Boarbank Hall Convalescent Home

Boarbank Hall Nursing Home

Inspection report

Allithwaite
Grange-over-sands
Cumbria
LA11 7NH

Tel: 01539532288
Website: www.boarbankhall.org.uk

Date of inspection visit:
10 December 2018

Date of publication:
15 February 2019

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 10 December 2018. We last inspected Boarbank Hall in July 2016. At our last inspection we rated the service as good.

At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

.

Boarbank Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is owned and run by the Augustinian Canonesses of the Mercy of Jesus, a religious order dedicated to caring for others. The service provides long term and respite care for up to 27 people including palliative and end of life care and convalescent/post-operative nursing care. Boarbank Hall is in the village of Allithwaite overlooking Humphrey Head and Morecambe Bay. On the day of the inspection there were 26 people living there.

At this inspection we found the service remained good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. At this inspection we found that the service was continuing to improve and demonstrated characteristics of 'outstanding'. For example, the service was particularly skilled at caring for and supporting people and their families at the end of life, responding to changing needs, providing meaningful activities and working with other professionals. Professionals who visited the service said that it was well managed, professional and person centred in the care provided.

At the time of the inspection there was not a registered manager in post. However, this had been quickly addressed to ensure continuity and the new manager was already well on with the registration process. 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. The new manager was experienced and had the skills required to effectively manage and knew the home well having previously held the registered manager's post.

The service was currently undergoing accreditation for The Gold Standards Framework (GSF).) for end of life care in care homes. This accredited programme focused upon systems for using and developing high levels of holistic care at the end of a person's life. Relatives and professional feedback was very positive and appreciative about this aspect of the service.

People who lived at Boarbank Hall told us they felt they were well cared for, were happy and felt safe and secure living at the home. People who lived at the home, relatives and visiting professionals expressed great

confidence in the staff skills and knowledge and the management to keep people safe and happy and provide a high standard of nursing care. People told us staff were "very kind" and "really caring."

We looked at the recruitment files for new staff members and each included required security checks, proof of identity and a minimum of two references. We discussed with the manager that where a person has previously worked with vulnerable people their reason for leaving their previous employment needed to be always clear. The new manager confirmed this would be formally included on all application forms in future.

Staffing levels were monitored and kept at a consistently high staff to person ratio with individual's dependency kept under review so the service could be flexible to meet changing needs.

Medicines management systems were safe and staff had undertaken appropriate training in medicines administration. Staff were being appropriately trained for their roles and well supported by the registered manager. Systems were in place to give staff the opportunity to discuss their work and have appraisals.

The building was well maintained and was a clean, hygienic and homely place for people to live. We saw that equipment in use was regularly cleaned and had been serviced and maintained safely. We observed staff used personal protective equipment correctly and people being moved by staff in a safe and dignified manner.

People told us they were happy with the variety and choice of meals being provided and that there was always a choice.at meals. We saw that regular snacks and drinks were provided between meals to help make sure people received plenty to eat and drink.

The service had an effective safeguarding policy and staff had undertaken safeguarding training and could explain the process. The staff team were confident in reporting any concerns about a person's safety or wellbeing of anyone in the home.

The manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they worked within the law to support people who might lack capacity to make some of their own decisions. Discussions had taken place to involve people, relevant others and medical professionals in decisions made in any someone's best interest.

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. We observed the daily routines and practices within the home and found people were treated equally and their human rights were being promoted.

Systems were in place to deal with any complaints or concerns raised about the service. The manager and staff treated all complaints and comments as an opportunity to learn and improve the service.

People were supported to express their views and supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Quality assurance systems were in place to monitor the quality and running of service being delivered. People living in the home and relatives were being asked for their views on the service formally and informally. We saw there was a very positive open and supportive culture within the service. Relatives, staff and other professionals were very positive about the leadership of the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was extremely responsive to people's needs and has improved to outstanding.

There were detailed pre-admission assessments so staff could meet all a person's needs, support their faith and beliefs and make preparations to support that person before they came to live there

The home was being accredited for 'The Gold Standards Framework' to enhance their palliative care skills.

Staff recognised the importance of people's spiritual and emotional needs and responded quickly as people's conditions changed and as they approached the end of their lives.

There were many opportunities for people to take part in a wide range of individual and organised activities and maintain the skills and interests they had enjoyed before coming to live there.

Is the service well-led?

Good

The service remains Good.

Boarbank Hall 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 unannounced comprehensive inspection took place 10 December 2018. This visit was carried out by an adult social care inspector from the Care Quality Commission (CQC) 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.

We spoke with ten people who lived at the home about the service provided and to get their views. We also spoke with four visitors to the home who were visiting people who lived there, the manager, the nominated individual (a named person who represents the registered provider), five members of the nursing and care staff, a member of laundry staff and a member of domestic staff.

We looked at care records of six people who lived at the home and at the risk assessments and daily notes relating to those plans. We looked at the records of medicines and we checked on the quantity and storage of medicines in the home. We also looked at records relating to the management of the service and these included audit records, policies and procedures and accident and incident reports. We looked at the recruitment records of five new members of staff who had been recruited since the last inspection and the induction and training records of staff who worked in the service. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Before the inspection we contacted health care and medical professionals to ask for their views of the service. We reviewed information available to us about this service and information we had from those who commissioned the services and the local authority. We also reviewed safeguarding information and

notifications that had been sent to us. A notification is information about important events that the provider is required to send us by law. This was to help us in gaining a clear picture of the service provision.

The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a planning tool to collate the information we held about the service prior to visiting.

Good

Is the service safe?

Our findings

All the people we spoke with who lived at the home said they felt very safe living there. We could see that people were comfortable and relaxed with staff supporting them. We were told, "I feel quite secure here" and" Yes, I definitely feel safe." Another person told us, "It is a nice place and it is always very clean." A relative told us, "From what I have seen they are very safe here." Feedback we received from health and medical professionals who visited the home was also positive and one told us, "In all respects we have found them to be an excellent care provider and clinical partner" Another commented, "I would have no qualms in recommending Boarbank Hall to friends and family."

We asked people if there were enough staff available to help them and if they attended them quickly. One person said "They [staff] always come quite quickly – within two minutes - but at night they are here almost instantly". Another person said, "They are here in no time at all". Staffing levels were good on the day of the inspection with two nurses on duty in addition to unit managers. Rotas we saw confirmed that staffing levels were kept under constant review, were flexible, reviewed with feed-back from staff and the people who lived there and informed by a dependency tool. This helped to make sure there were always enough staff on duty with the right skills and allowed staff to take the time people needed to be cared for safely and holistically. Staff to person ratios were high especially in the morning which with one member of staff to every 2.8 people living there. One relative told us, "There always seems to be plenty of staff about and another said, "There is always someone you can talk to if you want to know anything."

The service had an appropriate safeguarding policy and procedure in place. Staff we spoke with were clear about how to recognise and report any concerns, had received safeguarding training and understood the locally agreed safeguarding procedures. Staff told us, "I would talk to the manager or the safeguarding team". There had been no recent safeguarding incidents at the service. All the people we spoke with said they would feel confident asking a member of staff for support or if they felt something "wasn't right." We were told "Yes, I think I would feel confident talking to staff." A visitor told us "They [staff] are very approachable, you can talk to them about anything."

We looked at the recruitment files for five new staff members and each included required security checks and a minimum of two references. All employees had a Disclosure and Barring Services (DBS) check in place. A DBS check helps ensure people are suitable to work with vulnerable people. We noted that prospective employees were usually asked about their reasons for leaving their previous employment at the interview stage but this information was not on the application form. It is important that where a person has previously worked with vulnerable people their reason for leaving their previous job is clearly stated. The new manager confirmed this would be included on all application forms in future.

We looked at medicines management in the home and found that people's medicines were being safely managed. The service's monthly internal medication audits showed that medication accuracy was consistently high. We looked at the handling of medicines liable to misuse, called controlled drugs. These were being stored and recorded correctly. People were supported to administer their own medicines where possible and appropriate and supported by a regularly reviewed self-medication risk assessment. We saw

that each person had informative medication profiles that gave instructions on their use but instructions for 'as required medicines' were not detailed. The new manager began to address this during the inspection and requested guidance from their own supplying pharmacy on the best format to use.

Assessments had been carried out to identify any risks to people and staff supporting them. There were individual risk assessments, for falls, nutrition and use of equipment, in people's care files and general and environmental risk assessments were in place and up to date. Accidents and incidents were recorded and monitored for any trends. There were records of equipment checks, of fire drills, tests of fire and emergency equipment and maintenance of lifting equipment, such as bathing aids, hoists and the passenger lift. There was a building plan and personal emergency evacuation plans (PEEPs) in place for each person and contingency plans for foreseeable emergencies. This helped ensure they would receive the correct level of assistance in the event of an emergency.

The building was clean and well maintained and sanitising gel and hand washing facilities were available around the premises. Infection control procedures were in operation to help maintain a clean and hygienic environment. We observed staff using personal protective equipment correctly, such as disposable gloves and aprons.

Good

Is the service effective?

Our findings

All the people who lived in the home and the relatives we spoke with, said that the staff knew them well and that they were "extremely knowledgeable" about all their needs. We were told by people who lived there "The staff here are marvellous" and also "They are all different, the new ones are not as confident, but they are all very well trained". A relative told us, "They [staff] are very efficient and they explain everything very well."

People told us that they enjoyed the meals provided and also about being able to make alternative menu choices whenever they wished. We were told, "The food is very good and there is an enormous choice – I have put on weight. I once asked for toast and marmalade at night and they brought it straight to me." We joined people in the dining room for lunch where the atmosphere was relaxed and unhurried and staff in attendance were supportive and polite. We saw positive interactions between staff and people throughout and staff were alert to people needing more assistance or encouragement. People told us, "We are all very well fed" and "The meals are great and beautifully cooked but sometimes there is too much for me." They added, "I am coeliac and they always provide me with a gluten free option."

Staff knew the steps to be taken to ensure that people were protected from poor nutrition and dehydration and could see people had been referred to their GP, the speech and language team (SALT) or to a dietician for any nutritional or swallowing issues. One told us, "We have diet documents and we weigh the residents. We also refer to doctors and dieticians, if we are in doubt." We saw that everyone had an individual nutritional assessment to identify their needs and any risks they might have when eating. The home had achieved a Five Star rating from the national food hygiene standard rating scheme. This meant hygiene standards were very good. Staff had also received food hygiene training. Other professionals were positive about the healthcare provided and one told us, "The staff are extremely professional."

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked to make sure the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on authorisations were being met. We saw that the principles of the MCA were being followed. We saw that staff sought verbal consent for all interventions during the time we were in the home and there were appropriate consent forms within care files.

All the staff we spoke with told us that they had received training to develop the skills and knowledge to care for people in the home. We saw that each member of staff had a thorough induction programme, regular supervision and ongoing training and care staff were enrolled on the Care Certificate training programme. [The certificate is a set of standards that health and social care workers are expected to adhere to in their

daily working life]. Training records indicated that all staff were given the opportunity to do a broad range of training to support people's different needs and conditions and this benefited people who lived there. Nursing staff were also well supported to undertake further training for professional development such as in end of life and palliative care, verification of death, neurological conditions, diabetes, male catheterisation and venepuncture. The service was actively developing a programme of having staff 'leads' in areas of care and practice. The lead was to keep their own knowledge up to date and be a resource for colleagues. We saw evidence of regular staff supervisions which included discussions around general work issues and training needs.

Good

Is the service caring?

Our findings

We asked if people were happy living at the home and if the staff were caring and kind and were told, "Very much so" and "Definitely yes." People who lived in the home told us, "They [staff have a caring attitude – they are more like my friends" and also "They are very open and honest". We spoke with visitors to the service and asked if they were happy with the care their family member received. One person told us, "Overall I am very lucky to find such a good place to be." We were told, "Oh yes, it's truly lovely here! [Relative] looks so much better than before coming here – he is so well looked after" and another relative said, "There is genuine love and care here."

Everyone we spoke with said the staff helped them to be as independent and involved as possible and recognised their right to make choices themselves and to take everyday risks. People told us that staff knew them well and how they liked to be helped and supported and understood what they wanted and how they preferred to be cared for and supported. A staff member spoke in detail about the care one person needed and told us, "They are like our family and that is how we care for them."

Staff and management recognised the importance of family and friends. People's personal relationships, beliefs, likes and wishes were recorded in their care plans and staff we spoke with knew about these and respected people's family and personal relationships. Relatives told us they were always made welcome when they visited the home and one said they felt they were "part of a real community."

There was a calm and happy atmosphere within the home and we observed that staff were respectful, friendly and kind at all times. There was lots of laughter and friendly chatter and we saw that people were assisted with dignity and patience and that nobody was rushed. We saw many positive interactions between staff and people throughout the inspection. We observed that people's care records were written in a positive and individual way and people made their own choices such as where and how to spend their time, take their meals and whether to take part in the activities provided in the home.

Everyone we spoke with said their privacy and dignity were always respected. We observed that the staff always knocked on the doors and waited for a response before entering people's rooms. The rooms also had internal curtains so people were screened when staff came into rooms or could have their door open and still have privacy. We saw that doors to bedrooms and bathrooms were kept closed whilst support was given or when people saw their doctor.

We saw that people had been able to bring some personal items into the home with them to help them feel at home and comfortable with familiar items around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.

We found that the service gave a lot of consideration to the emotional and spiritual needs of the people living there and their families and supported people to follow their own faiths and beliefs. We saw that the service made sure that people could access their own clergy and meet with others of their faith. People we spoke with said they went to the home's chapel regularly and found it a calm and spiritual place. Pastoral

care and support was available to anyone who used the service, their relatives and for staff. This meant there was always someone available to speak with people and listen to their worries or anxieties and help them regardless of their cultures or beliefs.

Advocacy services were accessible should people need this help and support and the service was a member of 'Care Aware Advocacy Service'. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes. This helped to make sure that people's interests could be represented and they could use appropriate external services to act on their behalf if they wanted this.

Outstanding ☆

Is the service responsive?

Our findings

We saw that Boarbank Hall was a very supportive and responsive service that had a positive impact on the quality of people's lives and their well-being. People who lived in the home and their relatives confirmed this was the case with their positive comments. People told us that they made their own choices about their daily lives and were included in planning and agreeing to the care and support they received. We were told by one person, "I cannot rate this place too highly." They told us that their chosen daily routines in the home were flexible and based around their personal needs and choices. Others told us they knew about their care plans, "I know it is there and they come and talk to me about it" and also "I am very happy with it. We set it up at the beginning and I can discuss things with them quite easily."

Care plans we looked at gave an accurate picture of people's individual needs and had been regularly reviewed to help make sure they were kept up to date. We found risks for people were reduced because the registered manager had completed holistic assessments with them and/or their representatives and took information from medical and social care professionals before and following admission. During pre-admission assessments any disability, sensory loss or impairments were identified and the service put in place what was needed to help people get the most out of life. This enabled the staff team to be confident that they could meet people's individual needs.

At our last inspection this domain had been rated as good. At this inspection we found the service had improved to outstanding. The service had continued to develop and embed a highly person-centred approach to care and support. They had ensured there were well structured systems in place to maintain the personal well-being of people who used the service. We saw that this approach had made a positive impact on the lives of people at Boarbank Hall. One person had communication difficulties and staff used visual aids to assist them so they could improve their ease of communication and participation in interests, activities and to make their thoughts and wishes known. Another person had difficulty seeing and using call bells. To make sure they were always able to summon help and feel safe, the home got them a specially adapted call bell suited to their individual needs so they could be confident they could easily let staff know when they needed them. It was a matter of great importance to one person with a hearing impairment to attend religious services in the chapel attached to the home and fully participate in the religious observance. A Loop system was installed to make sure all those with hearing impairments were able hear and be fully involved in the services that held so much importance and meaning for them.

The home's holistic and highly person-centred approach promoted people's independence and their full involvement in their care. This empowered people to live the life they wanted and have their beliefs understood and respected. There was detailed information about people's lives before they came to live there and we could see this helped staff to understand and relate to people and maintain important relationships and interests. Since the last inspection the service had looked at ways it could improve consultation with people and improve their involvement in the way their home was run for them. We saw that the service had put in place a system to encouraged people who lived there to get involved in the home's recruitment process for new staff. Some had been involved in this while others had chosen not to take such an active role. This increased involvement and choice helped people feel they were helping to

make sure they had the right kind of staff working in their home to support them.

The service was very well resourced to provide the equipment people needed to stay independent. For example, on one occasion a person had needed a specific piece of moving and handling equipment and had a short wait to use the equipment. To prevent the person ever having to wait the registered provider immediately bought an additional piece of equipment. We were told by the registered provider that if even a small amount of distress was caused to a person by having to wait it was better to make sure such a situation could not arise again

Since the last inspection the home had continued to improve the care it provided at the end of life. The home was under-going accreditation for 'The Gold Standards Framework '(GSF). The GSF is a well-recognised and accredited programme that focuses on systems that are centred on maintaining the highest standards of end of life support and care. The service had already adopted and integrated into practice the well-established 'Six Steps to Success' palliative care programme, through training at a local hospice, to enhance their palliative care skills. The GSF continued that development to achieve the highest standard of care and enhance end of life care. It was also central supporting and educating staff to develop their roles and skills around end of life care. This continual service development and the evaluation involved meant staff had the skills and knowledge to respond quickly to changing health needs. It also meant people could stay in their home when the chose to with familiar staff and surroundings at the end of their lives and be assured of the best care.

The service had further developed a highly integrated approach to making care decisions in advance that were coordinated by senior nursing staff. We received only positive comments from medical and healthcare professionals who visited the service about the way people were cared for at the end of life and how well the home worked with them to provide the right care. One nursing professional told us, "I assess and monitor a number of palliative patients when they are residents of Boarbank and find the care to be exemplary. Patients are listened to and their needs are met with very high standards of nursing care. The staff are extremely professional, friendly and welcoming and their knowledge base for end of life care is very good. They do not hesitate to ask if they need extra support. The nurses follow suggestions/instructions regarding symptom management and always ensure patients and their relatives are very well supported emotionally." Another medical professional said, "Clients are always treated with the greatest dignity and the nursing care is impeccable. Priority is given to a high quality of life and the end of life care in particular is excellent."

Advanced care planning assessments had been developed with people and their loved ones and end of life care plans were in place. This allowed people to be very clear about their expectations regarding their end of life care and their wishes at that important time. This continual development with detailed assessments helped to make sure that people's final wishes would be met as they said. Staff told us the sisters supported everyone regardless of beliefs and we could see from care plans, speaking to people and the service's policies and procedures that people were protected from discriminatory practices, irrespective of their beliefs, gender or race. People's differences and diverse needs were clearly understood, respected and had been considered in detail when planning their care.

Increased emphasis was being placed on supporting the 'whole person' with aging, deterioration in conditions and at the end of life. The home ran a 'Raising Spiritual Awareness' course for all staff in collaboration with hospices involved in the NHS Cancer Care Network. This course was designed to help staff have the skills to deal with handling difficult conversations and personal questions and the recognition of spiritual distress as distinct from religious distress. The course was also to help staff understand the needs of different faiths, traditions, rituals and rites of passage and know where to go to get information when they needed it. This attention to the importance of spiritual needs as people's conditions changed and at the end

of their lives helped to make sure that high quality and individualised support could be offered that clearly recognised the spiritual aspects of people's lives.

Support was also available to people who lived in the home, relatives and staff with the role of the pastoral carer to improve the emotional and spiritual support for people. The support is available for general or specific life issues concerning grief, loss, identity or cultural. Since the last inspection this important new role had been introduced and had a positive impact for people. This supportive, listening role had helped to identify issues that caused people anxiety or distress and to offer support in line with the expressed need. It also helped staff gain greater insight into what people might be experiencing so they could provide the right support, explanation or information to help people deal with loss and their fears. This new role had helped people who lived at Boarbank Hall feel more listened to and have their fears understood and addressed. The role has also helped to identify the ways that staff could improve their awareness of the support people might need and help with identifying any further training they might need. A medical professional we contacted told us that the pastoral care provided at Boarbank Hall was "superb."

On our arrival, the manager told us a person was coming to the end of their life. We saw staff showed sensitivity and compassion in managing this time and acted promptly with the multi-disciplinary team to make sure the care and end of life plan was followed to make sure the person was comfortable, supported as they had asked and that their family were supported. Staff recognised that people dealt in different ways with their loss and engaged with families in a very personalised way. Staff told us how the nursing sisters from the religious community were very involved in providing help and spent time sitting with people on their journey so they were never alone as their conditions changed at the end of life. We looked at feedback received from families whose relatives had passed away in the home and saw these indicated a very high level of satisfaction and appreciation of the very high standard of end of life given to their relative and the bereavement care given to them at a very difficult time.

Since our last inspection the service had continued to improve how they supported people with their interests. People who lived at the home were given plenty of choice and opportunity to take part in a wide range of individual and organised activities based on ideas and requests from them, that contributed positively to their well-being and social inclusion. One person commented, "I go to most of them but that is my choice". Everyone we spoke with said that they never felt they had to participate in any activity if they did not want to. One person told us, "There are lots of activities and I choose if I want to go or not." We saw that any activity or event was advertised well in advance and times and dates were on the notice boards. We were told about the regular events of singing, musical evenings, poetry readings, talks on local history, visits to the theatre and visits from local choirs and schools. People were encouraged to take part in local community events and the local community also visited the home for local events such as coffee mornings. The home had two vehicles to take people out and to private appointments. One of these was an adapted mini bus so people could go out for the day to places of interest or to access social occasions.

There were regular craft sessions, planting in the greenhouse and gardens and baking classes for people to help maintain the skills and interests they had enjoyed before coming to live there as well as exercise classes to help people stay active. There were plenty of places in the home and gardens available for quiet and reflective time when people wanted this. Manicure, massage and aromatherapy were available to those who wanted it to promote relaxation and well-being.

The service had taken steps to promote the accessible information standard by making changes to documentation to reflect this. All information about the service was available in alternative audio and visual formats including braille. We looked at copy of the complaints procedure that was displayed around the home and included in the information people received on admission. Discussion with the manager and staff

confirmed that any concerns or complaints were taken seriously no matter how small they seemed. There had not been any recent complaints but the service had received numerous compliments, donations and thank you cards with very positive and deeply felt feedback and these were displayed on the notice boards.

Good

Is the service well-led?

Our findings

People who used the service, relatives, staff and other agencies were positive about the leadership of the service. We were told, "It has a very good reputation and their attitude to visitors is very good" and "Without doubt it is well managed." We asked the staff if they felt valued and well led and did they enjoy working for the organisation. Staff we spoke with said they felt valued by the manager and registered provider and that their personal and professional development was encouraged and well resourced. They told us, "I feel very valued – they really do care for their staff" and "Out of all the places I have worked in, this home is really good." Staff told us they were listened to and their ideas and comments taken up by the management.

Records of care and treatment showed that people who lived in the home had access to all healthcare professionals as and when they needed them. There were also links with other organisations for guidance to staff and people living in the home, such as a local hospice and physiotherapy services. Comments from healthcare and medical professionals who came into contact with the home were all positive and included, "Our clinical meetings are always productive and they [staff] are a real pleasure to work alongside." We were also told, " From my perspective the service seems well led."

Since the last inspection the registered manager had left the service. A new manager from the home's senior management had been put in post quickly to maintain continuity of high standards in the home and they were in the final stages of completing their registration with CQC. A registered manager is a person who has registered with CQC to manage the service. We found that there was there was still a clear management and organisational structure within the home that promoted a proactive and supportive working culture and the current management team remained committed to ensuring the service continued to develop and improve.

The Home used quality monitoring tools such as their managers monthly audit, medication and audits infection control audits, which are all followed up with action plans to ensure continuous improvement. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. Where any actions had been required these had been noted and addressed by the provider. We could see that issues were picked up quickly and actions were taken quickly to make improvements and learn from any mistakes. Staff said regular handover meetings between shifts helped make sure staff passed on information and had accurate information about people's needs and other important changes. The manager told us there was a review planned of all the audit processes within the home to try to make sure they were still relevant and sufficient to monitor the services being provided.

Staff and resident meetings were held to provide an opportunity for open communication and satisfaction surveys and suggestion boxes were used to get people's views and ideas. Following feedback, the registered provider was looking again at how to improve documentation regarding feed-back from service users and their families. This was part of work to continue to develop the audit and clinical governance tools they used to get more individualized feed-back. The aim being to further empower people in the daily running of their home as well as feeling they had a voice.

Registered providers of services must inform the CQC of incidents and accidents that happen in the home

that may prevent the service from operating safely. The registered manager had informed us of significant events as required so we could check that appropriate action had been taken. The service had a whistleblowing policy, which supported staff to question practice.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 1 April 2015.