people with their meals was organised and well managed. Staff were patient and offered verbal and physical prompts to people who were not eating to motivate them to eat their meal. One person being supported was encouraged to eat their meal independently once they had gained interest in their meal. The atmosphere in both dining rooms was relaxed with staff joking with people and encouraging conversation.

We spoke with the cook who demonstrated she understood the nutrition needs of the people who lived at the home. When we undertook this inspection there were six people having their diabetes controlled through their diet. Several people were also on modified texture where foods were prepared separately to make them appetising. The kitchen staff were able to fortify foods if required. Portion sizes were different reflecting people’s choice and capacity to eat. The cook informed us she was always informed of the outcome of any speech therapy assessment for people with swallowing problems. Care plan records seen confirmed people requiring thickened fluids and a blended diet were having their needs met.

The people we spoke with after lunch told us they had enjoyed their meal and had been given plenty to eat. One person said, “Meal times are the highlight of the day for me. I have a really good appetite and enjoy all my meals. The meals really are very good.” A visiting relative told us they visited the home every day to support a [relative] with their meals. The relative said, “I know my [relative] enjoys the meals. It is always good home cooking which smells and tastes lovely.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The registered manager and her deputy had both recently

Is the service effective?

attended Mental Capacity Act and Court of Protection training with Blackpool borough council to update their knowledge. Discussion with the registered manager informed us she was aware of the 'four stage' process to assess capacity and the fact that it is decision specific. The registered manager was sharing her training with her staff team so they understood the procedures that needed to be followed if people's liberty needed to be restricted for their safety. Staff spoke with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

When we undertook this inspection two people were subject to DoLS. Appropriate procedures had been followed and the Commission had been informed about the applications as required by law. During the inspection an Independent Mental Capacity Advocate (IMCA) visited one person subject to a DoLS authorisation. The IMCA informed us they were completing an assessment of the DoLS and making sure conditions and restrictions were being applied. The IMCA informed us they were satisfied restrictions were being applied as agreed in the DoLS. We were informed the DoLS would be reviewed again in four weeks time.

We spoke with staff members, looked at individual training records and the homes training matrix. The staff told us the training they received was provided at a good level. One staff member said, "We receive all the mandatory training required by legislation and are supported by the manager to undertake extra training relevant to our role. I feel I have been well trained and feel competent to support the people in my care safely."

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff responsible for administering people's medicines had received medication training. Training to support people living with dementia was also being provided. Discussion with staff members and

reviewing training records confirmed staff were provided with opportunities to access training to develop their skills and help provide a better service for people they supported. Most had achieved or were working national care qualifications. People visiting the home told us they found the staff very professional in the way they supported and felt they were suitably trained and supervised.

In the afternoon of the inspection we saw a training session being facilitated by Blackpool Borough Council regarding dementia awareness. Five members of staff attended the training including the new activities coordinator. We were told that this was one session of "lets respect training" that was specifically for staff working with people living with dementia. The trainer told us the course aimed to increase staff awareness of the need to create a welcoming environment for friends, family and visitors to the home. The course also addressed diet and nutrition, health and wellbeing, quality of life and rights. We were informed the course was being delivered over a number of weeks. Whilst observing the training we witnessed staff talking positively about the rights of residents and the right to have a sexual identity regardless of age. Staff we spoke with said they found the training very interesting and informative.

Staff received regular supervision and annual appraisal. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them discuss their training needs be open about anything that may be causing them concern. One member of staff said, "Everyone knows their role and what is expected of them. The manager has high expectations so it is good to receive feedback that you are meeting her standards. I find her very supportive and enjoy working for her."

Is the service caring?

Our findings

During our visit we spent time observing staff interactions with people in their care. This helped us assess and understand whether people using the service were receiving care that was meeting their individual needs. We saw staff were caring, patient and respectful when people needed support or help with personal care needs. We observed several staff assisting people to the bathroom and dining room at lunch time. They informed the person where they were taking them and showed patience and kindness. They displayed a warm and caring attitude towards the people they were supporting.

We saw a member of staff supporting one person who was distressed and wanted reassurance about where they were going. The person showed behaviour that challenged and was shouting and hitting out at the staff member. The member of staff told the person their name and explained clearly where they were going and why. The person seemed to recognise the staff members name and became relaxed and comfortable. The staff member engaged the person in conversation and allowed them to go to the dining room at their own pace. A visiting relative who had been watching the staff supporting people told us what we had witnessed is what they saw every day. The relative said, "The staff really are lovely people. They are very caring and conscientious. They manage some very difficult situations so well and always stay calm when people are being challenging towards them. I don't know how they cope but I am so glad they are looking after my [relative]."

Although most people had limited verbal communication because of their dementia condition we were able to speak with six people who lived at the home and five visiting family members. One person said, "It's really nice here. The staff have been really good to me and I have settled really quickly since I moved in. I never thought I would settle in a care home but the staff have made it really easy for me. I have seen nothing but kindness since the day I arrived." A visiting relative said, "My [relative] stayed at the home previously on respite care whilst we went away on holiday. We were relieved when she could no longer remain at home that was happy to come back and stay permanently. It's such a relief."

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their

own for any length of time. We observed staff sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. During our observations we witnessed how staff supported people who became distressed or agitated. One person who was extremely distressed was approached by a member of staff who dealt with the situation in a professional manner. The staff member remained calm despite the person hitting out at them. The staff member did not use restraint but spoke quietly to the person who eventually settled down. The staff member remained with the person for five minutes talking and laughing with them.

Staff spoken with during the visit displayed a good understanding of people's individual needs around privacy and dignity. Throughout the visit we saw many examples of good care practice with staff treating people being supported in a dignified manner. We observed staff were helpful and respectful when they spoke with people. The staff we spoke with said the training they had received covered good care practices which included treating people with respect and dignity. One member of staff said, "The training makes you think that the person being supported could be your mum or dad. Everyone is entitled to the best care possible."

Whilst walking around the home we observed staff members undertaking their duties. We noted they knocked on people's doors and waited for an answer before entering. We spoke with people who were in their rooms and asked if staff respected their privacy. One person told us they liked to spend time in their room reading and watching tv. The person said, "I find the staff very respectful. I have never experienced anyone barging in without me giving them my permission to enter."

We looked at care records of four people to ensure people and families were involved in care planning and continuous development of the support each individual required. We found records were consistent, involved the person and were comprehensive. The care plans were up to date and kept under review to ensure they reflected the support and care people required.

The service had obtained the 'Gold Standard Framework' (GSF). This is a nationally recognised training and accreditation programme, specifically for end of life care.

Is the service caring?

This provided evidence of the services commitment to caring standards. Where possible people at the end of their life remained in the home, surrounded by people they knew.

Before our visit we received information from external agencies about the service. They included the commissioning department at the local authority, Clinical Commissioning Group (CCG) and Healthwatch Blackpool.

Links with these external agencies were very good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns. Healthwatch Blackpool is an independent consumer champion for health and social care. They had recently visited the service and commented that they thought good care was being provided.

Is the service responsive?

Our findings

People being supported by the service and their relatives told us the service provided a personalised care which was responsive to people's care needs. One person visiting the home said, "The manager or a member of her staff contact me if any changes have been made to my [relatives] care. I am informed why the changes have been necessary and made aware their care plan has been updated."

We looked at care records of four people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process because of their dementia condition had been represented by a family member or advocate. A visiting relative said, "I have been involved in my [relatives] care from the day they were admitted. This is something that is very important to me. I was involved in their assessment and able to ensure their care plan reflected their needs. I attend care reviews and I am informed straight away if their health changes and the care plan needs to be amended."

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw on one person's care records that specialist medical advice had been sought due to the person's weight loss. The records informed us that following medical intervention the person had begun to regain weight. Daily records being completed confirmed the person's health was being monitored closely.

We saw staff encouraging people to get involved with activities. These included playing dominoes, puzzles and board games. The people we spoke to said they enjoyed the activities provided by the service. One person said, "We always seem to have plenty going on. We have entertainers, trips out and parties." The service was in the process of organising a Halloween party when we visited. This was well advertised around the building for visitors to attend.

One relative we spoke with said, "We recently attended a BBQ held at the home. We are aware of the Halloween party and will be attending. The staff work so hard to make sure people have a good time."

In the afternoon we witnessed a member of staff in the residential unit get out a large box containing people's life stories. The life stories were all at different stages of completion. The staff member said that they were attempting to do life stories and were involving family members in creating them. The staff member showed us correspondence from one of the families who had sent in some photographs of their family member to use in the life story work. We were also shown a scrap book of post cards used as reminiscence materials for another lady. The post cards were of her travels in her earlier years. The staff member used the post cards to stimulate conversation which was very successful.

People living on the nursing unit had the choice of visiting the day care unit at the rear of the premises where various organised activities were taking place throughout the day. We saw a number of people opted to attend the unit and engaged in activities including painting, dominoes, cards and quizzes.

The service had a complaints procedure which was made available to people they supported and their family members. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission had been provided should people wish to refer their concerns to those organisations.

The manager kept a comprehensive log of all complaints received by the service. Since October 2013 there had been 19 complaints received and responded to. These were primarily made by people's relatives and were minor issues which have been easily resolved. There was evidence that all complaints had been taken seriously and been addressed in line with the service's complaints policy. On one occasion when the service and the family could not agree on how to resolve a complaint a best interests meeting had been held. Correspondence seen confirmed the complaint had been resolved to the satisfaction of both parties. We also saw written evidence that complaints had been dealt with

Is the service responsive?

through holding meetings with relatives and staff teams. We noted the registered manager had recorded in the complaints log that care plans had been updated as necessary following the outcome of complaints.

We spoke with a number of relatives visiting. They told us they were aware the service had a complaints procedure and knew how to make a complaint if they had any concerns. They all told us the registered manager was very approachable and they were sure any issues brought to her attention would be taken seriously and dealt with in a

professional manner. Whilst most relatives said they had never had cause to make a complaint one person said they had brought some concerns to the registered managers attention. The relative said, "I have to say overall I have been happy with service provided. There was one occasion when I went to see the manager about something I was unhappy about. She listened to what I had to say and dealt with it quickly. I was happy with outcome and haven't had cause to complain since."

Is the service well-led?

Our findings

Comments received from staff, people being supported and visiting relatives were positive about the registered managers leadership. One member of staff said, “The manager is approachable, very fair and understanding. She makes me feel appreciated.” Another staff member said, “The manager is very organised and the home is well run. We all know our role and what is expected of us. She demands high standards and that is why I like working here.” People visiting the home said there was a relaxed atmosphere and they always felt welcome by the registered manager and her staff. One relative said, “I have to say it is a pleasure to visit the home. The staff work very hard but they are always pleasant and friendly. The manager always takes time to speak and ask how I am. She is very approachable and I feel comfortable speaking with her.”

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager had delegated individual responsibilities to her deputy manager, nursing and senior staff. These included holding meetings with the staff they were responsible for and undertaking supervision sessions and annual appraisals. For example the home employed a housekeeper who supervised and held meetings with domestic staff. The staff we spoke with were aware of the individual responsibilities of members of the management team and told us they were approachable and supportive.

We saw written records confirming departmental meetings were being held by the service for nursing, care, domestic and catering staff each month. In addition the registered manager organised and chaired meetings for the full staff team. We looked at the minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included highlighting the complaints procedure, Gold Standards Framework and the use of do not attempt resuscitation (DNAR) forms within the organisation. We also saw the manager had discussed the Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This was to ensure staff understood people in their care cannot be deprived of their liberty unless this was in their best interests and a DoLS was in place.

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits were being completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records, medication procedures and staff training. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward. We saw the maintenance of the building audit had identified water temperatures were adjusted following a check. This was because the water temperature in one persons room was delivered at an unsafe temperature which could have potentially scalded the occupant.

The service worked in partnership with other organisations to make sure they were following current practice and providing a good quality service. The service was part of the Community Care Coordination Team Plan, which is cooperation between the service and the National Health Service (NHS) and the Clinical Commissioning Group (CCG). Both organisations were working with the service to assist with care planning around the management of risk of falls and monitoring of pressure ulcers. The registered manager informed us the service had found the Community Care Coordination Team Plan valuable, as it helped to reduce the need for people to be hospitalised.

We found the registered manager had sought the views of people being supported about their service by a variety of methods. These included resident and relative surveys. These were sent out annually and usually received a good response from people wishing to comment on the service provided.

Staff, resident and relative meetings were being held to discuss the service being provided. We saw documented evidence that these had been held and the people being supported had attended. One person visiting the home said, “I have nothing but positive comments to make about the home. The biggest compliment I can pay them is that I have happily recommended the home to friends in the full knowledge they would not be disappointed. The staff really do go the extra mile to ensure people are safe and well cared for.” Another person said, “I attend the relative meetings when they are held. It’s a good forum for us to discuss the service being provided and say what we feel good or bad. The manger is very informative about plans

Is the service well-led?

she and the provider have for the home so we are well informed. The meetings are usually held in the evening and is also a social event where relatives can get together and support each other.”