Alliance Care (Trendlewood) Limited

Pretoria Court Complex Care Home

Inspection report

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Consett
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Date of inspection visit: 12 & 13 January 2015
Date of publication: 20/03/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Inadequate**
Is the service caring?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 12 and 13 January 2015 and was unannounced. Pretoria Court complex provides care and accommodation for up to 24 people. The home specialises in the care of people who have complex physical and neurological conditions. On the day of our inspection there were a total of 22 people using the service.

The home had a registered manager in place. 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 and associated Regulations about how the service is run.

Summary of findings

During our inspection there was a calm and relaxed atmosphere in the home and we saw staff Interacted with people in a friendly and respectful manner. One person told us, "I feel very safe living here. The staff are wonderful people. I was previously in a council run home that closed and it wasn't a patch on this one."

Staff and visitors we spoke with described the management of the home as open and approachable.

Throughout the day we saw that people and staff appeared very comfortable and relaxed with the staff and the registered manager on duty.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the provider and looked at records. We found the provider was following the requirements of DoLS.

Staff we spoke with said they received appropriate training. We saw records to support this. Staff had received training in how to recognise and report abuse. We spoke with eight staff and all were clear about how to report any concerns. Staff said they were confident that any allegations made would be fully investigated to ensure people were protected.

Throughout the day we saw staff interacting with people in a caring and professional way. We saw a member of staff supporting one person with their mobility. They were interacting happily and laughing together. We saw another two staff assisting a person after having a shower. The person being assisted and both staff were singing at the top of their voices and were having a great time. We noted that throughout the day when staff offered support to people they always respected their wishes.

People who were unable to verbally express their views appeared comfortable with the staff that supported them. We saw people smiling and happily engaging with staff when they were approached.

We saw there was a weekly activity programme and records showed there were two activity co-ordinators who supported people to take part in group activities or on a one to one basis. We saw activities were personalised and we saw that people made suggestions about activities and outings at regular meetings.

People told us they were treated with respect and privacy was upheld. People received a wholesome and balanced diet and at times convenient to them.

We saw the provider had policies and procedures for dealing with medicines and these were adhered to. The provider had an effective complaints procedure which people felt they were able to use. We saw people who used the service were supported and protected by the provider's recruitment policy and practices.

The home was clean and equipment used was regularly serviced.

The provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service.

Staff told us they received regular supervision. We saw records to support this.

We found that people who used the service and others were not fully protected from adequate maintenance of the premises where the regulated activity is carried on.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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?
The service was safe.

Good

People who lived at the home were safe because there were enough skilled and

experienced staff to support them. There were robust checks in place to make sure that staff were appropriately recruited.

Staff we spoke with had a good understanding of how to recognise and report any concerns and the home responded appropriately to allegations of abuse. There were risk management procedures in place to minimise restrictions on people's freedom, choice and control

People received their medicines in line with the provider's medication policies and procedures. All medicines were stored, administered and disposed of safely. The standard of cleanliness and hygiene protected people against the risk of infections.

Is the service effective?
The service was not fully effective.

Inadequate

We found that people who used the service and others were not fully protected from adequate maintenance of the premises.

Staff were receiving regular supervision or clinical supervision which meant they were receiving appropriate support, and professional development.

We found people received effective care and support to meet their needs. Staff received on-going training to provide effective care to people. Nutritional needs were fully met.

We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People could see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Is the service caring?
The service was caring.

Outstanding

People were supported by caring staff who respected their privacy and dignity.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs. People valued their relationships with the staff team and felt that they were fully supported in all aspects of their care.

Is the service responsive?
The service was responsive.

Good

Summary of findings

We found the service to be responsive, people received care and support which was personalised to their wishes, preferences and responsive to their individual needs.

There was a weekly activity programme for people and two activity workers were employed to support people with their interests.

There was a complaints procedure that was written in a clear format that made it easily understandable to everyone who lived at the home. Everyone we spoke with said they would be comfortable to make a complaint and were confident any issues would be addressed

Is the service well-led?

Good

The service was well led.

The service was well led by an open and approachable management team who worked with other professionals to make sure people received the appropriate care and support that they needed.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop. People had the opportunity and were able to comment on the service provided to influence service delivery.

The provider had notified CQC of any incidents that occurred as required.

Pretoria Court Complex Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 12 and 13 January 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was led by a single Adult Social Care inspector. The inspection also included a specialist advisor. This is a person who has personal experience of working and caring for someone who uses this type of care service. Their area of expertise is with people with complex physical and neurological care needs.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding's raised and enquires received. No concerns had been raised.

We also contacted professionals involved in caring for people who used the service, including Healthwatch, commissioners of services and safeguarding staff. No concerns were raised by any of these professionals. During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during their lunch. We did this to help us see what people's mealtime experiences were. This included looking at the support that was given to people by the staff. We also reviewed four people's care records, staff training records, and records relating to the management of the service such as audits, surveys and policies.

We spoke with ten people who used the service and three relatives of people who used the service. We also spoke with the registered manager, the deputy manager, one nursing staff, three care workers, a house keeper handyman and the cook.

We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations in the community.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

Good

Is the service safe?

Our findings

People told us they felt safe and they felt comfortable with the staff who supported them. Their comments included, "I feel very safe here", and "If I was not treated properly I would tell them straight away, but I don't have anything to complain about."

The home is a detached, converted country school set in its own grounds. We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in.

The home comprised of 24 en-suite bedrooms. We saw that the accommodation included four lounge areas, dining room, a rehabilitation kitchen and several bathrooms and communal toilets. There was also a conservatory on the ground floor. All were clean and spacious.

We saw that some people had been transferred to other bedrooms while external remedial work was being carried out. We saw that people had been consulted and had agreed to these temporary measures. This meant people were able to live at a safe distance from the building work.

People were safe because systems were in place reducing the risks of harm and potential abuse. The provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, we saw that the registered manager had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

We saw systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve. We saw from our records that there had been safeguarding concerns reported appropriately to the safeguarding authority.

Specific care plans had been developed where people displayed behaviour that was challenging to others. These provided guidance to staff so that they managed the situation in a consistent and positive way, which protected people's dignity and rights. These plans helped to keep people, staff and others using the service safe.

Staff rotas showed that there was consistently enough care staff on duty with the right competencies and experience to keep people safe. The service also employed two activities co-ordinators, a catering team and housekeeping staff responsible for keeping the service clean. Three care staff told us there were always enough staff on duty across the day. They said during the afternoons and early evening they had time to support the activities co-ordinators with therapies and various activities. We saw the provider used a dependency assessment tool that helped to determine staffing levels.

The registered manager informed us that all staff had been given training to support a 'whole person centred approach' all senior care staff and nurses attended a 15 minute 'flash meeting' that was held twice weekly. The registered manager told us, these meeting helped to promote people's wellbeing, safety and security. He said these short meetings contributed to making sure people were receiving good quality and consistent care that was tailored to each person.

All staff we spoke with were clear that their responsibility, irrespective of their roles, was to ensure that people who used the service were enabled to have a full and meaningful life.

We saw a thorough recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support the people who used the service. All the files that we looked at contained relevant information, including a Disclosure and Barring Service (DBS) check and appropriate references, proof of identity to ensure that these staff were safe to work with people who used the service. The DBS checks helped employers to make safer recruitment decisions and prevented unsuitable people being employed. We found that people who used the service were involved in the recruitment and selection of staff. One person told us," I help the manager to interview new staff, I ask my own questions and I am involved fully in the selection process."

The deputy manager showed us how she conducted monthly medication audits, including the MAR charts, to check that medicines were being administered

Good

Is the service safe?

appropriately. We saw that staff checked the MAR charts at each shift change to identify any errors or omissions so that these were dealt with immediately. We saw the controlled drugs book was in good order and medicines when prescribed had been clearly recorded. (No controlled medicines were currently prescribed). Additionally all staff had attended the provider's safe management and administration of medication training. The deputy manager also provided in house training for staff on medicines and their side-effects. These measures ensured that staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines as prescribed.

We saw records of hot water temperature checks, which had been carried out monthly. These included the temperature of water in people's bedrooms and the communal areas of the home. We saw that none exceeded the recommended maximum of 44 degrees centigrade recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

Staff confirmed they had received training in infection control. When we toured the home, we found all areas to be clean.

Inadequate

Is the service effective?

Our findings

Staff told us they received regular supervisions, Staff records that we looked at confirmed this. We saw staff received a minimum of six sessions per year.

We saw records that demonstrated that all new staff received an appropriate induction. All of the staff we spoke with had received an induction which they felt prepared them for their role, including appropriate training, opportunities to shadow more experienced staff, time going through the provider's policies and procedures and learning about individual's care and support needs.

The provider had implemented an on-going training programme including mandatory training such as an introduction to dementia, basic food hygiene, people handling, basic life support and safeguarding vulnerable adults (SOVA). We found all of the staff had completed mandatory training courses, including, Mental Capacity Act (2005), deprivation of liberty, equality and diversity, end of life care, medication up-dates, mental health awareness, Huntington's disease, diabetes and infection control. We saw that almost all staff had completed a diploma in care level 2 or 3.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us that they had identified those people who required their applications to be submitted. Three applications had been submitted and approved by the supervisory body.

We saw a copy of the "service user guide" booklet, which described advocacy, how the provider could assist with choosing an advocate and details of the local advocacy service. It also provided information on decision making for people who lacked the capacity to make their own decisions and provided information about assistance and support from other professionals.

We spent time observing people having their lunch. We saw the dining tables were pleasantly presented with people's name places, menus, napkins, table cloths and condiments so people could help themselves. We saw the food served was hot and looked appetising. People were offered a choice of main meal and pudding. The atmosphere was relaxed. Some people were singing along to music that was playing, and they were trying to guess the year the songs were first released. We watched as staff supported people with their food at a pace which was comfortable to them. Staff encouraged people to eat independently, offering assistance sensitively and discretely where this was needed. We watched how staff supported one person with complex physical needs with their meal. The member of staff talked with this person throughout the meal time experience offering choices, encouragement and support. We also saw people were allowed the time they needed to finish their meal comfortably. Throughout the meal there was lots of friendly interactions between staff and people using the service. Everyone we spoke with told us the meals were always very good and that there was always a good selection to choose from.

We asked staff how they made sure everyone was having enough to eat and drink. Staff told us, for those people who were assessed as at risk, they kept a record each day of what they had to eat and drink. Staff also described how they involved the community dietician and speech and language therapists when necessary and monitored people's daily intake closely. We also saw that people's weight was recorded weekly.

We looked at the care records for four people. All four files contained a nutritional assessment called 'malnutrition universal screening tool' (MUST). We saw people's nutritional needs were regularly monitored and reviewed. The assessment included risk factors associated with low weight, obesity, and any other eating and drinking disorders. For those at risk of poor nutrition, the care plans included the person's likes and dislikes. There were also clear plans in place to fortify meals, by encouraging a high protein diet, including high calorie drinks and providing finger snacks between meals where appropriate. Some people used a PEG feed, all staff had been trained to use this equipment.

We spoke with the catering staff about the dietary needs of people. They told us they regularly met with people to discuss their preferences and consulted people about any changes to the planned menus. Care staff also provided them with written information about each person's needs. For example, if they required a diabetic, low fat, pureed or a

Inadequate

Is the service effective?

soft diet. They told us they cooked all meals from fresh ingredients. We saw snacks fresh fruit and refreshments were available to people throughout the day and early evening.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

When we toured the premises, it soon became apparent that there was much remedial work needed for its stated purpose. For example, we saw there were two wet rooms that were wheelchair accessible, however the majority of other bathrooms and toilets had not been fully adapted to meet the complex physical needs of people who used the service. We saw that the majority of toilets were low level and not wholly suitable for independent or assisted use. There were no ceiling tracking devices in place to assist people to transfer safely or fully adapted bathing facilities. Some baths had a manually operated in and out seat however, these were not fully suitable for people with very complex physical needs. Staff told us they would welcome the installation of "Smart toilets."

We saw the home's handyman had decorated a few bedrooms to a high standard however, all the other bedrooms required decoration, carpets and additional refurbishment was needed including upgrading some of the ensuite facilities.

The main dining room and some corridors also required decoration.

The residential treatment room also required a full refurbishment. We found storage cabinets and cupboards were old, broken and some had missing doors.

Some bedrooms on the first floor were no longer in use as there were problems with damp and loose plaster. This was due to the external pointing. We were told that a contractor had been sought to carry out these repairs.

Although people had access to three other lounges, we found the downstairs middle lounge windows were very drafty and this lounge was out of use during the winter months as the room was too cold. One relative we spoke with made their disappointment known to us. They said, "This problem had been going on for three years and it's about time it was sorted out."

Because lots of areas of the home required refurbishment and decoration, people who used the service would benefit by having skilled professional's brought in to carry out this work.

This meant that people who used the service and others were not fully protected from adequate maintenance or safe premises where the regulated activity is carried on and people were not protected against the risks associated with unsafe or suitable premises.

This is a breach of the Regulation 15 (1) of the Health and Safety Care Act 2008 (regulated Activities) Regulations 2010.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives told us that staff were very caring. They were also respectful of people's privacy and dignity. One person told us, "I am really happy living here, I have been here for four years and I have no concerns at all and I really like the new manager." Another said, "I feel safe and well cared for, the staff are smashing." One relative informed us that they always found the staff "friendly and inviting." Another said, "You could not fault the care."

On arrival we found there was a lively and energetic atmosphere in the home. We saw people being involved in one to one activities and happily chatting and joking with the staff. We saw people looked happy and relaxed. A member of staff told us, "My father was a resident here before he passed away; during his time here he received excellent care. I then decided it would be a great place to work and two years later, I still think the care here is excellent."

We saw that all staff irrespective of the role were all highly motivated, passionate and caring. We saw staff interacting with people in a caring and friendly manner. They were also supportive and respectful of people's dignity. For example, we observed a person's dress had slightly risen up when getting out of a chair, a member of staff very discreetly adjusted this for them.

One member of staff was the designated 'Dignity Champion' whose role was to ensure staff were aware of the key principles and passed on any new published information on this subject.

We saw staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. People described their care as, "Very good." and "Wonderful caring staff." People told us they valued their relationships with the staff team. People told us their rights as citizens were recognised and promoted, including fairness, equality, dignity, respect and autonomy over their chosen way of life.

Throughout the day we saw people were proactively supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions.

The service had a stable staff team, the majority of whom had worked at the service for quite a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. We also saw that staff had assisted people to write their life stories. This information supported staff's understanding of people's histories and lifestyles and enabled them to respond to their needs, preferences, choices and their enjoyment of life.

The deputy manager told us the home's ethos of care was based on treating people with respect, respecting people's diversity and beliefs, ensuring their dignity and privacy was preserved at all times and making sure that people had a voice that was heard and acted upon.

We found that the care planning process was wholly centred on individuals and they included people's views and preferences. We saw people had signed their care plans and risk assessments. This demonstrated that people were consulted and involved in decisions about their care needs.

Staff told us that further work was in place developing 'My life', to encompass people's current interests and relationships. In order to support this ethos the service prioritised and supported people to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service. One relative commented, "I can visit anytime and I am always made to feel welcome."

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

The service had a strong commitment to supporting people and their relatives, before and after death. Some people had end of life care plans in place, we saw that next of kin and significant others had been involved as appropriate These plans stated how they wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included.

Good

Is the service responsive?

Our findings

People's feedback about the responsiveness of the service described it as consistently good.

We found people received care, treatment and support that was person centred. People told us they were involved in making their needs, choices and preferences known and how they wanted these to be met. One person told us, "I feel very safe living here. The staff are wonderful people. I was previously in a council run home that closed and it wasn't a patch on this one."

We saw individual care plans had been generated from a comprehensive care manager's assessment. We looked at six people's care records. We found each person's care, treatment and support was written in a plan that described health, personal and social care needs of the person.

However the plans focussed more on people's physical needs and were not fully person centred.

We saw people's life story consisted of a one page document. This did not describe people's life in enough detail. For example a pen picture of their life i.e. their education, occupation, family, friends, interests and hobbies or their dreams and aspirations.

We saw people were involved in developing their support plans. We saw that people had signed these. We also saw that other people that mattered to them, were where necessary, also involved. Each person had a key worker and they spent time with people to review their plans on a monthly basis. All of these measures helped people to be in control of their lives and lead purposeful and fulfilling lives as independently as possible. Staff gained consent from people about the care, treatment and support they received. People who could not give consent had best interest meetings to make particular decisions on their behalf. Care records contained information detailing who had responsibility and who should be included in best interest decisions.

We found that people made their own informed decisions that included the right to take risks in their daily lives. We found the service had a 'can do' attitude, risks were managed positively to help people to lead the life they wanted. Any limitations on freedom and choice were always in the person's best interests. We were told that one restriction had been imposed and this was a two mile per hour speed limit for electric wheelchair users when indoors. One person told us, (laughingly), "I don't take much notice of this, because I like to break the rules."

We saw how staff communicated effectively with every person using the service, no matter how complex their needs. For example, one person had decided to change their name by deed poll, the deputy manager told us that she was in the process of helping this person with all the legalities for this to happen.

We saw the provider had a system for accommodating emergency admissions alongside planned respite stays. The staff used an admission and discharge checklist to make sure those admissions and discharges were co-ordinated. We saw that staff shared important information with other professionals about people when they were being admitted or discharged to make sure their care was co-ordinated. Systems were also in place for emergency admissions and discharges. We saw an example of a call to the service requesting an emergency admission during our inspection and the staff immediately responded by gaining as much information about this person's needs, and only when they were confident that their needs could be met, did they agreed to the admission. This meant when a person transferred from another service to the provider, staff had sufficient information to be able to care for the person.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. For those people who spent a lot of time in their rooms, we saw staff popping in and out on a regular basis to check on their wellbeing.

We also saw people received aromatherapy from a professional therapist who visited the home daily.

We found evidence that resident's spiritual needs and space for quiet reflection were being met. An upstairs room had recently been decorated as a sensory room and at the time of the inspection it was being used for a meeting between residents and a religious group.

The service enabled people to carry out person-centred activities within the home and in the community and actively encouraged people to maintain their hobbies and interests. The service had an activities room that was well equipped including two computers for people to use. The

Good

Is the service responsive?

provider employed two activities co-ordinators and they and support staff enabled people to follow their interests and be integrated into the community life and leisure activities. The service had its own mini bus and during the spring and summer months there were regular outings to local places of interest. However one relative remarked that they would like their relative to have more trips out when the weather improves, and the option of satellite T.V. in their room as they liked to watch sport. They also informed us that the physiotherapy sessions had helped their relative and would welcome an increase in the availability of treatment. The registered manager said he will make arrangements to have a satellite T.V. installed.

We found staff were proactive, and made sure that people were able to maintain relationships that were important to them, such as family, community and other social links. For example, The registered manager told us he was going to arrange a home visit for one person to enable them to see their family, friends their horse and two dogs. The registered manager had offered to keep the horse in the large grounds of the home. However the person's family declined this offer.

We found staff had the specialised training and skills to engage and support people to be fully involved. When we spoke with staff they told us they made every effort to make sure people were empowered to make decisions and express their choices about their care needs. For example, they told us about one person when admitted had very limited speech and were wholly dependent on staff for all their aspects of their care and support. This person was now able to verbally communicate their needs and with support from the physiotherapist and daily exercises provided by the staff, this person can now walk short distances. The staff were extremely proud of this persons achievements and were very optimistic that they will eventually return to live in the community.

When people used or moved between different services this was not always properly planned. For example not all people had a personal health profile (sometimes known as a hospital passport) completed that was unique to them. These are important particularly for people with complex health conditions to ensure they received continuity of care in the way that people wanted and preferred.

We saw there was a complaints procedure. We also saw there was information about how to complain displayed in the entrance foyer of the home and in the service users booklet. People living in the home said they had no complaints and were satisfied with the service provided. They said they would have no hesitation in talking to the staff if they had any concerns. One person said "If I was not happy I would just tell the manager. It's the only way." Another person said "If I was unhappy with something, I would feel able to complain." Visitors we spoke with said they would talk to the registered manager or any of the staff if they had any concerns. Two visitor's expressed a concern about their relative's room being cluttered with feeding equipment and thought the room needed to be decorated. We discussed this with the management team. They were able to show us that there were plans in place to commence the decoration of this person's bedroom within the next week. The administrator made immediate arrangements to purchase a storage cabinet to store the feeding equipment in.

The registered manager told us he welcomed complaints as an opportunity to look in depth at the way services were provided and to improve the quality where this was needed. We saw the registered manager kept a record of the complaints he had received. We saw he kept a record of the investigation he had carried out as well as details of the outcome. We also saw that the registered manager kept a copy of the letters he had sent to people to tell them about the outcome of his investigation.

We asked staff what they would do if someone made a complaint to them. They told us they would treat even the smallest 'niggle' seriously and inform whoever was in charge that day so they could record and deal with it appropriately. All of these measures meant people were given the support they needed to make comments or complaints.

Good

Is the service well-led?

Our findings

There was a clear management structure including a registered manager who had been in place since May 2014. People, who used the service and staff, were fully aware of the roles and responsibilities of manager and the lines of accountability.

People who used the service told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement. One person said, " I help the manager to interview new staff, I ask my own questions and I am involved fully in the selection process."

The registered manager and deputy manager we talked with spoke of the importance of effective communication across the service. Regular management meetings took place, including twice weekly 'flash' meetings, these meeting were very brief where any pressing concerns or new issues could be addressed.

It was clear from the feedback we received from people who used the service, their relatives, external professionals and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being essential to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis.

Managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership. When we spoke with staff we found they were highly motivated and proud of the service provided at the home. Their comments included, ''People here come first. They are our priority and we strive to meet their individual needs.''

People who used the service told us that managers of the service were very approachable and supportive. Staff told us they were encouraged to 'speak up' or 'challenge' if they had any concerns and said that managers always listened to them.

The quality of the service was monitored using formal tools such as quality audits. Evidence was available to demonstrate that audits were used effectively and enabled the registered manager to identify any shortfalls in a prompt manner. Where any issues had been identified, we saw detailed action plans had been implemented and their success evaluated, to ensure that the required improvements had been made. For example, the menus had been revisited and some changes had taken place to reflect what people wanted.

At the time of our inspection, the provider was in the process of further developing the quality monitoring system and an electronic monitoring tool was being used. This enabled managers to have an instant oversight of compliance across the service and spot any patterns or trends that could identify potential risks and improvements. The registered manager showed us the internal audits that he carried out. These included a systematic cycle of self-monitoring for example, health and safety, people's health and wellbeing, medication, care records, training, fire, and meals. There was also a process to monitor quality by directly looking at the experiences of people who used the service and assessing important areas such as choice, care and dignity. Managers also used this process to identify any areas of best practice, which were then communicated to the staff team.

We saw a regular monthly report was completed which provided an overview of any adverse incidents, such as accidents, near misses or complaints and concerns. We saw that any such issue was carefully analysed, to ensure that any potential learning could be identified.

We found a number of examples of how managers worked proactively with other organisations to develop their own knowledge and share best practice. The service worked in partnership with groups that included the Huntington's disease Society, Multiple Sclerosis Society, Motor Neuron disease Society, NHS Adult Mental Health, Intellectual Disabilities, and Specialist Brain Injury Services.

In addition the service had a fully equipped physiotherapy room and every Wednesday a physiotherapist visited the home to provide a range of therapy programmes and support to people.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **People who used the service and others were not fully protected from adequate maintenance or safe premises where the regulated activity is carried on, and people were not protected against the risks associated with unsafe or suitable premises.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.