Kitnocks Specialist Care Limited

South Africa Lodge

Inspection report

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Date of inspection visit:
22 May 2017
23 May 2017

Date of publication:
21 June 2017

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 the 22 and 23 May 2017 and was unannounced.

South Africa Lodge provides accommodation and nursing care for up to 94 older people. At the time of our inspection there were 75 people living at the home. People living at the home have high complex support needs in relation to their diagnosis of dementia, mental health conditions, learning disabilities and physical disabilities. The home is separated into six lodges that have dedicated staff teams.

Bedrooms are single occupancy with en-suite facilities and each lodge has communal areas. There is a well maintained and secure garden area to the rear of the building that is regularly used by people with support from staff. There is also a large bird aviary in the courtyard area that is overlooked by the main lounge.

The service had a registered manager. 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.

Individual care records were stored electronically and staff had access to update records accordingly.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding concerns were raised with other agencies.

People who were able to talk with us and relatives said they felt safe in the home and if they had any concerns they were confident these would be quickly addressed by the staff or registered manager

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were able to tell of the strategies' in place to keep people safe.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe and effective recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection applications had been submitted by the

managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The registered manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People were involved in their care planning, and staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

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. The provider had systems in place to manage risks. Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Systems and procedures for supporting people with their medicines were followed. People received their medicines safely and as prescribed.

Robust recruitment procedures ensured that only suitable staff were employed. There were enough staff deployed to provide care and support to people in a safe way and when they needed it.

Is the service effective?

Good

The service was effective. Staff were trained and supported to meet the needs of the people living at South Africa Lodge.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring. Staff cared for people in a relaxed, warm and friendly manner.

Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. People's individual assessments and care plans were reviewed with their participation or their representatives' involvement regularly.

Care plans had been updated to reflect any changes to ensure continuity of their care and support.

People and relatives told us that the service they received was flexible and based on the care and support they wanted.

Is the service well-led?

Good

The service was well led. Staff, people and relatives told us the registered manager had created a warm, supportive and non-judgemental environment in which people had clearly thrived.

Staff interacted with people positively, displaying understanding, kindness and sensitivity.

There were effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the service and there was continual oversight by the provider

South Africa Lodge

Detailed findings

Background to this inspection

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

This inspection took place on the 22 and 23 May 2017 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist nurse advisor and two experts-by-experience who are people who have personal experience of using or caring for someone who use this type of care service, in this case older people and people living with dementia.

During our inspection we spoke with the providers Chief Operating Officer who was also the registered manager, the service manager and deputy manager. We spoke with six nursing staff, six members of care staff the chef and the providers Quality Project Officer. We also spoke with 16 people living at the home and six visiting relatives.

Following our inspection we spoke with a further six relatives by telephone. We also contacted four health and social care professional to seek their feedback on the delivery of care at South Africa Lodge.

We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures. We also pathway tracked the care records for four people. This is when we follow a person's experience through the service and get their views on the care they receive. This allows us to gather and evaluate detailed information about the quality of care.

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

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

This was South Africa Lodge's first inspection under the provider name of Kitnocks Specialist Care Limited.

Good

Is the service safe?

Our findings

People who were able to talk with us told us they felt safe living at South Africa Lodge. One person said, "Yes, I feel safe because of the people around me. Staff are always here. They never hurt me". Another person told us, "I am very safe here. The staff look after me well and make sure I'm never in any danger. I like that". A third person added, "I like it here because if I'm ever upset staff will talk to me. When I lived at home alone I had no friends, here I have loads". A relative told us, "He has an alarm mat and a crash mat because he falls over sometimes. They can't stop it entirely but they make sure he is as safe as he can be by checking him regularly". A second relative told us, "Yes, it's safe. Her room was even arranged like it was in her previous placement".

There was a relaxed, friendly atmosphere in the home and a positive relationship between staff and the people they supported. The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. The registered manager told us any concerns or safeguarding incidents were always reported to the local authority and to the Care Quality Commission (CQC).

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the CQC if they felt there concerns had been ignored. Comments from staff included, "I would report any issue I was concerned about, no matter how small" and "I know how to report safeguarding and am confident in doing so".

People's risks were identified and managed through individual risk assessments. Staff demonstrated a good understanding of the risk management strategies in place to prevent and/or minimise any identified risks for people. Where risk had been identified assessments had been undertaken together with people, their relatives and care managers. The relatives we spoke with confirmed this and they told us they were invited to care plan reviews where people's needs, risk assessments and care plans were discussed with them. A health and social care professional told us, "South Africa Lodge have managed risks effectively around these individuals we have placed there while ensuring that service users choices and wishes are respected within appropriate legal frameworks; especially regarding refusal of care. They are also able to seek advice from other professionals when required".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any

criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

There were enough skilled staff deployed to support people and meet their needs. During the day staff provided care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. Staff provided care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs. However we received mixed feedback from people regarding the numbers of staff on duty. One person said, "When they go for their break, it can get a bit tight". Another commented, "Definitely not. We really need four carers and not three". Other comments included, "There's enough staff to look after me. Staff come quickly too" and "There are always staff about to help you".

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in medicine cabinets that were secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by senior nursing staff and the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

There was a business continuity plan in place that had been reviewed in September 2016 that advised staff on the action to take in the event of emergency situations such as staff emergencies, flood, fire or loss of services. This also included information about evacuating the premises, and important telephone numbers. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the premises in an emergency.

Good

Is the service effective?

Our findings

People and relatives we spoke with were complimentary about the service and they said they were happy with the support they received. One person said, "The staff are really caring, they are good to me". Another person said, "I don't have any complaints, the staff are helpful and look after me well. I like living here". One relative said, "I have been impressed with the staff with the level of care they provide for [person]". A health care professional told us, "As far as I am aware the care workers deliver effective care. Regarding the people I have placed at South Africa Lodge, they have worked with some difficult and complex needs. The nursing and management staff have a good knowledge of the Mental Capacity Act which has been very important regarding the care and support of mental health service users. The home is one of the placements I consider when I have people with complex physical and mental health needs".

Staff always considered people's mental capacity to make specific decisions. Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used to The Mental Capacity Act (MCA 2005) to ensure their legal rights were protected. The Act 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. We saw minutes of best interests meetings and assessments carried out by independent mental capacity advocates (IMCAs) for people that evidenced this. A health care professional told us, "I consider the service effective in supporting people to achieve their personalised goals and incorporate unwise decisions within care planning".

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. At the time of our inspection 34 people living at the home were subject to a DoLS which had been authorised by supervisory body (local authority) The home was complying with the conditions applied to the authorisation. The home had submitted a number of further applications which had yet to be authorised by the local authority. The manager knew when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that

health and social care workers adhere to in their daily working life.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff in dementia awareness and diabetes. Staff told us that they received regular training. It was provided through training packages, external trainers and in-house, which included an assessment of staff's competency in each area. One member of the nursing staff told us, "I have lots of training, face to face and e-learning". Another told us, "I identified that I would like to complete the company's management training. I spoke with the registered manager about it and I have been booked onto this in July. This incorporates being able to take on a supervisory role with care staff and I'm looking forward to it". Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority.

People were supported to have a healthy and balanced diet. The chef told us they took into account people's nutritional or special needs and preferences. The chef said, "We always try to accommodate people's wishes as well as trying to ensure they have a varied and nutritious diet". For example, for people who required a soft or pureed diet, food once processed was put into moulds to replicate the food people had asked for. The chef added, "Pureed food can look somewhat bland when it is presented so we try to make it look as good as possible to encourage people to eat. We talk to people about what they would like to eat and do everything we can to meet people's wishes".

Staff told us some people had special dietary requirements and diet plans had been drawn up together with the dietician and doctor to ensure their needs were met. People told us they enjoyed the food and felt it was well prepared and presented. One person said, "I like the food here and I enjoy my meals. If I don't like what's on the main menu I can choose something else". Another person added, "Yes the food is ok. Lots of it and very tasty". Two relatives said their family members enjoyed the meals provided for them. One told us, "On occasions we have visited and been offered a lunch, the same as our [person] and it was good food". Staff sat with people who required support to eat and let them eat at their own pace. Some people talked to each other and others preferred to eat quietly. The provider had recognised that the lunchtime experience could be improved for people and were in the process of undertaking a 'Quality Improvement Programme'. The Quality project officer told us, "This will include questionnaires to residents, families and staff and implementing an advocacy team to work with residents to ensure impartial feedback. We will also be holding some 'food tasting' events to help us in this project. Whilst food is of a good standard we recognise the experience needs to be improved and we will be working with people to achieve that".

People were supported to maintain good health and had appropriate access to healthcare services. Care plans confirmed that people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans. All contacts people had with health care professionals such as dentists, chiropodists and care managers were recorded in their health action plans. Each person had a hospital passport that went with them if they had to go to hospital. It contained all the necessary information about the person to inform health professionals about their needs.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring and looked after them well. One person said, "I like living here the people and staff are lovely". Another said, "The staff are so nice to me its lovely here. I really love living here, it's my home. I wouldn't want to be anywhere else". We spoke with one person resting in their room who said, "I like my own company so I don't mix much. The girls are very good to me they pop in several times to make sure I'm ok". Other comments included, "She's got happier and happier here', 'Staff always seem very kind and patient' and 'He is so well looked after. He doesn't ask to come home any more'. A relative told us, "I have no concerns at all about the care my relative receives. The staff are very caring and attentive. I would have no hesitation in recommending this home to anyone". Another relative said, "She's always nice and clean. They always seem very kind and patient". One health care professional told us, "The home are very caring about the service users and have worked hard to accommodate some difficult personalities within the mix and to maintain those placements". Another health care professional told us, "There are many people with high support needs and they always appear well kempt, happy and supported".

The service had received many compliments from people and relatives. For example, "Thank you all for the care and attention you showed [person]. His short time with you were happy times as he was in a caring and kind environment", "Thank you for your kindness, dedication and love shown to [person]. We know that he received fantastic care and for that we are truly grateful" "A very sincere thank you to all the staff for your wonderful care. My dad was very happy in his final home".

Staff cared for people in a relaxed, warm and friendly manner. We saw that non care staff who worked in the home such as kitchen, laundry and maintenance staff took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There
was a lot of laughter and we noted that staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff supported people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves. A relative said: "I think most of the staff here are absolute angels. It is a very busy place but staff will always find a few minutes to chat with [person]".

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. Staff covered people with blankets

when necessary to preserve their dignity. People were assisted with their personal care needs in a way that respected their dignity.

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included a 'life diary' which documented people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

People were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "We are very closely involved so we get plenty of notice if anything is going to change". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes. The registered manager told us, "We have established good links with a local hospice for training and we are going to have end of life champions and clinical leads. We will be starting the gold standards framework soon". There were no people receiving end of life care at the time of the inspection but the home was fully equipped to support people effective by working in partnership with the local hospice.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. "One person told us, "The home is really good and so much better than where I was before". Another told us, "Nothing is too much trouble. The girls try to do what I want. They take me out most days, I like that". A relative told us, "The home responds well to [persons] needs. I did worry at first when they came to live here about how it would all work out but the home has been very good, I can't fault them". One health and social care professional told us, "I consider the service moderately responsive, there have been occasions where it has been difficult to communicate to in house staff and management, however following the recent recruitment this has improved".

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. For example, when people's medicines or health needs had changed. One relative told us, "The home reviews the care plans regularly and we are always invited and updated on how [person] is doing". Another relative told us how their family member's general wellbeing had improved since they had moved to the home because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs". One person who had a specific illness and was subject to DoLS received appropriate care and support to meet their social and emotional needs. Their care plan documented the times of day when it was safe to support the person in the community. Their care plan documented the risks associated with the person's illness and provided detailed information which helped staff to know what to do in the event of any behaviour that may challenge. The person said, "I go to the pub with the girls, they are a great bunch".

Care plans were person centred and contained guidance about people's personal preferences for how they liked to be supported. For example, one care plan explained how the person liked to be assisted in the community. Another care plan explained how to support a person who needed to be prompted with personal care. Care plans were stored electronically and staff were able to access peoples care records immediately using lap top computers without the need to visit the office and update them as things happened. This ensured that peoples care records were up to date and 'live'.

The deputy managers chaired daily meetings at 10am involving the heads of departments and nursing and care staff. The meetings were designed to discuss and communicate any concerns that had arisen during the previous 24 hours and to talk about any impending issues into the next 24 hours. Staff told us they found this a good way to communicate 'what was going on in the home' and enabled them to keep up to date with the day to day running of the home and people's changing needs. In addition to this meeting there were handovers between staff throughout the day and night to make sure that important information about people's well-being and care needs were handed over to all the staff coming on duty.

Staff treated people with respect and took time to ensure their dignity, privacy, choice and independence when providing care for them. This included supporting people to make choices, such as what to eat or drink or how and where to spend their time. Staff encouraged and supported people to move independently where possible. For example, they made sure where people who needed equipment, such as walking frames

or wheelchairs to help them to move independently these were placed within their easy reach. This showed that staff were caring, respectful and promoted people's rights when they provided care.

During our inspection one person became very distressed. We observed one member of staff sit down next to them. The member of staff reassured the person and used distraction techniques to calm them down. For example they spoke about the fish in the aquarium that was in the lounge. This took about 10 minutes to achieve. They made sure the person was calm before they moved on. After a few minutes a different member of staff came into the lounge area and the same person became very distressed again. This member of staff distracted her by asking if she would like to go for a walk to which the person agreed. As they were walking the member of staff was talking with them and reassuring them. When they returned to the lounge the person was much calmer. A third member of staff came into the lounge and the person again became very distressed and once again the member of staff took the person to a more private area of the lounge and sat down with them and engaged in conversation. All three members of staff were patient, courteous and used different techniques to support and reassure the person. The persons care plan stated, 'If [person] becomes distressed or upset staff are to engage with them, support them and use distraction techniques such as a walk in the garden to de-escalate the situation'. This showed that staff were caring, respectful, patient and had a good understanding of the persons social care needs.

People and relatives told us that the service they received was flexible and based on the care and support they wanted. One relative said: "I am pretty much always here so I know they do a good job. They look after [person] well and they do everything they need to do to make sure she is looked after well".

People took part in various activities which were arranged daily. On the first day of our inspection several people were being supported to access the community and the grounds and gardens of the home however we did not see any constructive or themed activities taking place in the home during the morning which would reduce social isolation. We spoke to the registered manager who told us, "We have five activities co-ordinators usually however today we are a bit short. We have one person on leave, one on compassionate leave and one who has gone to hospital with a facial injury. This is not normal". People, relatives and staff confirmed that activities were generally part of everyday life at the home and that this situation was a one off.

Activities were planned in advance however as people's needs changed there was a need for flexibility and activities changed accordingly. Activities included, art and craft, pamper sessions, exercise, and music and movement. There were also weekly visiting entertainers and visits from a local pony sanctuary. One person told us, "There is a list on the wall of what we are doing but if we fancy something different we change it". Another person said, "Sometimes I just like to sit in and watch the wildlife. If the weather is warm though the staff take me out in the garden". One person showed us photographs of a dinner/dance evening they were supported to attend. The photographs showed they were assisted to dress formally for the evening; they had their hair styled for the event and photographs showed them enjoying themselves. They told us, "We had a great time and we felt really good".

The provider kept a complaints record. Some people living at the home were unsure how to make a complaint due to their level of understanding, however relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated and by the registered manager. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. One relative said: "I don't need to complain about anything, I have trust they

are doing this right".

Good

Is the service well-led?

Our findings

The providers Chief Operating Officer was at the time of our inspection also the registered manager. A new manager had been appointed and was in-situ on the day of our inspection. The registered manager told us, "We have appointed a new manager to lead the service and I will be working alongside her for the foreseeable future to ensure a seamless transition. There was a bullying culture from top to bottom. The home had been through so many managers. I though the best thing was for me to come in and manage it until we stabilised it. It's in a much better place now we have done so much work". A member of staff told us, "It's much better here now. More stable and more open. Our new manager is very open and approachable and I think this has brought the staff together, so yes I'm very confident going forward".

A health care professional told us, "I believe the in house management team works effectively together and with other professionals, particularly the recent additions to the in house management team. I believe their knowledge and experience has supported an increased level of good practice in the home. I consider the in house staff and management to be caring and good leaders (well led), however I have felt that there has been an overt focus on business and image of the company by more senior management within the organisation which can hinder their transparency". Another health care professional told us, "Communication to Out-patients Mental Health (OPMH) is excellent. They are warm and welcoming. They are always prepared for the patient reviews and highly accommodating".

People staff and relatives also told us the home was well-led. One person told us, "She (the manager) does a wonderful job". A relative told us, "The home is well run and [person] was very happy at the home". They went on to say they would recommend the home to others. Another relative told us how the service had a good reputation in the area and said, "I came to look around and liked what I saw. My relative has never been happier". A member of staff said, "I wouldn't want to work anywhere else". Another member of staff said, "I can go to my manager with any issues and she is always approachable, she is really passionate about what he does which helps drive the other staff too".

There were effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the service and there was continual oversight by the provider. These had assessed areas such as the cleanliness and safety of the environment, the accuracy of people's care records, falls prevention, people's nutritional needs and the management of people's medicines. Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.

The provider had recently implemented quality improvement strategies to ensure that reporting and findings from audits were actioned. For example, MUST and Waterlow audits were cross-referenced with food and fluid charts, weight charts and monitoring charts to ensure that any identified risks were fed back to managerial teams and disseminated to lead staff for any further action through daily meetings and handovers. Information was used as pre-triggers and where necessary specialist advice and input was sought from health care professionals to achieve the best possible outcomes for people.

Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

Staff told us communication within the team had improved greatly in the last year and they worked well together. Staff, people and relatives told us the registered manager had created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was 'very good'. The registered manager was supported by the organisation that carried out an extensive programme of quality assurance audits. Records showed that the provider's representative visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

Residents and relatives meetings were held regularly to gather their feedback about the service however these were not well attended. The deputy manager told us, "We try to involve and invite everyone but some people don't want to attend". We looked at the minutes of the last two meetings in March and April 2017. Topics discussed for example were, food menu's, cooked breakfasts, outings and activities. One person told us, "We have these meetings which are really good. The manager is very approachable and their door is always open. Another person told us, "I really enjoy the meetings, they are light hearted but everything is taken seriously and documented". Some people who did not attend meetings chose to speak with staff 'privately' outside of the meeting. The deputy manager added, "Whilst we try to have structured and inclusive meetings some people do find it difficult to engage and this can lead to them becoming frustrated. The management team have an open door policy and will always make time for people if they want to use this avenue to discuss the service or anything they feel they want to bring to our attention".