Mr & Mrs A Jebodh

Saint Lawrence Residential Care Home

Inspection report

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Date of inspection visit:
14 December 2017
20 December 2017

Date of publication:
31 January 2018

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?	Requires Improvement

Summary of findings

Overall summary

Saint Lawrence Residential Care Home is registered to provide care for up to 23 older people some of whom may be living with dementia. It is situated near the town centre and close to local amenities. It consists of a large residential house and provides care over two floors accessed by a passenger lift. There is a large communal lounge with a dining area, a conservatory and a secure garden area. There are 17 bedrooms in total; 11 are for single occupancy and the remaining six are for either single or shared use. Sixteen rooms have en-suites and the remaining one has a sink. Additionally, there are three bathrooms in the home with bath and shower facilities.

The inspection took place on 14 and 20 December 2017 and was unannounced. At the time of our inspection, 12 people were using the service.

At the last inspection on 12 and 16 December 2016, the service was rated Requires Improvement due to issues raised at a previous inspection. We saw improvements had been made and sustained.

A condition of the provider's registration was for the service to be managed by a registered manager. There was a manager who was responsible for the day-to-day running of the service and we saw they had submitted their paperwork for registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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.

People told us they felt safe living at the service and we saw staff were trained in safeguarding and protecting vulnerable people. There were few accidents and incidents, and individual risk assessments were in place.

Staffing levels were sufficient for the number of people currently using the service and their dependency levels were assessed. This helped the provider ensure there were sufficient staff to meet people's individual needs.

Staff were recruited safely and received an induction which was linked to the Care Certificate. Staff knowledge and training were good and they received regular supervisions, however these were not always fully documented. Competency assessments were completed to check staff used the skills they had learnt in practice.

The service was safe, clean and tidy and staff were trained in infection control. Personal, protective equipment (PPE) such as gloves and aprons was used and stored safely. Appropriate safety certificates were in place, however the fire extinguishers had exceeded their service requirement date. During our inspection, the manager arranged for this to be completed. Afterwards we received assurances these had been done and were sent a copy of an updated audit to ensure these would not be missed in future. Fire safety plans

were sufficient although evacuations needed further recording. People had personal emergency evacuation plans (PEEPs) in place so staff were aware of their individual needs in an emergency situation.

The environment was being updated and we spoke with the manager about ensuring the decoration followed best practice guidance for being dementia friendly. People's bedrooms were personalised and they were involved in colour choices in their rooms.

The manager and staff had good knowledge of mental capacity legislation and consulted and involved relevant parties when people lacked capacity to make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice.

People's health and nutritional needs were met. People received their medicines as prescribed, and were referred to healthcare professionals in a timely manner. People could also access community services independently if they wished. The food was nutritious and healthy, and staff catered for people's individual dietary needs.

People were supported by staff who were caring and kind, respected their privacy and dignity, and cared for their individual needs. People were encouraged to express their views and opinions, and regular questionnaires and meetings enabled them to do this. People told us they had a good relationship with staff, and staff listened to their needs and concerns. People could be as independent as they wished, and make choices regarding their care. Cultural, spiritual and other equality and diversity needs were catered for.

Care was person-centred and staff responded to people's changing individual needs. Assessments were detailed and included people's life history and preferences. End of life care enabled people to be supported to have a comfortable, dignified and pain-free death.

There were activities for people to participate in, and people could access the community, conservatory or secure garden areas independently. People were encouraged to maintain contact with their relatives, and also to access hobbies and interests in the community or the service.

Few complaints were received and people told us they would contact the manager if they wanted to discuss any concerns. The service provided information in accessible formats according to people's needs.

The manager had submitted notifications to CQC as required which helped us to monitor how accidents and incidents were managed. There was an open management culture and people told us both the manager and provider were accessible and approachable.

Some policies and procedures were not up-to-date and did not reflect best practice. The manager informed us they were in the process of updating these, and would include current best practice. The manager had developed quality assurance and governance systems to highlight shortfalls and drive improvements within the service. Accidents and incidents were analysed for any patterns or trends so improvements could be made. Records were stored securely and computers were protected by passwords.

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.

People received their medicines as prescribed.

Staffing levels were sufficient to meet people's individual needs.

Staff had received safeguarding training and were clear in their responsibilities to report any abuse or poor care.

Is the service effective?

Good

The service was effective.

Staff had received training in mental capacity legislation including deprivation of liberty safeguards. Staff followed best practice when decisions were made on behalf of people who lacked capacity.

The food was nutritious and healthy and people's individual dietary needs were catered for.

Staff were well-trained and received competency checks and supervisions.

Is the service caring?

Good

The service was caring.

People told us the staff were caring and respected their privacy and dignity.

People were encouraged to express their views and opinions and were given choices about their care.

Confidentiality was maintained by storing records securely and ensuring computers were password protected.

Is the service responsive?

Good

The service was responsive.

There were activities for people to participate in and they were supported to access community facilities.

People were supported to have a dignified, comfortable and pain-free death.

Few complaints were received, and people told us they would approach the manager if they had any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager in post as required by a condition of the provider's registration The manager had applied to be registered with CQC, although not in a timely manner.

There was an open management culture and people told us both the provider and manager were accessible and approachable.

Quality assurance systems were used to drive continuous improvements in the service, however these would require development if the service was to expand.

Saint Lawrence Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 and 20 December 2017 and was unannounced. It was undertaken by two Adult Social Care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had expertise in dementia care and older people.

Prior to the inspection, we contacted the local authority commissioners and safeguarding teams to ask for their views on the service. We also looked at the information we already held. The provider had submitted notifications as required. Notifications tell us how the provider manages accidents and incidents in their service. Before the inspection, the provider completed 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 plan to make.

During the inspection, we spoke with three people who used the service and four relatives. We also 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. We interviewed four members of staff and spoke with the manager and provider.

We reviewed the care records for three people who used the service and two medication administration records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held to make important decisions on their behalf.

We looked at five staff recruitment files and supervision, appraisal and training records for six members of staff. We saw documentation and certificates relating to the maintenance and safety of the service including equipment and utility testing. We also completed a tour of the building to look at the environment.

After the inspection, we asked the manager to send additional information. We received this by the agreed date.

Good

Is the service safe?

Our findings

We found people felt safe living at the service. They told us, "Yes I am very safe" and "I feel very safe here; the outside doors are locked all the time." Relatives said, "We feel that it is extremely safe here; they have good carers" and "Oh yes definitely, we feel they're safe here."

People who used the service were protected from abuse and avoidable harm. We looked at training records, and these showed staff had completed training in safeguarding people. During discussions with staff, it was clear they were knowledgeable about the different types of abuse that could occur and understood their responsibilities to report any abuse or poor care they became aware of. Staff told us, "If I noticed something I'd report it to the senior, then they'd pass it to the manager", "I'd see the manager first if I noticed problems" and "We're quite close in here, it's small so I know everyone. If someone's quiet, I'll ask them if anything's wrong; I encourage people to talk to the manager." The manager was clear about their responsibilities to report any allegations of abuse. They told us they promoted an open culture so people would feel able to report any concerns. We saw the manager had reported all required incidents and had completed investigations where appropriate.

We found people received their medicines as prescribed. People told us, "Yes, I know about my medication; I take 30 pills a day and they give them on time. I also have three inhalers", "I have no idea what actual medication I take, but I get it on time, three times a day" and "I don't know the names of the medication I take, but I have something for blood pressure and something for anxiety." We looked at people's medication administration records (MARs) and saw these were fully completed and accurate. We saw staff worked with local pharmacies and district nurses to ensure people received timely medication, and medication returns to pharmacy were well-documented.

We saw there were few accidents and incidents, but when there were, they were recorded and when necessary, appropriate medical assessment and treatment had been sought. Individual risk assessments were in place for people who used the service, which covered areas such as falls, choking, and moving and handling. These were sufficient in guiding staff to support people safely.

Staff were trained in infection control and they told us cleaning schedules were always completed in a timely manner. Staff said there were adequate supplies of cleaning and personal protective equipment (PPE) and we saw these were stored safely, but accessibly, for staff. The manager was in the process of applying for accreditation for an NHS infection prevention and control scheme. This meant they would receive recognition for the standard of infection control in the service.

We found staffing levels, were sufficient for the number of people currently using the service. People told us, "There are enough staff at the minute", "No, there aren't enough staff I don't think, not really. They could do with someone to help them; they do very well" and "Could do with more staff; I am okay though I can manage to wash and dress myself." Relatives said, "With regard to staffing levels, sometimes they could do with three carers on duty because if only two are attending to a resident it leaves the floor empty" and "Do I feel there are enough staff? Probably, yes, for the limited number of residents." We spoke with the manager

about this, and we saw people's dependency levels were comprehensively assessed so the provider could ensure there were sufficient staff to meet their individual needs. The manager said that staffing levels would be amended if more people were to live at the service, or if people's dependency needs changed. The manager and domestic staff were trained in caring duties. This meant they could also attend to people's needs if the carers were busy. During the inspection, we saw the manager helped out with caring tasks when required.

We saw staff were recruited safely and all pre-employment checks were completed as required. Written references were received, and Disclosure and Barring Service (DBS) checks were in place, before they started work. The DBS helps employers to make safer recruitment decisions and prevents unsuitable people from working in the care industry. Staff confirmed they had not been allowed to start work until satisfactory checks and references were obtained. We spoke with the manager to ensure they understood their responsibilities for staff recruitment and were assured their knowledge was up-to-date and reflected best practice. We saw there were specific equality and diversity recruitment policies to ensure potential staff would not be discriminated against in the recruitment procedure.

We found fire safety plans were sufficient although evacuations needed further recording. The manager told us they had not recorded the evacuations, as they were not simulated tests. We discussed with the manager about recording all emergency evacuations, in addition to the required fire drills. The manager assured us all future evacuations and drills would be recorded. In discussions with staff, it was clear they understood the evacuation procedures and had implemented these. Staff told us, "One Sunday, the fire alarm did go off. I was quite impressed with us", "If people aren't mobile, there's half-an-hour between each door and the fire service are next door, so we consider that before evacuating them" and "We don't want to alarm the residents, we reassure them." We saw people had personal emergency evacuation plans (PEEPs) in place so staff were aware of their individual needs in an emergency situation.

We found the premises were safe with all appropriate certificates in place, including a test for legionella and utilities. We saw required repairs were logged and this was signed when completed. This meant issues were recorded and the manager could see when they had been rectified. Weekly checks of fire evacuation routes were completed and the fire system was regularly tested. We saw safety equipment was checked on a monthly basis, and moving and handling equipment, call bells and response times were audited. However, we noticed the fire extinguishers had exceeded the required service date. We brought this to the attention of the manager who informed us this had been overlooked as it was not currently included on their checks. During the inspection, the manager arranged for the fire extinguisher servicing to be completed, and after the inspection, we received assurances these had been completed. We also received a copy of an updated audit to ensure these would not be missed in future.

There were plans to update the environment. The manager showed us some newly decorated rooms, and explained the plans for future renovations. We spoke with the manager about ensuring the decoration followed best practice guidance for being dementia-friendly.

Good

Is the service effective?

Our findings

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 authorisation 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 whether any conditions on authorisations to deprive a person of their liberty were being met. We found the manager had a good knowledge of MCA and DoLS and was working in conjunction with healthcare professionals and people's relatives to support people in the least restrictive ways possible. Best interest decisions involved all relevant people and DoLS had been applied for as required. A relative told us, "We do have discussions about their care. I have power of attorney and they run everything by me." A Lasting Power of Attorney (LPA) is a person who is legally appointed to make important decisions on a person's behalf. We found staff had seen LPA authorisation prior to allowing relatives to consent on behalf of the person who used the service and this was clearly documented in people's files. Staff told us, "If someone has capacity, the choice is theirs, but if they don't, they need someone to speak and act for them." We saw people had been asked to consent to photographs being taken and for their personal information to be shared with other agencies that would also provide care.

We saw people were referred in a timely way to healthcare professionals when required, and we found people's healthcare needs were met. People who used the service told us, "It's easy for me to reach my GP. They recently came and referred me to hospital; I was really ill" and "If I want to see my doctor or the nurse, they come to see me. I don't go out to the doctors." The manager told us they regularly monitored people's health including body weight, and we saw they used best practice guidance to inform their practice.

We found the food was nutritious and healthy, and staff catered for people's individual dietary needs. People told us, "The food is really, really good; I like salad, stew and dumplings, and I like a drink sometimes", "The food is alright, in fact it's very good. It varies; there is always a choice" and "On the whole the food is not bad. The cooks are really good; if I don't like something they give me something else." We saw people's dietary needs were met, and we heard people request particular drinks and saw they received these. Relatives told us, "The food is okay; they could have better menus but the food is nice" and "With regard to the food, from what I've seen it's lovely. They don't have to eat what's on, they have choices." The manager told us food and drinks are available throughout the day and people may eat when they choose. We saw cold drinks were available for people to access independently. The service had received a score of four out of a possible five from the Food Hygiene Rating Scheme (FHRS). The FHRS shows people the standard of food hygiene in the service. A score of four represents good hygiene practises and standards.

We looked at a selection of staff recruitment files and saw all staff received an induction when they commenced work at the service. The induction was linked to the Care Certificate, which is a nationally recognised standard of training for staff in health and social care.

Staff were well-trained and had good knowledge and skills which they used in practice. People told us, "I'm sure they have the right skills and experience", "They do have the right skills, they get on well and they always can do what you ask" and "The staff seem to have the right skills. They are pretty good." The service had a training matrix in place which showed when staff had completed training and when it was next due. Training records showed staff had completed a range of training in areas relevant to the service provided, including moving and handling, health and safety, infection control, dementia awareness, safeguarding, first aid and MCA and DoLS. Staff had also received specialist training covering end of life care and person-centred care. Competency assessments were completed to check staff used the skills they had learnt in practice.

We found staff received supervision and appraisals as required, however these were not always fully documented. We brought this to the attention of the manager, who informed us in future they will ensure staff are supernumerary so they would not be called away during supervision, and all sessions would be fully documented. Staff told us, "Yes, I have supervision and they write things down" and "I always speak with the manager; I go into the office when I want."

We saw the premises had been adapted to include a lift to service the first floor, a conservatory area and a secure garden area. This meant people could independently go outside or to their room. We saw sunhats were available for people to use during the summer and the manager told us, "We want people to be careful in the sun, so we provide hats they can use if they want to sit in the garden."

Good

Is the service caring?

Our findings

We found the staff were caring and kind. People told us, "The staff care about me", "The staff are very good. When I came in here, I was in a bit of a state; they helped me so much", "I feel the staff really care about me; they are very caring and they always ask how I am" and "The staff absolutely care about me; they help me and really look after me." Relatives said, "Staff are so positive and caring", "The staff really do care about my relative" and "Certainly the staff seem to care about them; they are lovely." We saw written compliments from relatives regarding the care their family had received. They said, "Thank you for all the care you gave mum, love to such a nice team of great people" and "We would like to thank you all for the loving care you gave our mum during the ten years she lived at St Lawrence. She was very happy and reaching the grand old age of 101 was partly down to your dedication to care. You all do a great job."

We found people were supported by staff who respected their privacy and dignity, and cared for their individual needs. One person who used the service said, "I like a bath. It's a swing bath. They look after me and make sure I'm happy." Staff told us, "I knock on doors and make sure they're closed behind me", "I treat people with respect, I give them choices and ask them what wash products they want to use" and "When I get someone up, I put a towel over them." On our tour of the environment, we saw the shared bedrooms, which at the time of our inspection were vacant. The manager told us curtains were used to ensure people received privacy, and we saw the rooms were large enough to accommodate separate sleeping and dressing areas for each person if necessary.

People were supported to express their views and opinions through individual meetings. People told us they had a good relationship with staff, and staff listened to their needs and concerns. People who used the service said, "Staff do listen. If I am upset, I can talk to them and they help" and "I have absolutely no concerns at all; we have a good relationship. When I say 'what are you doing, you're lazy' they just laugh" and "I have a very good relationship with staff, in fact I have pretended to adopt one of them as my granddaughter; she calls me Nanna." A relative told us, "They quite often have a good chat with her." We observed staff spent time talking to people and saw good communication. A relative told us, "I'm delighted with the level of communication between staff and myself. They make me aware of everything, so any problems at all, they call me." The manager informed us that advocacy services were used as required to enable people to express their opinions and to make their own decisions.

We found people were cared for and their individual needs were met. One person who used the service said, "When I was ill the staff here were wonderful to me" and a written compliment stated, "Thank you so much for looking after me so well while I was in your care." People told us staff treated them with compassion and respect, and found time to talk to them. They said, "I had a lot of sadness recently losing my husband and my own illness. They look after me well and cheer me up", "Staff tell me if I am feeling down I must go and talk to them; I don't have to bottle it up", "They listen; they're lovely" and "They always have time to talk with us." Relatives said, "Staff have been brilliant with them" and "I think the staff are wonderful; I really appreciate what they do." Staff told us, "I offer choices and respect these" and "I always speak to the residents; it's like a little home from home."

We saw people could be as independent as possible, and make choices regarding their care. People told us, "I'm really happy; I do as I like. I've been here 21 years", "I do a bath but I'm not a shower person" and "I have full control over my daily routines; I don't get up early, about 9 o'clock usually. When I've had my tea, I go to bed and I watch TV. I like quizzes" and "I decide what I'm going to do every day; there are no restrictions at all. I know my limits. I go out often. I do go out to my hairdressers." Staff told us, "I leave people to do what they can for themselves; they might wash their front, hands and face, and I do their back" and "I always ask people what they want to wear, some people point to the clothes they want."

We found the manager ensured people's individual cultural, spiritual and other equality and diversity needs were catered for. One person who used the service commented, "I am a salvationist and I still have my uniform; I believe in God." Staff told us, "We make sure everyone is equal, we have had people of ethnic minorities here and people of different religions too. One person was catholic and saw the priest regularly" and "We simplify questions so people are more able to understand." The manager said, "We had one person here who spoke only a little English, we had to use translation services to ensure we understood them and they understood us." We saw pictorial cards or written information were used to clarify meanings if appropriate.

We observed people's bedrooms were personalised and the manager told us people were involved in the colour choices in their rooms. This meant people's preferences were taken into account and their rooms would feel homely.

We saw records were stored securely and computers were protected by passwords. This meant only authorised staff could access them. Staff told us they keep information confidential and they said, "I don't speak to anyone else, unless it's a concern, then I only go to a senior or manager."

Good

Is the service responsive?

Our findings

We found care was person-centred and staff responded to people's changing individual needs. One person who used the service told us, "Staff always tell me they're here to serve me" and a relative said, "The staff certainly know them and they keep a record of their likes and dislikes, because they change from day to day." The manager told us all staff had completed training in person-centred care and we saw the training records and results of a survey of visiting healthcare professionals confirmed this. All 12 healthcare professionals surveyed said staff were aware of person-centred care.

Staff told us they catered for people's individual needs and we saw assessments were completed prior to admission so the service could be sure they could meet people's needs from the day of their arrival. We saw assessments were detailed and included people's life history and preferences. Cultural and social needs were recorded. For example, one person's care plan stated they liked to watch religious services on the television and should be offered the opportunity when appropriate. People who accessed the service for respite care also received a comprehensive assessment, which detailed how their individual needs would be met.

People were treated as individuals and care was tailored to their needs. We saw people were involved in their care and had signed their care plans. One person who used the service told us, "There is a book down there and they write everything in it." A relative said, "Yes, I have been involved in care planning." Care plans were reviewed and updated monthly.

The manager told us people could remain in the service for end of life care. We found people were supported to have a comfortable, dignified and pain-free death. Relatives were also supported and kept informed and updated on people's progress and condition. We saw compliments from relatives regarding the care their family had received. One relative commented, "They're receiving the best of care" and a written card said, "Thank you for looking after [Name of relative] for the past years, also for your support, caring and kindness in their last few days." The manager told us they accommodate relatives to stay with their family, if they want, during this time.

We found there were appropriate activities for people to participate in, and people could access the conservatory or secure garden areas independently. People told us, "I enjoy the social activities and we have a guy who comes and we do exercises" and "I enjoy the social activities, I take part in keep-fit sitting exercises and we do card games" and "I do like the social activities; I like chair exercises." A relative told us, "My relative likes to take part in the activities; they enjoy the chair exercises and likes joining in." We saw there were books and games available for people to freely access and the manager told us the library service regularly changed the books to ensure they met people's needs. There was a cat, which the manager told us provided companionship to people and gave people purpose. People were observed caring for, and feeding, the cat. We looked at records of recent activities and saw they included singing, playing musical instruments and staff painting people's nails.

On the day of our inspection, people who used the service were given the opportunity to go for lunch at a

local restaurant. We saw several people accompanied staff, and they told us they enjoyed going into the community. One person said, "Fish and Chips are my favourite; I'm going out for fish and chips today." The people who remained at the service received a good meal-time experience and we saw there were sufficient staff to cater for their individual needs.

We found people were encouraged to maintain contact with their relatives, and also to access hobbies and interests in the community or the service. People told us, "My visitors are always made to feel welcome", "My visitors are always made welcome, they always say 'would you like a drink'" and "They make my visitors very welcome; they always get a cuppa. In fact we are having a party here on Friday and all friends and family are invited. I'm looking forward to it." Relatives said, "We can visit any time day or night", "You can walk in at any time and the care is exactly the same" and "We can visit any time, I often come on Sundays." Staff told us "A fair few residents go out to the pub" and "Entertainers come in but we need to build on the activities we currently do." The manager said they would look into the activities they provide and would introduce new ones as appropriate.

The complaints policy was clearly displayed in the service and we found there were few complaints. People told us they would not hesitate in contacting the manager if they wanted to discuss any concerns. They said, "I can't say I have had any problems", "I feel completely at ease talking to the management. I go to the manager every week with something and they put my mind at rest", "If I wanted to complain I would go to the manager; they're good, they listen" and "I've complained about a problem with the laundry and losing garments. They need to sort this out. I complained the other day about it and they are sorting it." We discussed this with the manager who assured us they had already taken steps to rectify this issue. Relatives told us, "I have absolutely no complaints", "I have never seen anything yet that concerned me while I've been here" and "If I ever had to complain, I will go to the manager or even to the owner; but I have never had to complain." We saw complaints were dealt with professionally and addressed in a timely manner.

We found the service provided information in accessible formats according to people's needs. One member of staff told us, "We use picture cards with [Name of person who used the service] but when we did this with [Name of another person who used the service] they seemed offended, so we found another way of communicating." Staff used technology such as translation applications on their phones to communicate with people who spoke a different language.

Requires Improvement

Is the service well-led?

Our findings

A condition of the provider's registration with CQC was for there to be a registered manager in post at the location. At the previous inspection on 12 and 16 December 2016 we found there was no registered manager. At the time of this inspection, there had not been a registered manager for sixteen months. We saw the manager had submitted their documents for registration with the Care Quality Commission (CQC) and in discussions we found they were aware of the responsibilities this would entail. For example, they had been submitting notifications of incidents and accidents as required and had a good knowledge of the regulations.

We found the manager had good knowledge and skills, and was completing relevant qualifications to further these. The manager told us they completed one shift each fortnight as a care worker so they had knowledge about people's individual needs and the day-to-day demands on staff. They said, "I can understand more if I work on-the-floor; I would never ask anyone to do anything I wouldn't do myself." This meant the manager was able to identify any issues from a carer's perspective and address them.

We found there was an open management culture and people told us both the manager and provider were always available. All the comments we heard regarding management were positive. People told us, "I think the manager is very good; they have done a lot for me", "My opinion about the management is that it is very good" and "I have no complaints about the manager and leadership of the home; they do take care of you." A relative said, "The management and leadership here is very good. They all communicate very well and that is so important." All staff spoken with had worked at the service for a number of years and were positive about the management of the home. Staff commented, "The manager is very good; supportive, approachable, keeps things confidential but reprimands if necessary and they're conscientious about training", "I always feel that I can go to the manager if there's any issues about work" and "They [the provider who is also a qualified nurse] pop in daily, depending on their shift. All the service users know them; they chat with people and get along with them all."

We looked at the handover book, which staff used to inform the next shift of any issues or concerns. We found this was clear and well-organised with relevant information being passed on. The manager told us meetings and memorandums were also used to relay information to staff.

People were asked for their opinions through questionnaires and meetings. We saw surveys, which asked people who used the service, their relatives and visiting healthcare professionals their opinions, had recently been completed. The manager had devised questionnaires to gain people's views on numerous subjects including laundry, menus and the environment, and said they intend to do these periodically throughout the year, so detailed feedback would be gained. The manager told us they analysed these questionnaires and used the information to drive improvements in the service. We saw the previous analysis of survey results and discussed with the manager the improvements that had been made due to this.

We looked at a selection of policies and procedures. We found some were not up-to-date and did not reflect best practice. We brought this to the attention of the manager, who informed us they were in the process of

updating all the policies and would include current best practice in these. Staff told us they knew where policies and procedures were kept, but said they would ask senior staff for advice if they needed it. They said, "I'd ask the senior or manager, they're nice you can talk to them and ask them anything."

We saw audits were completed periodically to ensure any areas that required improvement were identified. For example, accidents and incidents, care plans and medication were reviewed by the manager and action plans developed. The manager told us they analysed these for any patterns or trends so improvements could be made. We saw a memorandum had been sent to staff as a result of analysing medication errors. At the time of our inspection, the quality assurance systems in place were appropriate to the size of the service. However, they would require further development to ensure their effectiveness if the service was to expand.

We found the provider worked with other agencies to improve the service. We saw the provider had addressed issues identified by the local authority in an audit; several environmental improvements had been advised, and these had been actioned, or there was an action plan to address these as soon as possible.