Stocks Hall Care Homes Limited

Stocks Hall Care Home - St Helens

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 7 April 2016 and was unannounced.

We last inspected the service in December 2013. At that inspection we found the service was meeting all the legal requirements which were assessed at the time.

Stocks Hall Care Home St Helens provides accommodation for up to 54 adults who need assistance with personal or nursing care. Both younger and older people were accommodated at the service whose needs included physical, psychological, communication and emotional support . In addition a number of people using the service were living with dementia. The service is situated in a residential area of St Helens with a range of amenities close by. St Helen's town centre is within easy reach and there are local bus and train links to nearby cities. The service has its own mini bus with wheelchair access. All bedrooms have en-suite facilities. Lounge and dining areas are located on each of the four units.

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.

The registered manager provided excellent leadership and promoted a person centred approach within the service.

People described the care they received as excellent. Family members told us that they felt their relatives were looked after extremely well and that they felt very included in their relative's life. We found outstanding aspects in relation to how the service promotes and supports the inclusion of people's family into their lives.

Interactions between people, their family members and the staff team were excellent. It was very evident that positive relationships had been formed and staff had got to know the likes, dislikes and lifestyle preferences of people.

People were able to engage in a number of varied activities both within the service and in the local community which promoted both physical and mental stimulation.

Good systems were in place to minimise people from harm. Appropriate policies and procedures were in place to safeguard people from abuse and staff were knowledgeable on how to manage any safeguarding concerns they became aware of.

Sufficient suitably qualified and experienced staff were on duty to meet people's needs. Staff received the required training and support to carry out their role safely.

Care plans were in place that detailed people's needs and wishes which enabled staff to deliver good care and support in a manner that people wished. People were supported in a very positive manner by the staff team who promoted peoples' individual rights and lifestyle choices. When required, people rights were maintained and respected under the Mental Health Act 2005.

People had access to community health care professionals when needed to manage their physical and mental health needs.

People's nutritional needs were assessed and planned for. People were very happy with the quality and quantity of food available to them and they had a choice of where they ate their meals.

Extensive Information was available to people and their family members as to what facilities and services were available within the service and the registered provider had a clear philosophy of care and set values which were recognised and followed by the registered manager and staff team.

People's views on the service were sought on a regular basis and when an improvement was identified it was acted upon quickly.

Staff worked hard to ensure that people who used the service were involved in the decision making whenever possible.

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.

Medicines were managed in a manner that helped ensure people received their medicines when they needed them.

People were protected from the risk of abuse and staff had a good understanding of how to deliver care safely.

Staff were safely recruited, which helped ensure that only staff suitable for the role were employed at the service.

Is the service effective?

Good

The service was effective.

People's nutritional needs and wishes were assessed and planned for. People enjoyed the foods available to them.

People's rights were maintained under the Mental Capacity Act 2005.

People received care and support from staff who had received appropriate training and supervision for their role.

Is the service caring?

Good

The service was very caring.

People said they received excellent care from staff who they described as very caring.

People's privacy and dignity were respected by a staff team who were committed to delivering person centred care.

Systems were in place which ensured people received the best possible care and support as they approached their end of life.

Is the service responsive?

Good

The service was responsive.

People's needs were planned for and reviewed on a regular basis.

People knew how to complain and felt that any complaints they made would be listened to.

Meaningful activities were available for people to participate in both within the service and the local community.

Is the service well-led?

Good

The service was very well-led.

The service was well led by a person who provided strong and clear leadership to the staff team.

The staff team demonstrated energy and commitment to delivering a person centred approach for each person who used the service.

The quality of the service people received was monitored on a regular basis and improvements were made quickly to further enhance people's quality of life.

The service had formed good links with the local community which promoted inclusion for people.

Stocks Hall Care Home - St Helens

Detailed findings

Background to this inspection

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

This inspection took place on 7 April 2016 and was unannounced. The inspection team was made up of two adult social care inspectors.

We reviewed the information we held about the service prior to our inspection. This included notifications we had received from the registered provider which they are legally obliged to send us following significant events and incidents which occur at the service.

During the inspection we spoke with 15 people who used the service and spent time with a further seven people during lunchtime and five family members. A number of people who used the service utilised alternative forms of communication to tell us and indicate their thoughts about the service. For example, by pointing to symbols, gesture, the use of facial expression and computer. We spoke with 15 staff including the registered manager, nurses, care staff, cook and kitchen assistant, holistic therapist, activities co-ordinator and driver.

We reviewed the service's policies and procedures, the care plans of five people, the recruitment files of four staff and other records relating to the management of the service. These records related to medicines, staff training and supervision, accidents and quality monitoring systems.

We spoke with the Local Authority who commissions the service and they told us that they had no current concerns around the service provided to people living at Stocks Hall Care Home St Helens. Healthwatch St

Helens had carried out a visit to the service In May 2015, no recommendations were made following this visit.

Before our inspection the registered manager had sent us a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, including what the service does well and any improvements they plan to make. The PIR contained detailed information about the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. Their comments included, "Very safe indeed" "Couldn't feel any safer" and "I'm not worried about a single thing. I am safe here and very happy". Family members told us they had no concerns about their relative's safety. Their comments included, "[name] is safer than safe here" and "Very safe I can say that without a shadow of doubt".

Safeguarding policies and procedures were held on each of the units for staff to refer to. In addition, an easy read flow chart describing the reporting process was displayed on notice board in offices on each of the units and in other staff areas. Staff told us they had completed safeguarding training annually and records confirmed this. They were knowledgeable about the procedure they were required to follow if they witnessed or suspected abuse and they said they would report any incidents without hesitation. Their comments included; "I wouldn't even think about it. We are here to protect the people we care for", "Without a doubt". "If I saw abuse I would remove the alleged abuser to make sure people are safe" and "If somebody told me they'd been hurt I would reassure them and report it as soon as possible". Staff gave examples of the different types of abuse and the signs which indicate that someone may have been abused, including a change in a person's mood or behaviour and unexplained marks on their body. Senior staff knew their responsibilities for raising any allegations of abuse or suspected abuse with the appropriate agency including the police and the relevant local authority safeguarding team.

There were sufficient amounts of staff on duty to meet people's needs. Each unit was separately staffed. Staff told us that they generally worked on the same unit which they felt was important for people as it provided them with consistency and helped them form trusting relationships with staff. Staffing rotas were planned in advance and where possible any absences were covered by regular staff. Agency staff were called upon when needed to maintain safe staffing levels. When calling upon agency staff, every effort was made to recruit those that had worked at the service previously as they knew people's needs and the lay out of the building. People who used the service and family members told us they had no concerns about the staffing levels. Their comments included; "There's plenty [staff] around all the time", "If I need them [staff] they are there in a flash" and "I have never had to search for staff because there is always someone at hand". A number of people were being cared for in bed and staff carried out regular checks on them. People in their rooms had access to a call bell to alert staff if they needed assistance.

Risks assessments were in place to help ensure that identified risks to people were minimised. For example, people's care plans considered risk relating to falls, the use of bedrails and skin pressure areas. These assessments were reviewed on a regular basis and updated as and when required to ensure that any changes to people's needs in relation to risks were planned for.

A system was in place to record, review and monitor any accidents or incidents experienced by people. All records in relation to accidents and incidents were reviewed and monitored by the registered provider to minimise the risk of occurrences happening again. Personal emergency evacuation plans (PEEPS) had been developed for each person. PEEPS enable people's specific needs in an emergency to be planned for which helps ensure that individuals' could be safely evacuated quickly and safely.

Each unit had a dedicated room for storing people's medication. The rooms were very clean and well organised and there were robust systems in place for the receipt, storage and disposal of medication, which included the maintenance of records. Medication was stored securely and appropriately labelled by the supplying pharmacy. Medication trolleys and cupboards were locked when not in use. Fridges were used to store medication which needed to be kept cool to ensure their effectiveness and items had been dated to show when they were opened. Daily temperatures of fridges were taken and recorded to ensure they were at a safe temperature. Controlled drugs (CDs) were stored securely in appropriate cabinets and records of the administration of CDs were properly maintained. Controlled drugs are medications prescribed for people that require stricter control to prevent them from being misused or causing harm. We checked a sample of CDs and found the stock tallied with the records kept.

Each person had a medication administration record (MAR) detailing each item of prescribed medication and the times they should be given. The allergy section of MARs had been completed to show any known or unknown allergies. Staff completed MARs appropriately, for example after people had taken their medication staff initialled the record to show this and used specified codes to identify other circumstances such as when a person had refused their medication. Some people were prescribed 'as required' medication (PRN) medication. Information obtained from people's GPs confirming the use of PRN medication was in place along with instructions for staff about how and when it should be administered. Each person had a medication care plan and profile which included personal preferences and routines for taking medication and how people who were unable to verbalise communicated pain. Medication review records were kept for each person and these showed that people's medication had been reviewed every six months or sooner if required.

The environment was clean and hygienic and staff followed appropriate infection control procedures to help minimise the spread of infection. Staff had access to a good stock of personal protective equipment (PPE) and they used it as required. For example, when assisting people with personal care and when handling soiled laundry. Staff had received infection control training and they knew what their responsibilities for ensuring a clean and safe environment. Bins were located in appropriate areas for the disposal of clinical and none clinical waste. Soiled laundry was handled and laundered in line with infection control procedures. For example laundry was separated and placed in red dissolvable bags prior to being put in the washing machine. People were provided daily with clean towels and their laundry was regularly attended to.

Good

Is the service effective?

Our findings

People told us that they were well cared for and that staff provided them with all the care and support they needed. Their comments included, "I want for nothing, they [staff] do a fantastic job" and "Nothing is too much trouble to any of them [staff]". One person told us "It is a nice home and the staff are very helpful. I have a good relationship with all the staff. I sometimes tell them the staff here are a bit like beer, there is no bad beer, but some is better than others. We all have good days and bad days. I enjoy the food".

Family members said, "[name] [relative] is very well cared for, they [staff] do a much better job than I could do" and "They [relative] have everything they need and more".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were. The registered manager demonstrated a detailed knowledge of the Mental Capacity Act 2005 and what the service needed to do to ensure that people's rights under the MCA were maintained. When appropriate the service had carried out assessments of people's ability to make specific decisions. In addition, when required, applications had been made to the local authority in relation to Deprivation of Liberty Safeguard authorisations.

Throughout our inspection we observed people being asked for their consent prior to staff carrying out any care and support. For example, we saw people being asked if they were happy to move to another part of the service to have their personal needs addressed, if they were ready to have a drink or something to eat. In addition, people were offered a choice of where they wished to be, what they wanted to do outside of any planned activity.

People told us they saw their GP when they needed to and that they attended regular healthcare checks with their dentist, chiropodist and optician. Records demonstrated that people had access to local healthcare professionals, for example, speech and language therapists and dieticians. Staff demonstrated a good insight into people's health needs and were able to explain specific treatments people received and the impact these treatments had on people's day to day life. Staff were confident about reporting any concerns they had about people's health or wellbeing. They told us they thought they knew people well enough to recognise if they were unwell or experiencing pain. A family member said, "They [staff] are fantastic, they call the doctor right away if they are worried".

People told us they liked the food and that they had a choice at meal times. They said they could have something to eat in between main meals. People had access to drinks and snacks throughout the day and night, this included people who occupied their rooms, they had a good supply of fresh drinks which were in

reach. Staff assisted people as required to eat and drink and were patient when doing this. They fully engaged with the person they were assisting and took their time.

People's main meals were prepared in the main kitchen and transported onto the units on appropriate trolleys. However each unit had a kitchen with facilities for cooking and preparing drinks and snacks. We observed these being used during the inspection. Kitchens were designed to accommodate wheelchair users. Menus which were available to people evidenced a choice of different foods and the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. Kitchen staff held information about people's dietary needs such as if they required their food textured or low or high calorific foods. The cook explained that they served pureed meals as they would any other meal. They said each item was presented on the plate separately as opposed to mixing it all together. The cook said it was important to do this to maintain the presentation of the meal and so that people experienced different food tastes. Where required staff had received training to support people with their specific dietary needs. For example, staff had received specific training to support people who required the support of a Percutaneous endoscopic gastrostomy (PEG) for their dietary needs. A PEG is an alternative way in which people can receive food, fluids and medication when they are unable to swallow.

Dining rooms were decorated and furnished to a good standard with matching colour schemes. Dining tables were attractively laid with matching table cloths, napkins and condiments which promoted mealtimes as a social occasion. The building was designed to maximise people's independence and mobility. For example, wide corridors enabled people to move freely around the building, a passenger lift was available for people to access all floors and equipment such as handrails and accessible bathing facilities were available to all.

Staff told us they had received regular one to one supervision sessions with their manager and that they had found them beneficial. They said the sessions had allowed them to speak openly to their manager about their work and training and development needs. Staff also told us they attended regular staff meetings. Minutes of staff meetings were displayed on notice boards in offices so that those staff that were unable to attend were updated with discussions that had taken place.

Staff told us they had received a lot of training relevant to their roles and responsibilities including, health and safety, dementia care, safeguarding, mental capacity act and deprivation of liberty safeguards. One member of staff told us that they were being supported in this training by the registered manager. Training had been planned in advance and the times and dates of training courses were displayed in staff areas. These showed that training topics relevant to people's specific needs had been planned well in advance. Staff spoke positively about the training they received. Their comments included "We have mandatory training yearly. The training is very good" and "if specialist training is needed, for example specific moving and handling for a person, outside professionals are brought in to advise us".

A number of staff were in the process of training to become assistant practitioners which was an educational course being delivered in conjunction with a college to develop the skills of staff to deliver safe and effective care. This training once completed, would enable staff to further support people with their healthcare monitoring. For example, monitoring blood pressure.

Staff were appointed as champions to lead on good practice in topics including, dignity, hand washing and hygiene, safeguarding, tissue viability, falls and accidents and dementia care. Staff who were champions explained that their role was to share and promote good practice amongst the staff team in relation to the topic they championed.

Good

Is the service caring?

Our findings

People told us that staff were caring, supportive and understanding towards them. Comments included "Staff care for me very well and they listen to me" and "Staff take time to listen and respect my views and choices, they treat me as me".

Family members told us that they felt the staff were caring to both people who used the service and to them, as relatives. Their comments included "They [staff] are polite and respectful" and "The staff are all very good and very patient and I don't mean the care staff, cleaners, kitchen staff, all of them" and "I will give them [staff] 20 out of 10, they go way over and above".

Family members spoke positively about the support their relative and themselves received from the service. They told us that "We are like family" and "We can visit anytime and are always made welcome, staff always ask how we are". Family members told us of acts of kindness staff had done for them. For example, staff had ensured that family members had groceries taken to their home when they were unwell and unable to go out. Another family member told us that the service had supported them when another member of their family had been unwell. The family members all thought that these caring acts went above and beyond the service's role of looking after their relatives.

Practices that promoted family members inclusion in people's lives helped individuals' maintain contact and participation with their family both within and outside of life at Stocks Hall Care Home. Family members felt included in their relative's lives. For example, a family member told us that they had been invited to join their relative at parties and events at the service. They told us about parties which they had attended including a birthday party held for their relative and a Christmas and Halloween fancy dress party. People told us that they had enjoyed these activities and enjoyed getting out and about independently with staff and with other people living at the service. Others told us of going on a trip to the lake district with their relative who rarely chose to leave their home. Staff had supported in arranging the transport and driver for this trip and relatives told us that they would not have had this experience without the support of the service. Another family member told us that their relative had contacted them the previous day to invite them to go to the cinema with them and the support of the staff, and how they had enjoyed celebrating Mother's Day with their relative over a meal at the service.

In order to promote person centred care, individuality and equality, the service had a 'no uniform' policy for staff. Staff not wearing uniforms helped prevent a 'them and us' situation between people who used the service and the staff team and assisted with creating a more informal and comfortable environment. In addition, integrated mealtimes took place to further promote inclusion so that people who used the service, visiting family members and staff ate their meals together. Integrated mealtimes helped promote people's nutritional intake, conversation and social interaction.

Relationships had been formed within the local community to promote engagement. For example, staff explained that a gate had been fitted from the garden for people to have easy access to a local sports and social club to attend when they wished. This also encouraged people to independently attend functions and

interact with other members of the local community. In addition, people living close by were invited often to events held at the service.

The service employed a holistic therapist who worked full time on different days of the week. The therapist was fully qualified to deliver a range of therapies to people which included Reiki, crystal massage, hand, foot and back massages and relaxation therapy. The therapy was used to promote people's health and wellbeing. People told us they really enjoyed the therapies and found them beneficial. The therapist gave examples of how people had benefited from the therapies. This included people feeling less tense and stressed as a result of regular sessions. Other services provided by the therapist included, group reminiscence sessions when people shared memories from the past, nail art, hairdressing and manicures. The therapist told us that as well as enjoying the therapies people enjoyed the social aspect of being in the salon amongst other people. We met with people in the salon and they told us how much they thoroughly enjoyed the therapies and pampering sessions.

There was a memorial garden within the grounds of the service. This area gave people the opportunity to sit in the peaceful area and remember past friends. The garden was maintained by the gardening group in respect of people who had died. One person expressed a wish to design a piece of art to display at the service in memory of a very close friend who had lived at Stocks Hall Care Home St Helens and had recently passed away. The person discussed this with an activities co-ordinator and they both sat together and shared ideas about the design. Following this, the person who had had limited hand co-ordination was enabled by the activities co-ordinator to access a computer to select their chosen design. The activities co-ordinator was led by the person who was very clear about the design and colours they wanted in memory of their friend. The activities co-ordinator demonstrated patience, sensitivity and empathy and they showed a real commitment to enabling the person to produced a memorial which was fitting to their close friend.

Within the grounds of the service people had access to a greenhouse and potting shed and raised flower beds and this was where the gardening club took place. In addition, there was the Cabin, a room that was used to hold get togethers, activities and social events. The area had been decorated with a music theme in which records that had been left to people living at the service by a person who had previously lived at Stocks Hall Care Home St Helens and were mounted on the walls, providing a constant memory of the person. The Cabin gave people the opportunity to meet with friends and family outside of the main building. People told us that they enjoyed visiting the Cabin when they wished. One person told us that they knew they could go to any activity held within the Cabin, but they often chose not to go, and that staff respected their decision.

Staff were patient and caring in their approach towards people. They sat and chatted with people and their family members and we saw lots of laughter and appropriate physical contact. Staff told us they had access to people's care plans and that they read them regularly to ensure they were completely up to date and familiar with people's needs. Staff knew people's preferred routines, likes and dislikes and things of importance. For example they knew how important is was for one person to have things done at a certain time and that if the person's routine was not followed it would upset them. Staff assisted one person to bed after lunch as part of their routine to help relieve their pressure areas.

Staff demonstrated that they communicated with people well. We observed staff bending down and giving people eye contact to actively listen to what people had to say. Care plans had been developed to demonstrate how people who didn't verbally communicate expressed themselves. For example, we saw information was recorded in relation to people's facial expressions, gestures and body language which demonstrated pain, hunger, tiredness and fright. This information helped ensure that people were heard.

People's privacy was respected. For example, we observed staff knocking on people's doors and waiting to be invited in. Staff ensured that doors were closed when supporting people with their personal care. People told us that they chose to spend time in the privacy of their own bedrooms and that staff respected this.

People's bedrooms were furnished and decorated to suit their individual tastes. A family member explained that their relative's bedroom was decorated in wallpaper and paints chosen by them. People had family photographs and pictures mounted on their walls and their chosen bedding and curtains. Some people's rooms were furnished with items of furniture which they had purchased or brought from their family home. For example one person had an easy chair and another had a chest of drawers brought from their previous home. People who chose to had a private telephone line and Sky TV installed in bedrooms and we met with one person who had a fridge in their room. This demonstrated that people had autonomy and freedom to personalise their bedrooms. People and their family members told us that the laundry service was efficient and more often than not their dirty laundry was returned clean within 24 hours of it being taken away. This service helped assure people that their personal clothing was looked after.

People and their families were provided with detailed information about the service. For example, a welcome booklet was available to people beginning to use the service that gave an overview of the service's nursing and residential care. A Service User Guide was also readily available to all. This document detailed the services and facilities available at Stocks Hall Care Home St Helens, information about the registered provider and the registered provider's philosophy of care. The registered provider's core values were also contained in the Service User Guide so that people were aware of the standards they should expect from the service.

Information and advice was available within the service in relation to local advocacy services. This demonstrated that people would be supported to access local advocacy services or if required, an independent mental capacity advocate (IMCA) via a multi-disciplinary team approach. This helped to ensure that people had access to independent support when required. One visiting relative told us that they had been offered support to access local advocacy services.

The service was accredited and participated in the Gold Standards Framework for End of Life Care. Training records demonstrated that staff had received training in this area of care. This training helps ensure that people receive specifically planned care as they approach their end of life. When planning people's end of life care the registered provider utilised specific documents to ensure that people's needs and wishes were recorded and planned for. A register was maintained within the service that recorded people's needs in relation to end of life care, directions and decisions on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and Deprivation of Liberty Safeguarding (DoLS) in place. This register was updated daily to ensure that staff had up to date knowledge of people's decisions and decisions made on the behalf of people within the legal framework so that individual's wishes could be upheld.

Good

Is the service responsive?

Our findings

A number of people who used the service used alternative forms of communication to tell us or indicate their thoughts abput the service. For example, by pointing to symbols, by gesturing, use of facial expression, and by using a computer. People told us positive things about the service. Their comments included "I never get bored, there is always something to do", "I go out shopping" and "They look after me well and do everything they are supposed to do".

Family members told us how their relatives were encouraged to maintain their independence. Comments included "They encourage [relatives] independence and always include her in decisions" and "[name] [relative] is encouraged to set tables and make her bed".

An electronic care planning system was in place to record people's individual care plans, risk assessments and monitoring records. Care planning documents considered all aspects of people's day to day care needs. For example, care plans were available in relation to people's personal care, diet, wound care, mobility and communication. Once a need relating to a person's health, safety and wellbeing had been identified, a risk assessment had been carried out. Any known risk and how it should be managed formed part of people's care plans. Records demonstrated that people's care planning documents were reviewed and updated on a regular basis.

In addition to people care plans a hospital passport was available. These documents recorded people's specific needs and wishes in relation to their care, lifestyle choice, support, religion and cultural preferences and provided valuable information to medical staff in the event of a person being admitted to hospital. This helped to ensure that individual's received the care and support they needed and wished for whilst being cared for outside of their home.

Daily records were maintained of what care and support people had been offered and had received. In addition records were regularly maintained when required of people's weight, fluid and dietary intake. These records helped ensure that people's health and care needs were monitored so that they received the right care and support.

There was a programme of activities on display and discussions with people and their family members and people told us the activities had taken place. Each unit had dedicated staff that were responsible for organising and facilitating activities. Activities included a breakfast club each morning. Those who chose to attend had breakfast together which was freshly cooked in the kitchen on the units. Following breakfast they listened to music whilst engaging in a chosen activity. On the day of our inspection the chosen activity was art and craft. People were sat together and assisted by the activities coordinator to make pictures and ornaments for displaying around communal areas of the service. We saw many examples of art work on walls around the service which people had made during activities. Other activities which people told us they had participated in included meals out at local pubs and restaurants, trips to the theatre and cinema and shopping trips.

Other regular activities available within the service included a gardening club, music bingo, cake baking and a men's club. In addition, a programme of events and activities had been scheduled throughout 2016. For example, a summer fair, a canal boat trip and a May day picnic. People told us that they had been to Wales on holiday with the support of the staff team which they enjoyed very much.

People who used the service and their relatives knew who to speak to if they wished to make a complaint. They felt that they would be listened to and any concerns would be addressed by the registered manager. One person and two relatives told us that they had raised concerns and made a complaint in the past. They told us that their concerns had been listened to by the registered manager and addressed immediately. The registered provider's complaints procedure was readily available around the service. Records of complaints made, and any outcomes following investigations were maintained. In addition, the registered manager maintained a complaints log to monitor all complaints received.

Good

Is the service well-led?

Our findings

The registered manager had been in post since the service opened in 2008. People described the registered manager as being extremely supportive, approachable and fair. They said she operated an open door policy and always took time to listen. People who used the service and their family members said they liked the registered manager a lot and that they had no reservations about approaching her about anything. One person told us "I can go to the manageress any time, I feel like she has time for me". Everybody told us that the registered manager was visible around the service and that she carried out regular walk arounds to meet and chat with people.

A clear line of accountability was in place. Staff were aware of the management structure at the service and they knew who their direct line manager was. They said they had no concerns about approaching the registered manager or their line manager to discuss anything.

Staff told us they felt well supported. Each department had a named manager or supervisor who was responsible for providing support, advice and guidance to a team of staff. Departments included management, care staff/nurses, kitchen staff and housekeeping, which incorporated the laundry and domestic staff.

We found a culture of openness, transparency and commitment when being around and speaking with the staff team. The registered manager demonstrated clear values and very high standards of care and it was evident that this had been adopted by staff. Staff spoke enthusiastically about their work and the importance of providing the best possible care and support for people who used the service. Their comments included, "I love coming to work and I get a lot of satisfaction out of my job", "We are here for the residents and they have and will always come first in everything I do", "I treat people as I would expect to be treated", "They are like my family", "These people deserve the best". One member of staff explained that they had left the service to pursue another career however, they had missed people so much they returned.

We observed staff of all disciplines working together with a mutual respect and all were proud of their role and contribution to the service. Staff were keen to share what their roles involved and were eager to discuss how to further develop their roles to improve the service further. For example, two staff had recently taken on the role of quality development within Stocks Hall Care Home St Helens. They told us about how they were developing an observation tool to enhance the quality auditing processes in place to further monitor general staff working practices. In addition, their role was to promote and arrange global support days for staff. Staff became emotional when they told us about how they viewed their role.

The registered provider had a very clear philosophy of care and values to demonstrate the ethos of the service. These values included striving for excellence, aiming to protect, empower, inform and enhance people's lives by valuing uniqueness for each individual and embracing diversity. During our inspection we observed staff promoting the values of the registered provider in a positive manner.

Staff worked hard to ensure that people who used the service were involved in the decision making

whenever possible. For example, people who used the service formed part of the recruitment process for new members of staff and attended and chaired development meetings within the service. These meetings took place to discuss ways in which the service could develop and developments within the wider organisation. Meetings for people who used the service, families and staff were scheduled throughout the year. This good planning enabled agendas to be set in a timely manner to assess and develop the service.

Comprehensive policies and procedures were in place which offered direction and best practice within the service. Staff were able to access these documents in the offices around the service or via a computer. Lap top computers were also available for people who used the service and staff to access the internet and the documentation of the registered provider. In addition, having access to emails and the internet gave people the opportunity to keep in touch with their family and friends.

The registered provider had a corporate responsibility policy. The service had implemented this policy by building relationships and working with local community groups that included a local football team, hospice, church, local schools and a neighbouring sheltered accommodation scheme. In addition, the service supported local charities which included Stroke Awareness and The Huntington's Association. A second 'Rainbow Awareness Walk' was being planned to promote awareness of disabilities and dementia within younger adults. Staff were proud of the things they had achieved in working with the local community. For example, the registered provider had sponsored a local football team and supplied equipment.

A number of internal audits were carried out around the service on a regular basis. For example, audits had been completed in relation to infection control, medicines, people's living environment and care planning records. The purpose of these audits was to ensure that systems in place for the safe delivery of care and support were effective. In the event of improvements being identified action was taken to address the issues.

Several effective systems were in place to gather people's views on the service they received. The registered manager carried out regular 'walk arounds' which involved speaking with people and visiting relatives to gather their views on the service and comment cards were available to share their views on the service. In addition, an annual survey was carried out to establish people's opinions and comments about the service they received. The service was in the process of planning the 2016 survey when we visited. The 2015 customer satisfaction results demonstrated that 57% of people asked for their comments had completed the survey and the results had demonstrated a 97.1% customer satisfaction. People's comments in the survey had generated changes within the service. For example, there had been an increase in nursing staff hours and an increase in activity staff hours. This demonstrated that people's views were listened to and acted upon to make improvements within the service. The results of the 2015 survey and actions taken were published and were widely available within the service.

Healthwatch St Helens had carried out a visit to the service In May 2015. Comments from their report included "The visiting team was very much welcomed on this unannounced visit. Observations and conversations made it so obvious that this is a well-run place with a wonderful atmosphere. It is a first class example of how a care home should be, overseen by an efficient but caring manager. This is also credit to 'person centred' ethos of the [registered provider], and staff should be proud that they have implemented and facilitated this approach. The resident is regarded as a person with their own individual needs and personalities, and a member of a family". Healthwatch St Helens concluded "At this point we are unable to make any recommendations as we genuinely couldn't find any room for improvement. All we can suggest is to continue to provide a first class service, and continually monitor what they do".

By law services are required to notify the Care Quality Commission of significant events. Our records showed that the registered manager informed the Commission of all notifiable events in a timely manner.

Information was available around the service for staff to access in relation to best practice. For example, information was available in relation to health and safety legislation and current best practice. In addition, we saw that staff had access to guidance from the National Institute for Health and Care Excellence (NICE). A member of staff explained that when planning changes around the service this guidance was read to ensure that current best practice was considered in all planning.