Nazareth Care Charitable Trust

Nazareth House - Crosby

Inspection report

Liverpool Road
Crosby
Liverpool
Merseyside
L23 0QT
Tel: 0151 928 3254
Website:

Date of inspection visit: 3 June 2015
Date of publication: 15/09/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Nazareth House - Crosby is a residential care home that provides accommodation, care and support for up to 66 adults. The home has been adapted to provide accessible accommodation for people who are physically disabled. Accommodation is provided over three floors. The service is situated in the Crosby area of Sefton, Merseyside.

We found that people living at the home were protected from potential abuse because the provider had taken steps to minimise the risk of abuse. Procedures for preventing abuse and for responding to allegations of abuse were in place. Staff told us they were confident about recognising and reporting suspected abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

Each of the people who lived at the home had a plan of care. These provided a sufficient level of information and guidance on how to meet people's needs. Risks to people's safety and welfare had been assessed as part of their care plan. Guidance on how to manage identified

Summary of findings

risks was included in the information about how to support people. People's care plans included information about their preferences and choices and about how they wanted their care and support to be provided.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support when required.

Medicines were safely administered by suitably trained care workers. The medicines administration records were clearly presented to show the treatment people had received and prescriptions for new medicines were promptly started. We found that medicines, including controlled drugs, were stored safely and adequate stocks were maintained to allow continuity of treatment. Medicines audits had been completed to help ensure that any medication errors could be promptly identified and addressed.

The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this and they were able to tell us what action they would take if they felt a decision needed to be made in a person's best interests.

During the course of our visit we saw that staff were caring towards people and they treated people with warmth and respect. People we spoke with gave us good feedback about the staff team and the support they provided.

There were sufficient numbers of staff on duty to meet people's needs. Staff were only employed to work at the home when the provider had obtained satisfactory pre-employment checks.

Staff told us they felt supported in their roles and responsibilities. Staff had been provided with relevant training, some of this was a little out of date but training in the required areas had been booked for the staff team. Team meetings had been taking place and staff supervision meetings had commenced since the new manager took up post.

The home was clean and people were protected from the risk of cross infection because staff had been trained appropriately and followed good practice guidelines for the control of infection.

The home was fully accessible and aids and adaptations were in place to meet people's needs and promote their independence. The premises were well maintained, however, there were a number of areas which needed to be made safe or improved upon for the benefit of the people who lived at the home.

People were well supported with their nutritional needs and people generally told us that the quality of the food and meals was good.

There was no registered manager at the service 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 is run. The manager informed us that they had submitted an application for registration and they have since become registered.

Systems were in place to check on the quality of the service and ensure improvements were made. These included surveying people about the quality of the service and carrying out regular audits on areas of practice.

You can see what action we told the provider to take at the end of this report.

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?

Requires improvement 

The service was not always safe.

Risks to people's safety in relation to the care provided to them had been assessed and were managed. However, some areas of the home presented a risk to people's welfare and safety.

Practices and procedures were in place to protect people living at the home from potential abuse. Staff were confident about recognising and reporting suspected abuse.

Medication was managed safely and people received their medicines as prescribed.

There were sufficient numbers of staff on duty to meet people's needs. Pre-employment checks were carried out on staff before they started working at the home to ensure they were deemed suitable to carry out their roles and responsibilities.

Is the service effective?

Requires improvement 

The service was not always effective.

The home was fully accessible and aids and adaptations were in place to meet people's needs and promote their independence. However, a significant number of people who lived at the home had dementia care needs but the home environment was not effective to support people with these needs.

People who lived at Nazareth House received good care. Staff felt suitably trained and supported to carry out their roles and responsibilities.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support.

The manager showed that they had knowledge and understanding of the Mental Capacity Act 2005. People had been referred for an assessment under the Deprivation of Liberty Safeguards (DoLS) if there was any question that they may be being deprived of their liberty.

Is the service caring?

Good 

The service was caring.

Staff were caring towards people and they treated people with warmth and respect. People gave us very good feedback about the staff who supported them.

People's care plans included details about their preferences and choices. We saw that people chose their own routines and staff respected people's choices.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People received care and support that was responsive to their needs. Staff engaged well with people who lived at the home and involved them in decisions about their day to day care.

People's individual needs were reflected in a plan of care and this was reviewed on a regular basis to ensure the information remained relevant.

The home had an appropriately detailed complaints procedure and information about how to make a complaint was on display.

Is the service well-led?

Good

The new manager was in the process of introducing new practices at the home and these were in the process of becoming embedded. Further improvements were also planned.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. A number of audits were carried out at the home to monitor the service, these included health and safety audits.

People who lived in the home and their relatives were asked for their opinions of the service through the use of surveys. This was with a view to making improvements to the service.

Nazareth House - Crosby

Detailed findings

Background to this inspection

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

The inspection was carried out on 3 June 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and two experts by experience with expertise in services for older people. 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 reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

Prior to the inspection visit we contacted the commissioners of the service to seek their feedback about the service. During the inspection we met a visiting healthcare professional and we sought their feedback on the service.

During the inspection visit we spoke with 15 people who lived at the home and seven visiting relatives. We also spoke with 10 care staff, the activities co-ordinator, the head cook and the manager of the service.

We spent time observing the care provided to people who lived at the home to help us understand their experiences of the service.

We viewed a range of records including: the care records for three people who lived at the home, staff files, records relating the running of the home and policies and procedures of the company.

We carried out a tour of the premises and this involved viewing communal areas such as the lounge, dining room and bathrooms. We viewed a sample of bedrooms with people's permission. We also viewed the kitchen and medication storage areas.

Requires improvement

Is the service safe?

Our findings

Regular checks were carried out on the home environment to protect people's safety. For example, checks on fire safety and water safety. Procedures were in place for responding to emergencies such as fire. However we found that some aspects of the home environment could present a risk to people who lived at the home. The staircases leading from the first and second floors were not secured and this could present a risk to people who are living with dementia. We saw that it was difficult for people to have their doors open unless they were propped open as they were not fitted with fire closures. The temperature of the building was very warm because there was no access to hot water unless the heating was also on. The manager has since informed us that the hot water and heating system has been adjusted and can now be operated separately. The home had large, well maintained grounds but a significant number of people had dementia care needs and they could not access the grounds without the support of their relatives as they were not secure. The manager shared a five year plan for the development of the environment with us. The concerns we found required more immediate attention.

The shortfalls we found in the home environment were in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home told us they felt safe. People's comments included: "I feel very safe nothing is threatening and that makes me feel safe", "It's solid" and "You feel safe here, help is at hand, the staff are very good." People told us they had never seen any bullying or seen anything they were concerned about. Relatives also told us they felt their family members were safe at the home. One relative commented: "I've never seen anything untoward."

A safeguarding policy and procedure was in place. This included guidance for staff on the actions to take if they suspected or witnessed abuse. The policy was in line with local authority safeguarding policies and procedures. We spoke with care staff about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us that they would not hesitate to report any incidents to the person in charge. One member of staff told us "We have a policy to read up on each month and last month was about whistle blowing, what it is for and when to use it, so staff know about it." The manager was able to provide us with an overview of the action they would take in the event of an allegation of abuse, this included informing relevant authorities such as the local authority safeguarding team, the police and the Care Quality Commission (CQC). However, we found the manager had not notified us of two recent safeguarding concerns. They told us they had reported the matters to the host Local Authority and we saw confirmation of this. They told us that their lack of notification to CQC was an oversight and the notifications would be sent in retrospectively.

We saw that risks to people's safety had been assessed and guidance on how to manage identified risks was incorporated into people's care plans. For example, if a person was at risk of developing a pressure ulcer then information about how to support the person to prevent a pressure ulcer was documented in their care plan.

During the course of the inspection we found there were sufficient numbers of staff on duty to meet people's needs. We saw that staff took their time when supporting people and took the time to have conversations with people. Staff responded quickly to the call bell and people told us they didn't generally have to wait long for assistance if they needed it throughout the day. The longest people told us they waited was five minutes but people thought this was acceptable. People's comments about staffing levels included: "There are always some staff about I am very independent but need help with getting about so someone helps me into my wheelchair and takes me where I want to go", "I press my buzzer if I want anything and someone will come and help me like at night when I need to go to the toilet", "I know there's somebody here all the time", "There are always people around" and "There's always someone to help you." A relative told us "Probably everywhere you go they want more staff but while I am here if anyone asks for anything a carer is always there for them." Some people who lived at the home thought that whilst there were enough staff on duty through the day this was not always the case at night. "I need to go to the toilet regularly through the night sometimes I have to wait longer than others for assistance." A small number of people also told us there were not always as many staff at the weekend if a member of staff goes off sick but they felt staff coped

Requires improvement

Is the service safe?

adequately and the staffing was "OK on the whole." We looked at a sample of staff rotas and these indicated that the staffing levels had been maintained to those we found on the day of inspection.

We looked at staff recruitment records. Appropriate checks had been undertaken before staff began working at the home. Application forms had been completed and applicants had been required to provide confirmation of their identity. References about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Medication was managed safely. We asked people who lived at the home if they got their medicines safely. People told us they did, their comments included: "I get them when I need them" and "I get my pain killers four times a day regularly", "I self -medicate, I keep them in my bedside table. One of the staff checks them every month", "I get painkillers regularly", "They are very strict over medicines they make sure you've had them and you know you are going to get your medicines on time" and "They come around the same times each day, mornings and lunchtimes with our tablets, it`s normally the same carer who does it." Relatives told us they had no concerns with how their family member's medicines were handles. Their comments included: "They're very thorough here" and "Yes she gets it [medication] in a morning."

We looked at the medicines records for four of the people who lived at the home. Medicines were safely administered by suitably trained care workers. Arrangements were in place to ensure that any special instructions such as 'before food' were followed when administering medicines in order that people would receive most benefit from their medicines. People wishing to self-administer medicines were supported to do so. The medicines administration records we viewed were clearly presented to show the medicines people had received and prescriptions for new medicines were promptly started. We found some minor discrepancies on a small number of medication administration records. These were explained by the senior carer on duty. We found that medicines, including controlled drugs, were stored safely and adequate stocks were maintained to allow continuity of treatment. Regular audits were being completed to identify any shortfalls in medicines practice.

Staff told us the home had a policy of not giving people 'homely remedies'. A homely remedy is another name for a non-prescription medicine which is used in a care home for the short term management of minor, self-limiting conditions.

We recommend that the service consider current guidance on giving 'homely remedies' to people alongside their prescribed medication and take action to update their practice accordingly.

The home was clean. Policies and procedures were in place to control the spread of infection and domestic staff were required to follow cleaning schedules to ensure people were provided with a safe and clean home environment. Staff told us they had the equipment they needed to carry out appropriate infection control practices. The home had achieved a five star rating for food hygiene practices during the last food inspection carried out by the local council. This is the highest rating awarded. During a tour of the building we viewed the kitchen and found it was clean and very well organised.

Requires improvement

Is the service effective?

Our findings

We asked people who lived at the home if they felt staff were suitably skilled and trained to be able to meet their needs. Their comments included: "Yes for the job they do", "Yes, they're very good." "Yes absolutely" and "The carers are here if you need anything and you just need to ask. I can`t complain, I get everything I need."

Relatives we spoke with gave us similar responses. One relative told us: "The carers all seem well trained and know what people want but I`m not really involved in my [relative's] care, I leave it to the staff they know what they are doing." One point raised by a number of people we spoke with was that the writing on the staff name badges was so small that they did not always know staff's names.

Care staff were able to describe how people's consent to care and support was obtained. Examples of this included asking people's permission before supporting them with tasks. The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. The manager told us they had been provided with training on the Mental Capacity Act 2005. They advised us that they had submitted an application for assessment of a person in relation to the Deprivation of Liberty Safeguard (DoLS). [DoLS] is a part of the Mental Capacity Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The manager was the only staff member who had the knowledge and training to apply for a DoLS authorisation. They told us that training had been arranged for senior staff to undertake mental capacity and DoLS training.

People's care plans included a section about their mental health but we saw little reference to people's mental capacity as part of their assessment of needs or care plan. We saw in people's care records that a number of 'advanced decisions' had been made by people who lived at the home. This is good practice because it means that people have been consulted with about their future care needs. We found that where people required bed rails there had been a risk assessment carried out as to their use and the risk assessments made reference to whether or not people had provided consent to the use of bed rails.

However, we found that signed consent had not been attained from people who lived at the home. The use of bedrails can be viewed as a form of restraint if appropriate safeguards are not in place to attain consent for their use.

We recommend that the service review the current arrangements for assessing people's capacity to ensure they are in line with the general code of practice for the Mental capacity Act 2005 covering decision-making, and with the supplementary code of practice on the Deprivation of Liberty Safeguards.

The home was fully accessible and aids and adaptations were in place to meet people's needs and promote their independence. The premises were well maintained, however, there were a number of areas which needed to be improved upon for the benefit of the people who lived at the home. Many of the people who lived at the home had dementia care needs. However, the environment was not effectively designed to support people with dementia care needs. For example, the walls and doors on corridors were painted the same magnolia or white colour. There were few signs to assist people with orientation of the building and in some areas there was no signage to assist people to identify their bedrooms. The home had large, well maintained grounds but many of the people who lived at the home were not able to access these unless they were accompanied by family members. One person told us "I can go outside but I have to have someone with me and there's no one to take me." Another person said "I'm not able to go out on my own, my family take me." The manager said that they were aware of the current limitation of the home environment and the fact that it was not effective to meet the needs of people living with dementia. The manager had drawn up a five year action plan to make improvements to the service.

We recommend that the service consider current guidance on how to provide an effective environment for people who have dementia care needs.

We saw that people's care plans and associated records clearly detailed the care, support and treatment that people had been provided with. The provider was therefore able to clearly demonstrate that people were provided with good and effective care and support which met their needs. People told us staff contacted their GP straight away if they

Requires improvement

Is the service effective?

were feeling unwell. People's comments included: "I had a chest infection a little while ago and they got they doctor in right away" and "Many times I say no to them getting the doctor out. But they have to ring them sometimes."

Staff told us they felt well supported and sufficiently trained and experienced to meet people's needs and to carry out their roles and responsibilities. We viewed a sample of staff files. These included staff training records and training certificates. This information showed us that staff had been provided with training in a range of relevant topics including moving and handling, first aid and administering medication. Some of the training was out of date but the manager told us they had booked staff onto the required training throughout June and July to ensure they were up to date. The manager had also booked training for staff in supporting people who have dementia care needs and they told us this would be followed up with training on how to support people to be involved in meaningful activities.

The turnover of staff was low. The newest member of staff started working at the home in August 2014. New staff had undergone an induction programme and the manager was aware of the newly introduced Care Certificate requirements.

We saw that staff supervision and appraisal meetings had only been carried out sporadically. The manager had introduced a new schedule for this and this had been commenced. The manager told us that people who lived at the home and their relatives nominated staff for 'Staff of the month' which was linked to how they demonstrated the core values of the home.

People had the equipment they needed to help them be independent however we saw that equipment was not personalised. We saw people using equipment such as zimmer frames and wheelchairs that belonged to other people who had lived at or were living at the home. One person told us: "Yes I have a Zimmer frame but it isn't mine I was given it when arrived. That walking stick over there does not belong to me either."

People who lived at the home had a care plan which included information about their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. People's likes, dislikes and preferences for food and meals were documented in their care plan and during discussions with staff it was evident that they were aware of these. People had a regular check on their weight and if anybody experienced weight loss or became nutritionally compromised then a referral was made to a dietician for advice and support.

People who lived at the home gave us mixed feedback about the meals provided. People's comments included: "The food is first class and there is always a choice", "I think the food is fine, you get plenty of it and if you don`t like something you just say and they will do something else for you", "It's a bit repetitive", "The foods OK, I get enough to eat and drink", "They do the best they can they have to please everybody" and "I don't think the food is very good it is poor quality. I never know what I am having I just wait till I get into the dining room to find out what's coming." A number of people commented that they would like to have more fresh fruit available to them. During the mid-afternoon we saw tea and home-made cream cakes were being served. People told us this happened every day. We saw that people were provided with hot and cold drinks on a regular basis throughout the day and jugs of water were available in people's rooms and in communal areas.

The cook advised that they were aware of people's dietary needs, they showed us a record to support this and they told us how they accommodated people's needs. People we spoke with told us they did not see the menu and they were not asked in advance to provide a choice of meals. We saw the lunch menu was written on a notice board in the dining room. A survey had been devised by the head cook to establish what people thought about the food provided. Staff members and the manager told us a choice of food was given but this was not observed by a member of the inspection team who joined people for lunch. We also saw that people were served soup at a high temperature without any warning from staff.

Good

Is the service caring?

Our findings

We asked people who lived at the home if they felt the service was caring. People gave us very positive feedback. Their comments included: "I am looked after very well. Whatever I ask they will do it", "The staff here are all very good especially [staff member] she is my favourite. "They are very polite, very friendly", "You could not get better care anywhere. I don`t think so anyway: there`s always someone there for you if you need them", "The staff, well they are all lovely", "They treat you very well indeed."

People who lived at the home told us that care workers were polite and respectful and that they protected their privacy and dignity. One person said "They always knock on the door before coming in and when I need changing they will do that for me or wait with me until I have managed to do it." People told us they had not been asked if they preferred a male or female carer. One person said "There is a male carer on at night sometimes if I need help and he comes and I ask him to get the lady carer for me. This request is always respected."

Relatives also gave us good feedback with comments such as: "I think the most important thing is kindness", "Yes, they show extreme patience", "I think the care delivered is fantastic", "The care staff are so kind and caring they're aware of everything, [relative] has blossomed since they have been here", "I come in most days and even weekends and at different times. There has never been a problem I`ve even had meals here", "I`ve got no worries here I am in here all the time but when I go home I know she is safe and well looked after", "You can go to the staff about anything and they listen to you", "They're very caring, it's a nice place to be" and "I would say it is really person centred. My [relative] spends a lot of time in their room and they have even put a small fridge in for them with drinks in. Staff are in and out to make sure they have regular drinks, it's great."

We asked relatives if they felt listened to and whether or not staff acted on their views. Their comments included: "Definitely, they involve me in decisions, everything they ask me for is for his good" and "When we've spoken to them and they've been very helpful."

Visitors told us they were always made welcome when visiting the home. People told us they could have visitors at any time. One relative told us "It's an open door policy." Another relative said "They always say this is his home."

Relatives told us they were always offered a drink and something to eat. Visitors could visit their friends/ relatives in private or join the other residents in the communal rooms.

We observed the care provided by staff in order to try to understand people's experiences of care and to help us make judgements about this aspect of the service. We saw that staff were warm and respectful in their interactions with people. We watched a senior carer dispensing medication to a person. The carer knelt down beside them and explained what the tablets were for; they got the person some water and stayed with them until they had safely taken all their tablets. The carer performed this task in a very unhurried manner.

Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people's privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people's permission and by explaining the care they were providing.

People's care plans were individualised and included details about their preferences and choices. We found that other records, such as daily reports, were written in a way that indicated that people's individual needs and choices were respected.

Staff knew the needs of the people who lived at the home well. During discussions with staff they were able to describe people's individual needs, wishes and choices and how they accommodated these when supporting people. People told us staff respected and supported their independence. One person told us: "I try to be independent; I try to get washed and dressed every day."

We saw that people had been supported appropriately with their personal appearance. One person told us "Oh yes they are very particular about that. I have clean clothes every day."

The atmosphere in the home was relaxed and friendly. People told us they were comfortable and we saw people were supported to move around the home independently with the use of aids. This promoted people's independence and self-direction.

Good

Is the service responsive?

Our findings

The service worked well with other agencies to make sure people received the care and support they needed. People who lived at the home and their relatives gave us good feedback about how staff responded to their needs. One person told us: "There is always someone around to talk to so if you had a problem you could just ask them and they would see to it for you."

An assessment of needs was carried out before people moved into the home to ensure people's needs could be met appropriately by the service. We viewed the care plans for four people who lived at the home. We found care plans were individualised, they detailed people's support needs and provided guidance for staff on how to meet people's needs. People's care plans had been reviewed on a monthly basis and more frequently if their needs changed. One person had recently been discharged back to the home following a hospital admission. Appropriate transitional paperwork had been completed and a staff member was updating and reviewing the person's care plan accordingly. Before the person returned to the care home, the manager went to the hospital to re-assess their needs to ensure their needs could still be met at the home.

Risks to people's safety and welfare had been assessed as part of their care plan. Guidance on how to manage identified risks was included in the information about how to support people. People's care plans include information about their preferences and choices and about how they wanted their care and support to be provided.

We found that staff responded appropriately to changes in people's needs and referred to health and social care professionals for support and advice when required. We saw in records that staff regularly referred to a range of health care professionals for specialist advice and support to ensure people's needs were appropriately met. For example, people had been referred for nutritional advice and support if they started to experience weight loss. We saw evidence that people had been supported to attend routine appointments with a range of health care professionals such as their GP, district nurse, chiropodist and optician.

We spoke with the activities co-ordinator. They told us they held monthly meetings with people who lived at the home and we saw the minutes of these. There were however no meetings arranged for relatives to attend. People who lived at the home could attend a daily morning mass on the premises or could receive Holy Communion daily. The activities co-ordinator told us about a recent trip to a local event. They told us this was the only recent outing of this type. People who lived at the home had the opportunity to attend a weekly lunch group in the local community and a group of school boys from the local school called in and chat to people who lived at the home every week. Other activities included: a quiz, bingo, movie afternoon, chair exercises, singing, a 'news and booze' afternoon and a 'cake and coffee' afternoon. Despite the fact that there were a number of activities scheduled through the week people who lived at the home told us did not feel there was much opportunity for them to be involved in activities. People's comments included: "There's not much going on, a bit of Bingo. We never go on trips and outings from here", "We could do with a bit more to do, especially at weekends, it gets very quiet, you can get a bit fed up to be honest." A relative also commented: "You don`t see much going on here which is sad really. The lovely gardens they have here people would love to be out there, potting plants or just sitting out, but it does not happen."

The manager told us they were accessing training from a local community mental health nurse and one of the sessions coming up was for meaningful activities. They also told us they had a new deputy manager starting at the home who was experience in supporting people with dementia care needs and that they would be working more closely with the activities coordinator to improve and develop activities within the home and get people out and about in the community more.

We saw that people had been given the opportunity to complete a survey about the quality of the service they received. The survey involved asking people to score the home against a number of indicators relating to matters such as: the quality of the accommodation, the standards of care provided, the catering service and meals, domestic services, activities, customer care. We saw the scores people had given and some of the comments they had made. People gave high scores which indicated positive experiences and people's comments were very complimentary about staff.

The provider had a complaints procedure which was appropriately detailed and included timescales for responding to complaints. Information about how to make

Good

Is the service responsive?

a complaint was available on a notice board. People who lived at the home told us if they had any concerns they would be happy to raise them with staff or the manager. They told us the manager was approachable and if they had any problems they wouldn't hesitate to let them know. The manager told us there had been no complaints received for a long period of time. However, during our discussions with people who lived at the home two people told us they thought they had made a complaint but they had not had any resolution from this. We spoke with the manager about this. They told us they did not know of any complaints made and would look into the matters concerned. Following the inspection the manager confirmed they had looked into the complaints raised.

Good

Is the service well-led?

Our findings

Systems were in place to regularly check on the quality of the service, to ensure improvements were made and to protect people's welfare and safety.

People who lived at the home told us they were happy with the overall quality of the service and they told us they felt able to tell somebody if they were not. People's comments included: "Everybody is really approachable from the manager to the person who does the breakfast", "Things just seem to tick along nicely. The carers are around if you need them so if you need anything you just ask", "I am not sure who the manager is because you see so many people on different days but they are all good to us", "It`s a wonderful place and the staff are so helpful and look after us all so well. I could not say a thing against it" and "I've no complaints, I'm well looked after."

A relative told us "If I thought something was not right or could be improved then I would question it and yes, we do get listened to. The manager`s door is always open." Another relative said "People always talk to me when I come in and if I have any questions they answer them. I can`t say I have been to any meetings or filled surveys in but in general I am happy with everything"

A number of checks/audits were carried out by the manager of the home. These included checks on matters such as; accidents and incidents, food hygiene, food safety, medicines management. The manager also had an overview of staff training and supervision. An electronic data base also provided the manager with an overview of people's weights and changes in their assessments for pressure area prevention. The system also produced a record of all staff training and personnel documentation including when dates for renewal of documents was due.

The provider also carried out checks on the service on a regular basis. These included seeking people's feedback about the home and carrying out checks on areas such as; the quality of food, care records and the home environment. The checks identified shortfalls and actions that needed to be taken.

Many of the staff we spoke with had worked at the home for many years. Staff told us team work was good and they supported each other when this was required. Staff told us supervisions and staff meetings were not held regularly but it was `getting better`.

Staff told us they felt there was an open culture within the home and that they would not hesitate to raise any concerns. The manager was described as 'approachable' and people who we spoke with felt the manager would take action if they raised any concerns.

The home had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to do so. Staff told us the whistle blowing policy was the 'policy of the month' for June.

We viewed accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accident and incident reports were monitored to identify trends and ensure appropriate actions had been taken.

At the time of our inspection visit the manager was not registered with the Care Quality Commission but they told us they had submitted an application for this. A number of weeks following the inspection they became registered as the manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Premises used by the service provider must be appropriately safe, secure and suitable for the purpose for which they are being used.