Mother Redcaps Care Home Limited

Sandy Banks Care Home

Inspection report

17 Greenside Gardens
Leyland
Lancashire
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Tel: 01772494000

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 12 April 2018 and was unannounced. This meant that the service did not know we were coming. The service was previously inspected on 30 August, 8 and 9 September 2016, when it was rated as requires improvement in the areas of safe, effective, caring and well led and good in responsive. The overall rating at that inspection was requires improvement. There was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent. This was because consent to care and treatment had not always been obtained.

We also made recommendations about the management of mealtimes, the recording of local applications of creams, the recording of drug fridge temperatures and a more structured auditing system.

Following the last inspection we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions of safe, effective, caring and well led to at least good. During this inspection, we found the service was meeting the requirements of the current legislation.

Sandy Banks is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sandy Banks accommodates up to 39 people in one adapted building. It provides accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury for people living with a dementia, people with mental health needs, older people, and people detained under the mental health act and younger adults. There were 29 people in receipt of care at the service at the time of our inspection.

The service had a registered manager in post at the time of our inspection. 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 was run.

Staff demonstrated understanding of actions they needed to take if they suspected abuse. Training records confirmed staff had undertaken safeguarding training.

Improvements had been made to the management of medicines. We observed staff administering medicines safely. The management team told us improvements in the competency checks for staff were being implemented.

Individual and environmental risk assessments had been completed. Evidence confirmed regular servicing and audits of the environment were undertaken.

A safe recruitment procedure was in place that ensured only staff who were suitable to work with vulnerable people were employed. Duty rotas confirmed staff allocations for each shift. Where agency staff were utilised to cover shifts we saw regular consistent staff were accessed. Staff were provided with a variety of training that ensured they had the knowledge and skills to deliver effective care to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Best interest decisions and capacity assessments had been completed for people who used the service. Where required, Deprivation of Liberty Safeguard applications had been submitted to the relevant assessing authority.

People were supported to eat their meals in a timely manner. Meals looked appetising and people were offered choices of what they wanted to eat.

We received positive feedback about the care people received in the home. People were treated with dignity and respect. Staff were seen talking with people nicely and it was clear people who used the service were comfortable in the presence of staff.

Family members told us the home involved them in decisions and kept up to date about their relatives care. However, one person said they would like more updates about the care their relative received. Care files for people who used the service had detailed care planning and risk assessments in place, which provided up to date information about how to support their individual needs, choices and likes.

People had access to activities in the home. There was dedicated staff in the home to provide a varied activities programme. Assistive technology was utilised in a variety of ways in the home to monitor the quality of the service and support people's needs and choices.

Complaints were dealt with appropriately. People had access to policies and guidance about how to raise a concern or complaint. We received very positive feedback about the registered manager and the improvements she had made in the home.

A variety of audits and monitoring was taking place. These demonstrated the home was safe for people to live in. Feedback and questionnaires had been completed and we saw evidence that staff and relative meetings were taking place.

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.

Staff understood what to do if they suspected abuse. Systems were in place to ensure investigations into allegations of abuse were completed.

Staff were seen administering medicines to people appropriately and safely. There was a safe system for the storage, recording and administration of medicines.

Risk assessments had been completed that ensured people, visitors and staff were protected from any unnecessary risk.

Staff were recruited safely. Records had been completed that demonstrated staff were safe to work with vulnerable people.

Is the service effective?

Good

The service was effective.

There was a detailed training programme available for the staff working in the home. Staff told us they felt the training provided to them supported their role.

Records demonstrated capacity assessments had been completed and best interest decisions had been made. Deprivation of Liberty Safeguard applications had been submitted to the relevant authorities.

We saw a positive lunchtime dining experience where people were supported by staff with their meals when it was required. People and relatives were positive about the meals provided to them.

Is the service caring?

Good

The service was caring.

We saw positive and kind interactions between people who used the service and the staff. Staff treated people with dignity and respect and their privacy was maintained during personal care

tasks.

Most people said they had been involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care files had up to date care planning and risk assessments in place, which provided staff with current information about people's likes, choices and needs.

Dedicated activity coordinators were employed at Sandy Banks and evidence was available to demonstrate a programme of activities was provided for people, which was on display within the home.

Assistive technology was utilised in a variety of ways in the home to monitor the quality of the service and support people's needs and choices.

There was an effective system in place to deal with and investigate complaints.

Is the service well-led?

Good

The service was well led.

People who used the service, relatives, visiting professionals and staff were all positive about the registered manager and the changes they had made since commencing their role.

Details of audits were seen, which demonstrated the home's proactive approach to the oversight and management of the service.

Staff told us and records confirmed team meetings were taking place and that a variety of topics were discussed.

Sandy Banks Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 12 April 2018 and was unannounced. This meant that the service did not know we were coming.

The inspection was undertaken by two adult social care inspectors and a specialist nurse advisor. The team was also supported by an expert by experience in the care of people living with a dementia. 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 our inspection, we looked at all of the information we held about the service. This included any statutory notifications the provider is required to send to us by law, any incidents, accidents or feedback about the service. We also looked at the Provider Information Return (PIR) that the provider had sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used a planning tool to collate all this evidence and information prior to visiting the home.

To understand the experiences of people who used the service we undertook a tour of the home including all public areas, bathrooms, the kitchen, laundry and a sample of people's bedrooms. We spoke with one person who lived at the home, seven visiting relatives and obtained feedback from one health professional who visited the service. We also undertook observations in various areas of the home during the day. We also spoke with ten staff members, the registered manager, the compliance manager and one of the directors of the company.

We also looked at three care files and the personnel files and training records for three members of staff. We also checked a number of other records in relation to the operation and oversight of the service. These included audits and monitoring, duty rotas, maintenance and servicing checks and feedback about the

service provided to people.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe in the home and raised no concerns. Comments included, "I could go to the other side of the world and I know that [my relative] is well looked after" and "I can go on holiday and not worry it's great to know my [relative] is safe." We observed staff responding appropriately to people and it was clear they knew people's needs well.

All of the staff we spoke with understood their responsibilities with regard to the actions to take if abuse was suspected. They told us they were aware of the safeguarding procedure and would be confident in reporting any concerns about people's safety to the management, who would deal with them appropriately. Training records confirmed staff had undertaken safeguarding training. This would ensure staff had the required knowledge and skills to act upon any allegations of abuse.

We saw records relating to the investigations undertaken where allegations of abuse had been identified. Where further investigation was required, we saw appropriate referrals had been submitted to the relevant agencies. Where outcomes had been recorded, a summary of the concerns had been documented. This would support lessons learned were shared with the staff team to prevent any future risks.

At our last inspection, we identified some concerns in relation to the application of creams, the recordings of fridge temperatures and the audits in relation to medicines. During this inspection, we found improvements had been made.

We observed part of the medication round and saw people received their medicines safely. Staff were seen explaining to people what medicines they were taking and waiting to ensure these had been taken safely. Most medication administration records had been completed in full and contained information about people to support the safe delivery of their medicines. Where two gaps had been identified, the compliance manager told us an immediate investigation was commenced and supervision sessions were undertaken to ensure staff were skilled to administer people's medicine safely. There was an ongoing training programme in place and we saw staff had undertaken recent medicines training. This enabled them to deliver people's medicine with the knowledge and skills required.

Medicine trolleys were stored safely in a locked room and appropriate arrangements were in place for the delivery, stock checks and the returns of unused or refused medicines. We checked a sample of controlled medicines and saw these had been stored safely. Random checks on stocks were accurate. Systems were in place that ensured the cold chain for medicines was maintained. Regular checks on the room and medicines fridge had been completed and demonstrated the correct temperature had been consistently achieved. Audits were undertaken regularly. The compliance manager told us and records we saw confirmed regular senior management medicine audits were completed. Where any actions were required, we saw these were acted upon. This would ensure lessons learned were shared with the registered manager and the staff team.

Systems were in place to record any incidents and accidents in the home. Records included details of the

incidents as well as the actions taken as a result and plans to ensure lessons were learned and shared with the staff team. As part of the provider audits, incidents and accidents were reviewed and monitored. This would support analysis and monitoring of any themes or trends to prevent any future risk.

Individual risk assessment had been developed that demonstrated the measures in place to protect people and support staff in the delivery of care. Risks included moving and handling, falls, bed rails and nutrition. Environmental assessments had been completed that supported the homes safe delivery of care. The home had developed a matrix system that identified what environmental checks were due and when. This would ensure the relevant checks were completed in a timely manner. We saw regular environmental monitoring was taking place, which ensured the homes systems were in good working order. A sample of the checks we saw included, water temperatures, emergency lighting, portable appliance testing and nurse call bells. The equipment used to support people's care was regularly checked to ensure it was safe to use. Examples of these included weighing scales, hoist, slings, wheelchairs and beds. Records included notes on their findings from the audits as well as the actions taken where required.

Relevant servicing was taking place by external contractors to ensure systems were working safely. These included, gas safety, electrical checks, legionella and hazardous waste disposal. We saw appropriate fire and emergency safety checks had been completed and there was guidance in place to support the home in the event of an emergency. These included fire drills, fire tests and a business continuity plan. We saw all people in the home had up to date personal evacuation plans and a one page profile that provided information about how to support them safely in the event of an evacuation from the home. We saw the home had produced a grab bag with equipment to use in the event of an evacuation. The contents of this included, bottled water, cups and emergency blankets.

Infection control policies and procedures were seen and the provider had completed an infection control audit of the home. This provided information about areas for improvement and included the actions taken by the home to ensure it was clean and that people were protected from the risk of infection. All areas of the home were clean, tidy, and free from clutter. Personal protective equipment was available for staff to use to undertake personal care, household and cleaning duties. We saw staff making use of these during our inspection.

The staff files we checked confirmed staff were recruited safely to the home. All records had a signed contract in place as well as completed application forms and interview records. This confirmed staff had been assessed as having the knowledge and skills to undertake their role safely. Relevant checks, such as references from previous employers, proof of identity and Disclosure and Barring Service (DBS) verification had been obtained. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services. Where qualified staff required an up to date professional registration we saw the home had checked that these were in place with their regulatory body. New staff to the service had completed an induction programme on commencement of employment in the home. The registered manager told us they had reviewed the induction programme to ensure all staff had the knowledge, skills and support required to fulfil their role.

Relatives and people we spoke with told us there was enough staff in place to meet people's individual needs. One person said, "The staff are really good there is always enough on duty." Staff told us, "Generally yes [enough staff], some staff say there are not enough but the team leader delegates and this can make a difference." One staff member said they felt there was enough staff and they had time to read the care plans. However, one person told us they felt there was enough staff, but that due to the increasing workload it felt, 'stretched at times.'

Duty rotas were in place, which identified the staffing allocated for each shift. We saw some agency use in the home. However, staff told us and records confirmed the home booked the same agency staff to support a consistent staff team. The registered manager told us there was an ongoing recruitment programme in the home that would ensure sufficient staff were in place to deliver care to people. We asked whether the home used a staffing analysis tool to ensure the correct numbers of staff were in place to meet people's care needs. The registered manager told us dependency assessment were completed on each person in the home and that they were planning to introduce one in the future.

Good

Is the service effective?

Our findings

Relatives we spoke with told us they had been involved in decisions relating to their family members care. We observed staff asking people permission before undertaking any activity. Training records confirmed staff undertook relevant training to ensure they had the skills to protect vulnerable people from unlawful restrictions. These included, enduring mental health and dementia learning modules.

The Mental Capacity Act (2005) (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection, we identified some concerns relating to the care records reflecting decisions had been agreed by people or their nominated person. During this inspection, 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.

Care files had been signed by either people who used the service or their nominated representative. All of the care files we looked at contained information in them that confirmed relevant capacity assessments and best interest decisions had been completed, discussed, and agreed with the relevant people. Relevant DoLS applications had been submitted to the assessing authority. This ensured people who used the service were protected from being deprived of their liberty unlawfully. The registered manager completed a regular audit of the DoLS applications. This would support regular monitoring of applications to ensure these were followed up and reviewed.

At our last inspection we made a recommendation to improve the management of mealtimes for a pleasant dining experience. During this inspection we undertook observations at lunchtime for people who used the service. We saw staff supported people in a timely manner with their meals. People were seen being offered choices of meals. These looked appetising, portions sizes were adequate and there were plenty of supplies of food available for people. Menu choices were on display for the day, The menus included pictorial information that supported people's understanding of what food was on offer to them when they had limited understanding of the written word.

We received very positive feedback about the food on offer in the home. One person said, "The food here is lovely and you get a good portion. It is always nice and hot when they bring it to me. We are having chocolate sponge today it is my favourite." A relative said, "The food is fantastic. I am always offered meals and drinks [when I am here]."

Whilst the dining area was sparse it was noted to be clean and tidy and people had access to crockery cutlery and condiments where required. Where people required it, staff supported them with their meals with patience. We saw staff supported and offered encouragement to people promoting their independence where it was possible.

We checked the kitchen and saw plenty of supplies of food available to the chef. They told us they had enough supplies to ensure people received a varied and nutritious diet. The home had designated areas for food preparation and daily temperatures were completed for fridges, freezers and the prepared food provided to people. The home had been awarded a five star food hygiene rating by the Food Standards Agency in 2017. This was the highest rating that can be achieved and demonstrated the standard was 'very good.'

We were told that the staff had the knowledge and skills to care for people effectively. One family member said their relative had, "Flourished since coming here. They know my [relative] really well now [name is] really settled", "I have confidence in the nurses and carers and I know they would contact the doctor" and "I have confidence in them all."

Staff told us the provider had ensured they had the training and skills to meet people's needs. Comments included, "[We have] lots of training provided", "There is a lot of training on offer. I have done safeguarding, dementia awareness, risk assessment, catheterisation, all [of which is] face to face", "There is a lot of training on offer and I have done the NVQ equivalent up to level three" and "There is loads of training and every year it is refreshed." One person told us, "There has been more investment in training." Agency staff working on the day of our inspection told us their employing agency ensured they received all of the training required to undertake their role effectively and that they received an induction on their first shift in the home.

The provider demonstrated a detailed training programme was available for the staff team. There was a training matrix in place that identified what training had been done and when it was next due. A wide range of topics was covered. These included, safer people handling, first aid, fire safety, nutritional screening, falls management and whistleblowing. We also saw specialised training was available to support people's needs. Examples seen were venepuncture (the puncture of a vein as part of a medical procedure, typically to withdraw a blood sample or for an intravenous injection), catheterisation and creams application. The registered manager told us they were in the process of commencing a medicines prescribing course at the local university supported by a local GP. They told us this will help to support a timely and proactive approach to meeting people's care and health needs.

The registered manager had developed a supervision matrix that identified when staff had undertaken supervision and the dates planned for the year ahead. The record also included who was responsible for delivering the supervision. This ensured all staff were able to discuss their role, any concerns, training needs and their development. Staff told us they were happy in their role and felt supported by the management.

Relatives we spoke with told us the home ensured they were kept up to date with their family members health needs. They said, "They keep me informed of any changes in their condition" and "My [relative] is cared for really well here, they understand [relative's] health needs. They are very kind and seem to really enjoy doing their job" and "I know they will tell me if anything is wrong." Staff understood the importance of ensuring people were reviewed by professionals if there were any changes in their health. One said, "If I saw someone was unwell I would inform the nurse immediately."

Physical health needs were reflected in people's care files. There was evidence of professional reviews and referrals for people living in the home. Professionals included; the falls team, chiropodist and dermatologist.

The involvement of the GP was regularly recorded in the care records. Records we looked at confirmed the advice and guidance provided to staff by professionals. This would ensure peoples' care reflected their individual needs. The service user guide advised people that access to relevant heath care professionals were accessible in the home. These included, GP, dentist, optician and chiropodist.

We undertook a tour of the building and saw it was suitable for the care needs of people living there. The building was single level and corridors were wide and accessible and supported people who required the use of wheelchairs for mobility. We saw some bathrooms had been updated and were accessible to people who used the service. There was a dedicated hairdresser's room that had been decorated nicely, which included old memorabilia. The registered manager told us others were planned to be updated in the near future. Whilst some improvements had been made to the environment such as a variety of designs on doors for people, refurbishments were still ongoing in the home. For example, the registered manager told us of their plans to ensure all people had personalised information in the memory boxes outside their bedrooms.

Good

Is the service caring?

Our findings

We received very good feedback about the care people received in the home. Comments included, "They have done the most outstanding job here. They are like a family. They never know I am coming. They are all lovely. They manage my [relative] remarkably well" and "My [relative] is well cared for." One person who used the service told us they, 'Liked it in the home.' A professional who visited the home told us they felt the staff had a, 'Caring attitude.'

Staff we spoke with were confident that people received high quality care. They told us, "The quality of care provided is very good. The residents [people who used the service] are well cared for"; "The care has always been good and continues to be so. I would be happy to have a relative admitted here" and "All care staff are brilliant and some are very experienced."

We saw staff that understood people's diverse needs well and supported them to meet these. People were seen to be dressed in appropriate clean clothing, with their hair nicely done. Relatives told us staff ensured people were well looked after and cared for. One person said, "My [relative] is well looked after, is always clean and dressed nice. This makes [relative] happy as [relative] always liked to look nice and has always been very proud." Up to date policies and procedures were in place to support people's equal diverse needs.

We observed staff consistently respecting people's privacy and dignity. Staff were seen talking to people kindly and when discussing personal care we saw this was done quietly to maintain their dignity. We saw interactions between staff and people were undertaken with an obvious mutual respect. Staff spoke to people kindly and care was delivered to people unrushed and at people's own pace. Staff supported and engaged people in their choices and preferences and people were able to maintained their independence.

Where we saw people who used the service required reassurance staff responded to them in a kind manner, offering encouragement and support to them. Any personal care for people was provided in the privacy of their bedrooms or bathrooms. We saw that before entering people's bedrooms staff were seen always knocking on their doors before they entered.

Records we looked at confirmed the home recognised the importance of ensuring staff had access to guidance about how to support people with their individual communication needs. Where glasses and aids were required, these were provided to people by staff. This would ensure people had appropriate aids to be involved in and, make decisions about all aspect of their life.

There was a policy in place to guide staff on advocacy service and how staff could support vulnerable people to access advocacy services. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Good

Is the service responsive?

Our findings

We were told and most records confirmed that people or their nominated representative had been involved in the development and reviews of their care plans. One relative said, "I get asked to come and talk about [relatives] care plan I like to see it. It has everything in it." Staff we spoke with told us there had been a vast improvement since the registered manager had started at the home. They stated, "The residents are now better assessed prior to admission."

The home had developed a service user guide, which advised people that, 'Care plans would be developed in line with their needs and choices.' Care files we looked at had evidence to confirm preadmission assessments had been completed. This would ensure only people whose needs could be met would be admitted to the home. Relevant care planning, risk assessments and dependency assessments were in place. We saw these had been reviewed regularly. These supported staff in the delivery of person centred care and they were up to date and reflected people's needs, likes and choices. Care plans included, mobility, personal care, mental health, falls, nutrition, elimination, medication, night time and skin integrity. Where changes in people's conditions were seen, guidance for staff was reviewed to reflect their current needs. Risk assessments were in place, which guided staff about how to meet their needs. Records took into account people's strengths and contributions they could make to their care. Care files were organised which would enable staff and people to access the information easily.

Care records provided staff with personal information about people who used the service. This included, name, date of birth, GP and any relevant medical history. This would support the monitoring and review of people's health needs. We saw evidence that staff responded appropriately to monitor people's physical health and there was guidance for staff on the signs of symptoms of some specific conditions, such as hypertension and hypothyroidism.

The home was proactive in ensuring people were supported appropriately at the end of their life. One relative we spoke with told us about the sensitive approach the home had adopted to discuss their relatives end of life care. Records we looked at demonstrated that the home had discussed end of life care with both family members and the GP. Records we saw included discussions and agreements in relation to medication, palliative care planning and 'do not attempt resuscitation' orders. There were up to date policies that guided staff on how to support people's end of life care. This meant that appropriate measures were taken to support people's needs as they neared their death.

People who used the service had access to a wide variety of activities taking place in the home. A relative said, "Relatives and friends are invited to go on trips, a minibus is provided for these outings." People were encouraged and supported to maintain their hobbies and interests where possible. This was done through the activities programme. For example, we noted one person enjoyed cooking. We observed a baking activity-taking place on the day of our inspection, we saw people engaging and enjoying this.

A dedicated activities co-ordinator developed and organised activities for people. It was clear they were passionate about their role and had introduced a programme that supported people's likes and hobbies. An

activities file contained information about what activities people had undertaken, whether they had enjoyed it and included an evaluation of what could be improved with activities for people in the future. Activities undertaken included; hair, baking, nails, trips out to a local garden centre and dominoes. The registered manager told us and we saw leaflets about an outside company who supported the home in enriching regular outings and activities for people who used the service.

Systems were in place to investigate and act on complaints. Relatives we spoke with knew how to raise a concern. One said, "I have never complained, but if I did I would go straight to the manager. I am confident it would get sorted out quickly." A complaints policy and procedure was on display in a number of areas of the home. This ensured people; visitors and professionals had access to how to raise any concerns with both the home, senior management as well as outside agencies, such as the local government ombudsmen. Where complaints had been received, we saw these had been acted upon, investigated and outcomes recorded. These included the actions taken by the home and any lessons learned to be shared with the staff team.

We saw a variety of positive feedback about the home and the service it provided. Examples seen were, 'I just wanted to say thank you again for your support. It is such a relief to see [name] much happier. Many thanks to you and your staff', 'We would like to express our sincere thanks for all the love and care that was shown', 'Please accept our heartfelt thanks and gratitude for all the care shown to our family during a very difficult time', 'Thanks for all you do in making Sandy Banks a safe haven for people who use that extra special care' and 'We are so grateful for all your dedication and devotion to our family.'

We saw a variety of ways that the home utilised assistive technology to support both the running of the home and engaging and supporting people who used the service. The registered manager told us they were working with the Clinical Commission Group to introduce electronic tablets in the home. This would enable people to use video calling to family and friends as well as support the training for staff. The home also made use of laptops and computer programmes to support the quality and monitoring of the service provided. We also saw the home had introduced a telemedicine system that linked with health professionals when people who used the service was unwell. This promoted timely intervention for people's care and promoted better health outcomes for them.

We saw some of the bedrooms had introduced an electronic beam as a pilot scheme for monitoring when people who are at risk of falling get out if bed. The registered manager told us it alerted staff immediately if a person got out of bed, reducing the risk of falls.

Good

Is the service well-led?

Our findings

We received extremely positive feedback from people who used the service and relatives about the knowledge, skills and changes made by the registered manager. They told us, [Registered manager] is marvellous. I have a lot of respect for [registered manager]. The changes here are in leaps and bounds. I know all of the staff here. They are not employees, they are a family" and "I have confidence in the [registered] manager."

Staff were positive about the registered manager and the changes she had made since commencing her role. They said, "The [registered] manager is very positive and gives a lot of support and leads well", "The morale is very good and the manager is very proactive and leads the team" and "Things have improved in recent years. We now have a brilliant manager who is good to staff and also has time for the residents. She is a caring person." Feedback in a recent survey was positive about the registered manager. Comments included the, 'manager is excellent and treats every member of staff fairly.'

A manager who was registered with the Care Quality Commission led the service. She was visible in all areas of the home throughout our inspection and it was clear good relationships had been developed between her, people who used the service, relatives and visitors. The registered manager demonstrated their drive to improve and move the service forward for the benefit of the people who lived there and the staff who worked there.

The registered manager took responsibility for the day-to-day operation and oversight of the service. It was clear she had a good understanding of her role and responsibilities and promoted an open and transparent culture. Throughout our inspection, all staff members supported the smooth running of the process and provided information promptly to the inspection team.

Relevant certificates to confirm registration were on display in the public area of the home and details of the ratings from the last inspection were seen. We also saw certificates promoting the care provided in the home. These included the care home certificate. The home worked collaboratively with the wider professional team that would promote and improve the service for the benefit of people living there. This included the local Clinical Commissioning Group. Regular audits were submitted to this team, which demonstrated the quality of care provided by the home. There was evidence that the home submitted relevant notifications to the Care Quality Commission as required by law in a timely manner.

The provider conducted regular regional audits and quality checks to ensure the delivery of care for people was maintained. Topics covered included, staffing levels, safeguarding, medicines management, staff development, the environment, the management of incidents and accidents and lessons learned. We saw a record that confirmed a comprehensive programme of audits was undertaken in the home. This confirmed when the audit had been completed and who was responsible for them. Areas covered included, accidents, medication, care files, infection control, wheel chairs, staff files, complaints medical services, health, and safety. This confirmed appropriate quality checks were in place to ensure the home was safe and monitored for people to live in.

Regular team meetings were taking place that demonstrated staff were provided with updates about the home. Minutes seen included the date of the meeting as well as attendees and detailed notes on the topics discussed. Topics included the laundry, kitchen, maintenance; manager feedback, accidents and incidents, care files and the staff approach. Records identified staff were provided with the opportunity to bring their thoughts or comments to the meetings. This would ensure staff were supported to be involved in decisions in the home.

Feedback was obtained from both relatives of people who used the service as well as staff employed in the home. We saw the results from a recent audit had been collated and analysed. The records concluded the immediate actions to be taken as a result of the audit as well as any recommendations made. This would ensure any actions could be acted upon and monitored as well as monitoring any changes since the last audit. Results from the audit demonstrated the mainly positive feedback about the home. Topics included, 'My manager is great and so is the deputy', 'The changes in the business have been well communicated', 'Overall I am happy with my loved ones care', 'I can't praise the staff enough' and 'Staff display tenderness towards patients [people who used the service] at all times.' However not all comments were positive. For example, 'I don't feel as though the staff get the recognition they deserve for the work that they do' and 'The bathroom improvements are taking too long.'