The Green Nursing Homes Limited

The Green Care Home with Nursing, Hasland

Inspection report

45 The Green
Hasland
Chesterfield
Derbyshire
S41 0LW
Tel: 01246 556321
www.thegreencarehomes.com

Date of inspection visit: 16 October 2015
Date of publication: 18/01/2016

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

Overall summary

This inspection was unannounced and took place on the 16 October 2015. .

The Green Care Home with Nursing, Hasland provides nursing and personal care for up to 40 older people. There was a registered manager at this service. 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.

At our last inspection in May 2014 we found that the essential standards of quality and safety were being met at this service.

Summary of findings

At this inspection people felt safe.The provider's arrangements helped to protect people from harm and abuse and informed and supported people using, visiting and working at the service to raise any related concerns.

Risks to people's safety associated with their care and treatment needs and the environment were identified. Staff understood and followed the care actions required for their mitigation which were usually specified in people's care plans when required.

Management checks and related quality assurance measures, helped to inform and ensure that people's care and safety needs were addressed and met through their written care plans.

The provider's staffing arrangements helped to make sure that people received the care they needed, from staff who were fit and suitable to provide this.

People's medicines were safely managed and they were protected from risks associated with unsafe medicines practice.

The home was clean, safe and well maintained. The provider's arrangements and contingency plans informed and promoted people's safety in the event of any forseen emergency in the home.

People's health and nutritional needs were being met. People were supported to access external health and social care professionals when they needed to and staff followed their instructions for people's care when required.

The provider's arrangements helped to make sure that people received care based on recognised practice and delivered by staff that were appropriately trained and supported.

Staff usually followed the Mental Capacity Act 2005 (MCA) to obtained people's consent or appropriate authorisation for their care. Record keeping improvements were agreed by the registered manager to consistently account for this.

People were satsifed that staff treated them with kindness and compassion and promoted their rights to dignity, independence, choice, privacy, respect and family life.

People and their relatives were appropriately informed and involved and staff knew what was important to them when they provided care. The provider regularly sought people's views about their care and used them to inform and make improvements when needed.

The provider's arrangements helped to inform and improve the delivery of people's end of life care (EOLC) against recognised practice when required.

Staff were helpful and overall, prompt to provide people with the assistance and support they needed. Staff acted promptly to secure advice and input from external medical and health professionals when required, following changes in people's health needs.

People received personalised care, which mostly met with their daily living and lifestyle preferences. Improvements were being made to increase the range and choice of social and recreational activities for people to access from their expressed views about this.

Adaptations and arrangements were made and followed by staff to support people's independence and communication needs.

People and their relatives knew how and were confident to raise any concerns or complaints about the care provided. These were listened to and acted on by the provider and used to inform any improvements that may be required.

The provider regularly sought people's views about their care and those of their relatives. Changes were often made from feedback obtained to support people's wishes about their care.

The service was well managed and run. People living and visiting the service and staff working there were confident of this.

The provider had kept us informed of important events that happened at the service when required.

The provider's arrangements ensured that the quality and safety of people's care, was regularly checked, analysed and assured.

Improvements to people's care experiences were proactively sought Staff understood the reasons for any related changes or improvements that were needed and they understood their roles and responsibilities for people's care.

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.

People felt safe in the home and they were protected against harm and abuse.

People's medicines were safely managed and people received safe care and treatment from staff who were fit and suitable to provide this.

The provider's arrangements helped to ensure that risks to people's safety associated with their health needs and also the environment, were identified and safely managed.

Good

Is the service effective?
The service was effective.

People were supported to maintain and improve their health and nutritional status in consultation with external health professionals when required.

People's care was based on nationally recognised practice, delivered by staff who received the training and support they needed to perform their role and responsibilities.

Staff usually followed the Mental Capacity Act 2005 to obtain people's consent or appropriate authorisation for their care. Record keeping improvements were agreed in relation to mental capacity assessments.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion by staff who treated them with respect and promoted their rights when they provided care.

People and their relatives were appropriately informed and involved in the care provided.

Recognised best practice guidance was sought and used to inform and improve people's end of life care experience when required.

Good

Is the service responsive?
The service was responsive.

Overall, staff were prompt to provide people with the assistance and support they needed. Staff acted promptly when required following changes in people's health needs.

People's views about their care were sought and acted on and people were supported to raise concerns or complaints. Changes were made from these to improve the service when required

People's preferred daily living routines and lifestyle preferences and their choice and independence were generally well promoted in a way that met their needs

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The service was well managed and run. The provider arrangements helped to continuously inform, assure and improve the quality and safety of people's care and related staff development.

Staff were supported and informed to understand and follow their roles and responsibilities for people's care.

The Green Care Home with Nursing, Hasland

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.

We visited the home on 16 October 2015. Our visit was unannounced and the inspection team consisted of two 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 service.

Before this inspection we looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During our inspection we spoke with 12 people who lived at the home and six relatives. We spoke with two nurses, including the registered manager, four care staff, a cook and the registered provider. We observed how staff provided people's care and support in communal areas and we looked at seven people's care records and other records relating to how the home was managed. For example, medicines records, staff training records, meeting minutes and checks of quality and safety.

Good

Is the service safe?

Our findings

People said they felt and were confident that they were safe in the home. People's relatives supported this view. People gave us examples of what being safe meant to them, such as being safely supported by staff to mobilise and being confident they were protected from harm abuse from others. One person said, "Yes, I certainly feel safe here and they (staff) always make sure of that." Another person's relative told us, "I am confident that she is safe and well looked after."

Results from the provider's most recent survey consultation with people in July 2015, showed all respondent's felt comfortable and safe at the service.

We saw that information was displayed, that informed people how to keep safe and how to recognise abuse. This included information about what to do if people or others visiting the service, witnessed or suspected the abuse of any person receiving care. Staff knew how to recognise and report abuse and the provider's training and procedural arrangements supported them to do so. This helped to protect people from the risk of harm and abuse.

Throughout our inspection we observed that staff supported people in a way that promoted their safe care and treatment. For example, supporting people to take their medicines or to eat and drink and mobilise safely. Personal protective clothing (PPE), such as disposable gloves and aprons and hand washing equipment were accessible to staff, which they used for people's care when required. This showed that staff understood related risks to people's safety and the care actions required to reduce the risks.

One person had recently sustained a fall and serious injury at the service. Staff knew them well and were able to describe their related care and safety needs. However, information relating to this was not easy to find in their care plan records, as there was no specific care plan identified for their falls prevention and management. We discussed this with the registered manager who agreed to review and take any necessary action to address this. This helped to minimise the risk of the person receiving unsafe or inappropriate care.

Otherwise, people's care plan records we looked at showed that potential or known risks to their safety were identified before they received care. This included risks to people from their environment and their health needs. Care plans also showed how those risks were being managed and they were regularly reviewed. For example, risks from falls, pressure sores, poor nutrition and risks relating to people's mobility needs.

Management checks of accidents and incidents were regularly undertaken and analysed for patterns and trends. Risks to people's individual safety from their health needs and conditions, were also assessed before people received care and regularly reviewed. This included risks to people relating to their environment and their nutritional, mobility and dementia care needs. Information arising from these systems were used to inform people's care. For example, equipment and staffing requirements to support people's care and safety needs. This helped to make sure that identified risks to people relating to their health needs and were safely managed.

People's medicines were safely managed and people received their medicines when they needed them. We observed that staff responsible gave people their medicines safely and in a way that met with recognised practice.

Some people's medicines administration records (MARs) showed they were prescribed variable doses of medicines to be given at the time they needed it, rather than at regular intervals. Recent management checks showed that action was being taken to make sure that related medicines instructions, included clear guidance for staff to follow to show them whether to give the lower or higher dose. The nurse responsible for giving people their medicines was able to describe how this was safely determined. Otherwise, records kept of medicines received into the home and given to people showed that they received their medicines in a safe and consistent way.

Staff responsible for people's medicines were provided with relevant training and information to support their role. This included individual assessments of staff competency and periodic training updates. Staff training records, the provider's medicines policy and related guidance supported this, which helped to make sure that people's medicines were safely managed.

People, relatives and staff felt that staffing levels were usually sufficient to provide people's care. However, most

Good

Is the service safe?

commented that people sometimes had to wait too long for assistance or that staff did have so much time to spend with them. One person said, “The care staff are very good, but they are sometimes too rushed.”

The registered manager told us about their staff planning arrangements took account of people’s needs and staff absence and recruitment requirements. We spoke with the registered manager who showed us a specific measurement tool that was regularly used to help determine safe staffing levels at the service. This took account of people’s dependency levels and changing needs.

Recognised recruitment procedures were followed to check that staff, were fit to work at the service and provide people’s care before they commenced their employment. Checks of the professional registration status of nurses employed at the service and their fitness to practice were also carried out before they started working there and periodically thereafter.

People and their relatives said the home was clean, fresh and well maintained, which we also observed during our inspection visit. One person told us, “The home is always nice and clean.” Another person’s relative said, “It’s spotless, you never come in and it smells.”

Records showed that safety checks and required servicing and maintenance of equipment in the home were regularly undertaken. For example, checks and maintenance of hoist equipment and hot and cold water systems. Staff understood that emergency plans were in place for them to follow in the event of any emergency in the home. This included for any event of a fire alarm. Routine fire safety checks were also regularly undertaken and recorded. Respective reports of visits from the local fire and environmental health authorities in April and June 2015 found satisfactory arrangements at the service for fire safety and excellent arrangements for food safety and hygiene.

Good

Is the service effective?

Our findings

People and their relatives were satisfied that people received the care they needed and felt staff were sufficiently knowledgable and trained to provide this. One person said, "The staff are good and the nurses are approachable; they know what they are doing." Another person's relative told us, "Staff are well trained; he gets care needed."

Each person whose care we looked at, had a range of care plans that identified their care and, treatment and support needs. They were regularly reviewed and mostly provided a good level of detail about the care interventions required to address people's needs and preferences. However, three people's care plans gave conflicting information about their respective breathing, mobility and night care needs and requirements. We discussed this with the registered manager who agreed to take action to address this. Staff we spoke with were knowledgable about people's care needs and were able to consistently describe their related care and support requirements and preferences. This helped to ensure that people were protected from the risk of receiving ineffective or inappropriate care.

People told us they were supported to see their own GP and other health and social care professionals when they needed to. This included routine and specialist health screening, such as optical care or nutritional and continence screening and advice. People's care plan records reflected this and showed that staff followed relevant instructions from external health professionals when required.

The provider's arrangements helped to make sure people received care based on recognised practice, which met their needs and was delivered by staff that were appropriately trained and supported.

Some staff had defined lead roles, which helped to make sure that recognised practice was followed for people's care. For example, nurse lead roles were established for people's end of life care, the management of people's medicines and infection control and prevention in the home. Links were established with relevant external health professionals or working groups, which helped to inform related care practice at the service.

Staff told us they received the training, support and supervision they needed to provide people's care, which records showed. This included extended role and equipment training for nurses. For example, to enable them to take blood specimens from people when required. All staff were doing basic life support certificated training.

Staff, were supported to achieve a recognised vocational care qualification and plans were in place for new staff to undertake the Care Certificate and to review existing care staff training against this. The Care Certificate identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to provide compassionate, safe and high quality care.

Staff had received training about the Mental Capacity Act 2005 (MCA) and they were provided with recognised guidance to follow. The 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.

Initial assessments in some people's care records showed they were not always able to make important decisions about their care and treatment because of their health conditions. Staff, we spoke with understood and were able to describe people's care requirements associated with their best interests. However, people's care plan records did not always show how their mental capacity had been assessed when specific decisions about their care were being made in their best interests. For example, in relation to the use of bed rails. We discussed this with the registered manager and they agreed to take action to address this, to reduce the risk of people receiving care without their consent or appropriate authorisation.

Records showed that advanced decisions had been made about some people's care and treatment in the event of their sudden collapse or serious illness, which staff understood. People's records showed that the decisions were made with their consent, or by obtaining appropriate authorisation if people were not able to make those decisions themselves. Records also showed that some

Good

Is the service effective?

people had appointed relatives who were legally authorised to make specified decisions on their behalf in relation to their finances. This helped to make sure that decisions were appropriately made when required.

People were satisfied with the quality, choice and availability of their meals, snacks and drinks, which they said they were regularly consulted about. One person said, "The food is very good; you get a choice – they ask you in the morning and there's always a menu on the table."

At lunchtime there was a relaxed and sociable atmosphere in the main dining room. People were supported to sit where and with whom they chose and some people were supported to eat in their own rooms. Meals served looked and smelt appetising and food menus were provided, which showed variety, choice and a balanced diet.

People were provided with the support they needed to eat and drink. Staff served the correct types and consistencies of food to meet with people's dietary requirement and related instructions from relevant health professionals.

Results from the provider's most recent survey consultation with people in July 2015 showed that overall, respondents were satisfied with their care and meals provided.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion and staff promoted their rights to dignity, independence, choice and respect.

People and their relatives were happy with the care provided. They were all positive about their relationships with staff and many commented how caring they were. One person said, "I'm very happy here; the staff are all very good; everyone is kind."

People and their relatives told us that staff treated people with respect and promoted their privacy, dignity, independence and choice. One person told us, "Staff treat me with the utmost respect and always protect my privacy, which they know is important to me." They also went on to tell us that staff were "courteous, " "kind" and "caring". One person's relative told us, "They encourage dad's independence and respect what he wants." Another relative said they were particularly impressed how staff ensured people's dignity when they provided care.

People's relatives said they were always made welcome and could visit the home at any time to suit the person receiving care. We observed there was a relaxed and friendly atmosphere and people's relatives visited them at vaying times throughout the day. One person relative said, "It's always a lovely atmosphere here and always welcoming."

People and their relatives felt that they were kept appropriately involved and informed in care arrangements. One persons' relative told us, "I get information as necessary, they are up front and open – and straight on to it."

People's care plans showed their involvement and contact information of family or friends who were important to them. Information was also displayed about local and national advocacy services if people needed someone to speak up about their care on their behalf. .

Staff were kind and caring and they promoted people's rights when they provided care. They ensured people's dignity, privacy and promoted their independence as much as possible. We observed that staff gave people time to do much as they were able and they were observant to provide people with gentle encouragement and support when required. For example, when they helped people to make choices about their care, what to eat and drink and where to spend their time. We observed that staff were patient and explained what they were going to do before they provided care and support to people. For example, when they used hoist equipment to help people to move. One person told us in relation to this, "They wouldn't do anything without telling you first."

Staff were able to describe what they felt was important for people's care. This included giving people choice and ensuring their dignity and privacy. They gave examples such as closing curtains and doors before providing care; checking people's staff gender preferences for their intimate personal care and knocking and waiting before entering people's own rooms.

The provider's aims and values for people's care were stated in their service information for people. This included their aim to ensure people's privacy, dignity, choice and independence. Staff, were able to describe how they promoted this when they provided care and understood its importance. Staff also told us about their work towards a recognised Dignity in Care Award. Following our inspection the registered manager told us this had been achieved.

The service aimed to provide and develop end of life care (EOLC) for people. EOLC is experienced by people who have an incurable illness and are approaching death. The registered manager told us they were working closely with local health commissioners and external health professionals, to inform and develop the delivery of EOLC at the service. All nursing and care staff had either completed or were enrolled to receive training in the principles of palliative and EOL care.

At this inspection, there was no person receiving EOLC. However, nursing staff were able to describe good practice principles for people's EOLC, including last days. Anticipatory medicines were retained and given as prescribed when required to support people's EOLC, subject to their assessed needs. Anticipatory medicines are prescribed to enable prompt relief at any time that a person develops distressing symptoms associated with end of life care. This meant they could be given to people at the time they needed them to reduce significant distress or discomfort. This helps to avoid unnecessary hospital admission and enables people receiving EOLC to remain comfortable in the home.

Good

Is the service caring?

This showed that people could expect to receive EOLC when required that met with recognised guidance and their wishes and preferences.

Good

Is the service responsive?

Our findings

People and their relatives said that staff were helpful and mostly prompt to provide people with the assistance and support they needed. One person said, "The care staff are very good, but they're sometimes too rushed." Another person told us, "I sometimes have to wait too long." Staff we spoke with said they were often, but not always, able to respond in a timely manner when people needed assistance. However, staff felt that that any delays had occurred at times of unplanned staff absence.

We looked a the results of the provider's recent questionnaire survey of people's views about their care and daily living arrangements. This showed that a significant number of respondants felt that staff were not always prompt in attending to their needs and that they sometimes had to wait too long for assistance when they needed it. The registered manager told us about the action they were taking to address this, which included arrangements to secure staff cover at short notice when required. The survey response gave written assurances to people about this.

We observed that staff, were visible throughout our inspection and they acted promptly to support people when they needed assistance. For example, one person's care plan showed they could sometimes become distressed and anxious. The plan detailed signs in their behaviour and mood that staff needed to be aware of, because they were often precursors to them experiencing this type of emotion. Staff that we spoke with fully understood this and they supported the person a timely manner when needed.

People and their relatives said that staff acted promptly when people's health needs changed. For example, if they needed medical assistance. One person said, "If you need the doctor they (staff) always act straight away." Another person told us that additional staff training was promptly organised, following changes in their health needs and care requirements. This helped to make sure their needs could continue to be met at the service. They said, "It was all sorted quickly and efficiently."

People's care plan records that we looked at showed that prompt action was taken by staff to contact relevant external health or medical professionals when required, following any changes in people's health conditions.

We saw that a number of adaptations and arrangements had been made to support people and promote their independence. For example, some people were living with sensory and recognition difficulties arising from their health conditions. At lunchtime we observed that appropriately coloured crockery and picture menus were provided to assist them.

One person's relative told us the person was living with dementia; they were not able to communicate verbally and did not always understand what was happening. The relative said that staff understood the person and knew how to communicate with them. They also said that staff were good at recognising if the person was anxious or distressed or didn't understand what was happening. They told us, "Staff always talk to him, they tell him what they are going to do. They are good at recognising if he doesn't want something and will come back later when he will be okay."

Another person had difficulties in communicating following a stroke. Their communication care plan showed staff their communication needs and the specialist equipment they sometimes used to assist them with this. This included instructions for staff to follow to modify their communication, to help the person to understand them. During our inspection, we observed that staff followed this and were able to successfully communicate with the person. This helped to promote the person's independence and inclusion in daily life at the service.

People and their relatives were content that people received care that was personalised and met with people's daily living and lifestyle preferences. We looked a the results of the provider's questionnaire type survey of people's views about their care and daily living arrangements, conducted in July 2015. This showed that people were dissatisfied at that time with the range and frequency of leisure and social activities provided at the service. However, people we spoke with at our inspection were satisfied that improvements were being made in consulation with them to address this; through the successful recruitment of an activities co-ordinator. Discussions with the activities co-ordinator and minutes of recent residents meetings that were regularly held with people, reflected this. They also showed that a range of regular opportunities were provided for people to engage in individual and group activities. For example, gentle

Good

Is the service responsive?

exercise, fitness and reflexology sessions and a gardening club, together with a range of entertainments. Regular arrangements were also made for people who chose, to worship and practice their faith.

During our inspection, we observed there was a sociable and relaxed atmosphere in communal lounge and dining areas. People were supported to spend time in areas of their choice. For example, some people spent time in communal areas, where they engaged with others there, or joined board games that were organised. Others preferred to spend time in their own rooms. One person said they often spent time reading in their room, which they particularly enjoyed. Another person told us they were helping to organise a craft stall to sell items they had made at the forthcoming Christmas fayre, in support of residents' fund raising strategies, for entertainments and trips out.

People and their relatives were confident to raise concerns and knew who to speak with if they were unhappy or had any concerns about people's care. One person said, "Staff are approachable if you have got a problem."

An appropriate complaints procedure was openly displayed in the home, which could be made available in other formats to suit people's needs. Records showed that complaints received about the service during the previous 12 months, were investigated and acted on when required. Changes were made as a result of the investigation findings from one complaint that was upheld, to ensure that people were appropriately supported when they wish to access the local community.

People and their relatives said that staff were helpful and mostly prompt to provide people with the assistance and support they needed. One person said, "The care staff are very good, but they're sometimes too rushed." Another person told us, "I sometimes have to wait too long." Staff we spoke with said they were often, but not always, able to respond in a timely manner when people needed assistance. However, staff felt that that any delays had occurred at times of unplanned staff absence.

We looked a the results of the provider's recent questionnaire survey of people's views about their care and daily living arrangements. This showed that a significant number of respondants felt that staff were not always prompt in attending to their needs and that they sometimes had to wait too long for assistance when they needed it. The registered manager told us about the action they were taking to address this, which included arrangements to secure staff cover at short notice when required. The survey response gave written assurances to people about this.

We observed that staff, were visible throughout our inspection and they acted promptly to support people when they needed assistance. For example, one person's care plan showed they could sometimes become distressed and anxious. The plan detailed signs in their behaviour and mood that staff needed to be aware of, because they were often precursors to them experiencing this type of emotion. Staff that we spoke with fully understood this and they supported the person a timely manner when needed.

People and their relatives said that staff acted promptly when people's health needs changed. For example, if they needed medical assistance. One person said, "If you need the doctor they (staff) always act straight away." Another person told us that additional staff training was promptly organised, following changes in their health needs and care requirements. This helped to make sure their needs could continue to be met at the service. They said, "It was all sorted quickly and efficiently."

People's care plan records that we looked at showed that prompt action was taken by staff to contact relevant external health or medical professionals when required, following any changes in people's health conditions.

We saw that a number of adaptations and arrangements had been made to support people and promote their independence. For example, some people were living with sensory and recognition difficulties arising from their health conditions. At lunchtime we observed that appropriately coloured crockery and picture menus were provided to assist them.

One person's relative told us the person was living with dementia; they were not able to communicate verbally and did not always understand what was happening. The relative said that staff understood the person and knew how to communicate with them. They also said that staff were good at recognising if the person was anxious or distressed or didn't understand what was happening. They told us, "Staff always talk to him, they tell him what they are going to do. They are good at recognising if he doesn't want something and will come back later when he will be okay."

Good

Is the service responsive?

Another person had difficulties in communicating following a stroke. Their communication care plan showed staff their communication needs and the specialist equipment they sometimes used to assist them with this. This included instructions for staff to follow to modify their communication, to help the person to understand them. During our inspection, we observed that staff followed this and were able to successfully communicate with the person. This helped to promote the person's independence and inclusion in daily life at the service.

People and their relatives were content that people received care that was personalised and met with people's daily living and lifestyle preferences. We looked a the results of the provider's questionnaire type survey of people's views about their care and daily living arrangements, conducted in July 2015. This showed that people were dissatisfied at that time with the range and frequency of leisure and social activities provided at the service. However, people we spoke with at our inspection were satisfied that improvements were being made in consulation with them to address this; through the successful recruitment of an activities co-ordinator. Discussions with the activities co-ordinator and minutes of recent residents meetings that were regularly held with people, reflected this. They also showed that a range of regular opportunities were provided for people to engage in individual and group activities. For example, gentle exercise, fitness and reflexology sessions and a gardening club, together with a range of entertainments. Regular arrangements were also made for people who chose, to worship and practice their faith.

During our inspection, we observed there was a sociable and relaxed atmosphere in communal lounge and dining areas. People were supported to spend time in areas of their choice. For example, some people spent time in communal areas, where they engaged with others there, or joined board games that were organised. Others preferred to spend time in their own rooms. One person said they often spent time reading in their room, which they particularly enjoyed. Another person told us they were helping to organise a craft stall to sell items they had made at the forthcoming Christmas fayre, in support of residents' fund raising strategies, for entertainments and trips out.

People and their relatives were confident to raise concerns and knew who to speak with if they were unhappy or had any concerns about people's care. One person said, "Staff are approachable if you have got a problem."

An appropriate complaints procedure was openly displayed in the home, which could be made available in other formats to suit people's needs. Records showed that complaints received about the service during the previous 12 months, were investigated and acted on when required. Changes were made as a result of the investigation findings from one complaint that was upheld, to ensure that people were appropriately supported when they wish to access the local community.

Good

Is the service well-led?

Our findings

People, relatives, staff were all confident about the management and running of the home. Residents and relatives thought the care home was well run. One person said, "The manager is accessible and amenable – easy to approach and helpful." Another person told us, "Staff understand what is needed from them." One person's relative told us, "We get questionnaires from the management, asking what they can improve."

People and their relatives knew staff and their designated roles. A large staff photograph board was displayed to help them and other visitors to the home, to identify this.

There were clear arrangements in place for the management and day to day running of the home.

The provider regularly visited the home to check the quality and safety of people's care and they were present for part of our inspection. They had kept us informed about important events that had occurred at the service by sending us sent us written notifications when required.

The registered manager described comprehensive arrangements for checking the quality and safety of people's care. For example, regular checks of the arrangements for people's medicines, care plans and the environment and equipment used for people's care. Regular checks were also undertaken of people's health status and their related needs. Records showed that the findings from these were used to inform and plan improvements when required. Improvements to care plan record keeping and related consent arrangements were assured from this.

Accidents, incidents and complaints were regularly monitored and analysed. This helped to identify any trends or patterns and were used to inform any changes that may be needed to improve people's care. Staff confirmed that they were instructed about any changes that were needed to improve people's care, in staff group and one to one meetings, which records showed.

All of the staff we spoke with were proud to work at the service and often referred to their shared commitment to "team work" and to "provide the best possible standard of care." One of them told us, "We try to make people's care experience as good as it can be and aim to maintain a good reputation."

Staff understood their roles and responsibilities for people's care. For example, they understood how to raise concerns or communicate any changes in people's needs. This included, reporting accidents, incidents and safeguarding concerns. The provider's procedures, which included a whistle blowing procedure, helped them to do this. Whistle blowing is formally known as making a disclosure in the public interest. This supported and informed staff about their rights and how to raise serious concerns about people's care if they needed to.

There was a proactive approach to staff workforce planning and development. The provider's arrangements showed they continuously sought ways to improve and enhance people's care experience against recognised practice. This included seeking advice from and collaborative working with relevant external bodies. For example, improvements were recently made or were in progress, to enhance the care experiences of people receiving end of life care and to ensure people's dignity in their care. Feedback we received from local care and health commissioners also assured the quality of care that people received at the service.