Leighton House Retirement Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Leighton House Retirement Home is registered to care for up to 30 elderly people. The home is a spacious detached house, close to local community facilities and motorway networks. Bedrooms are situated on the ground, first and second floors and a lift is fitted for people who have mobility problems. Car parking space is available as well as a well-kept garden. There were 23 people accommodated at the home during the inspection.

At the last inspection of 14 October 2016 the service was rated as good overall but required improvement in safe. This was because risk assessments were not always up to date. The lack of accurate and up to date risk assessments meant there was a risk people who used the service might receive unsafe care. This was a breach of regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 and we issued a requirement action. The service sent us an action plan to show how they intended to make improvements. We saw at this inspection that improvements had been made.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean and tidy. The environment was maintained at a good level and homely in character. Although there were some faults with some equipment we saw that arrangements had been made to fix the problems.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities. This helped to protect the health and welfare of staff and people who used the service.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

People were given information on how to complain with the details of other organisations if they wished to go outside of the service.

Staff and people who used the service all told us managers were approachable and supportive.

Meetings with staff gave them the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

There were suitable activities to provide people with stimulation if they wished to join in.

The service asked people who used the service, family members and professionals for their views and responded to them to help improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service used the local authority safeguarding procedures to report any safeguarding to. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. The registered manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

Leighton House Retirement Home Limited

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was conducted by one adult social care inspector on the 28 and 29 June 2017.

We requested and received 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 any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service.

We spoke with four people who used the service, three relatives/visitors, the registered manager, the cook, two care staff members and a visiting professional.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for ten. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "I like it here. I feel safe. There is plenty of security here."; "I feel safe here. Nobody bothers you." Relatives we spoke with said, "I am happy with the care at this home. I feel we can go away and she is safe here." and "I think our relative is safe here. We would not leave her here if we did not think it was safe."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Staff said, "I have had safeguarding training. I am aware of the whistle blowing policy. I would report it, dead right."; "My safeguarding training is completed for now. We have a whistle blowing policy and I would report any signs of abuse. I would use the Rochdale Metropolitan Borough Councils (RMBC) policies and procedures."

People who used the service said, "There are enough staff" and "There are plenty of staff." Staff said, "There are enough staff. People's needs are being met. I always make time to talk to people on a one to one."; "There are enough staff to meet people's needs. We cover for each other, ring around if someone is off sick. We don't use agency staff.

On the first day of the inspection we saw that the registered manager, the care manager, a senior care officer, a senior care worker, one care staff worker, a cook and a domestic were on duty. Although staff had different titles they all worked 'hands on' giving care to people who used the service. The off duty showed this was the norm for this service. The registered manager told us there was a person available to undertake any maintenance tasks. There were sufficient numbers of experienced staff to meet people's needs at the time of our inspection.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that the electrical and gas installation and equipment had been serviced although the service were waiting for their electrical installation certificate. There were other certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), hoists, the nurse call and fire alarm system. The maintenance person also checked windows had restricted openings to

prevent falls and the hot water outlets were checked to ensure they were within safe temperature limits. Radiators had a control valve to minimise the risks of burns. The lift was out of action. We saw that arrangements had been made to have the lift repaired (the part was on order) and a stair lift had been installed to help people get upstairs.

The service had new boilers installed but were having to call their plumbers back because of fluctuating temperatures. We saw that temperatures were at safe limits before the inspection was completed. However, we recommended that the maintenance man or other person check the temperatures more frequently until they were sure that the temperatures were stable and nobody was at risk of scalds. We have since been told the work has been completed now.

The fire alarm system had been serviced. Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the fire procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. The PEEPs were kept in the care plans and near the entrance so staff could get hold of them in an emergency to present to the fire brigade. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

There was also risk assessments to ensure all people lived their life safely. The topics included any risks like tripping hazards, risks to infection or for example choking. We saw the risk assessments were to help keep people safe and did not restrict their lifestyles.

At the last inspection some risk assessments had not been updated regularly. We looked at three plans of care during the inspection. We saw each plan of care contained a risk assessment for falls, moving and handling, tissue viability and nutrition. The risk assessments had been reviewed and provided staff with up to date information to help protect the health and welfare of people who used the service. We saw that where necessary professionals we called in to provide information and guidance. A district nurse confirmed this and we saw a Speech and Language Therapist (SALT) was assessing someone on one day of the inspection.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

A relative said, "It is always clean and tidy." We toured the building on the first day of the inspection. We found the home was clean and tidy and there were no malodours.

There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry sited away from any food preparation areas. There were three washing machines and three dryers to keep linen clean and other equipment such as irons to keep laundry presentable. One washing machine was capable of safely sluicing contaminated laundry. There were different coloured bags to remove contaminated waste and linen. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry. Staff had access to personal protective equipment such as gloves and aprons and we saw that there were plenty of supplies. We observed staff used this equipment when they needed to.

A person who used the service told us the medicines always came on time. We observed a member of staff administering medicines and saw they used safe procedures. We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so and had their competency checked to ensure they continued to safely administer medicines.

We looked at ten medicines administration records (MARs) and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home which helped staff check the numbers of medicines people had.

Each person had a medication profile which told staff what assistance each person required and a photograph to help avoid giving medicines to the wrong people.

There was a controlled drug cupboard and register. Controlled drugs are stronger and require more stringent administration. We saw that two staff had signed the controlled drugs register. One member of staff signed when they administered the medicine and the second was a witness to it. The MAR sheet was also signed. This was in line with current guidance. We checked the medicines in the cupboard against the number recorded in the register and found they were accurate.

Medicines were stored in a cupboard which we saw was locked at all times when staff were not administering medicines. Other medicines were stored in a locked room. The temperature of the medicines room was checked daily as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines.

Any medicines that had a used by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date.

There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the NICE guidelines for administering medicines. This is considered to be best practice guidance for the administration of medicines.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

We saw that topical medicines such as ointments were recorded in the plans of care. The service used body maps to show staff where to apply the medicines.

The medicines system was audited by staff daily and managers completed a full weekly audit and spot checks. This helped spot any errors or mistakes. Staff retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects.

Good

Is the service effective?

Our findings

People who used the service told us, "The food is good and we have a good cook. We get plenty of drinks as well"; "The food is very good. They make my visitor some tea as well" and "The food is good. There is a choice of food. I had a choice of meal today." Relatives we spoke with said, "They encouraged [my relative] to eat when needed" and "The food is OK."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. The plans of care contained details of any special needs a person had with their intake of food and drink. We were present in the dining room for part of the inspection to observe a mealtime and saw that staff were attentive and talked to people who used the service. Tables were attractively set and people had a choice of condiments to flavour their food. The dining room contained sufficient seating for all although some people remained in their rooms if this was their choice or were on bed rest.

We saw the cook was available to talk to people to ask if people enjoyed their meal. The cook said she was notified of people's likes and dislikes or any special diets required. Meals were recorded to ensure an audit trail could be followed if there were any problems. The cook also said she had allergen advice and although most food was freshly prepared would check any allergy advice from pre-packaged products which should mean people did not eat food which could be harmful to them. The kitchen was rated as five star, very good from the last environmental health inspection which meant food ordering, storage, preparation and serving were safe. We went into the kitchen and found it to be clean and tidy. We saw there was a good supply of fresh, frozen, dried and canned foods. This included fresh fruit which was made available daily and was taken around on the drinks trolley.

On one the day of the inspection we observed there was a choice of meal, cold drinks were served with the meal and people could also have a hot drink if they wished. People appeared to enjoy what they were offered. We saw that people's weights were recorded and were generally stable. The service did not currently require any service users to be on food supplements but fortified some foods with cream and butter.

People had a choice of the usual breakfast foods, for example cereals or toast but could have a cooked option if they wished. The main meal was served at lunch time with a lighter tea and supper later in the evening.

There was nobody requiring any special diets but staff were aware of the people who required a fork mashable diet. We were told the service could cater for people with cultural needs and had separate equipment to prepare foods if required. There was clear guidance for any person who required their drinks to be thickened to prevent the possibility of them choking.

People who used the service told us, "I have a nice room. Very comfortable. This is my own furniture and bed. More like a home from home.": "I have a nice room. I have my own things here to make me feel more at home." and "I have a lovely room."

We toured the building during the inspection and visited all communal areas, several bedrooms and the bathrooms. The home was clean, tidy and fresh smelling. The home was generally in a reasonable state of décor with plans for further improvements. Bedrooms we visited had been personalised to people's tastes. We saw people had family photographs, personal furniture, televisions, radios and ornaments to help the room feel more homely.

We saw areas had been upgraded and people had a choice of a shower or bath. There were hoists to help people with mobility problems bathe safely.

There was a covered area in the garden with seating and plenty of garden space for people to walk around in good weather. There was parking to the front and rear of the home.

A relative said, "They will bring a doctor in if my relative needs one and observe her for any pain." We saw from looking at the plans of care that people had access to specialists and professionals. We saw a district nurse and SALT visiting during the inspection. Each person had their own GP. This meant people's health care needs were being assessed and treated.

The plans of care we examined showed people had consented to their care and treatment. The registered manager said that if a person could not consent to their care and treatment a best interest meeting was held and an application was made to the relevant authorities to ensure the home was the right place for them to be.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

Each person had a mental capacity assessment which was reviewed regularly. We saw that nine people had a DoLS in place and one application was in place. Some people were due for another application which the registered manager was aware of.

Staff said, "I help new staff on induction" and "I support new staff to complete their induction. We help them gain experience." We saw from looking at staff files that new staff received a three day induction and had completed the relevant paperwork. The induction included the rules for working at the home, were given a copy of the codes of conduct, had to read key policies and procedures and aspects of care such as moving and handling. Staff were shadowed until they felt confident to work upon their own and management were satisfied they were competent. New staff were then enrolled on the care certificate which is considered best practice for staff new to the care industry. We saw that some staff had completed the care certificate.

People who used the service told us, "They know what they are doing." and "The staff are well trained." Staff

said, "I enjoy the training. I have also had training for those who have behaviours that challenge. I think we do enough training." and "I work the floor and observe care and staff. If I saw something wrong I would show staff the right way to do it and answer any questions they had like any extra training."

We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included the MCA, DoLS, first aid, fire safety, food safety, nutrition, medicines administration, moving and handling, infection control, health and safety, safeguarding, the care of people with behaviours that may challenge others and fire awareness. Staff were encouraged to complete further health and social care training such as a diploma or NVQ, end of life training, stroke awareness, the care of people who have a dementia and care of people with specific illnesses such as Parkinson's disease. We saw that some staff had completed these courses. The service also used visiting professionals to teach staff how to care for specific needs such as for pressure relief or assistance with eating.

Staff we spoke with told us, "You can talk about your training needs. The registered manager is around a lot supervising. If you are not told you are doing something wrong you don't know. We have 1 – 1's but they are not always written down." And "I have had my supervisions or 1 – 1's and medicines competency checks. Staff were supervised regularly but this was not always formalised. However staff thought they could talk about their careers and training needs whenever they wanted to. The registered manager agreed to record any 1 – 1's more formally to help demonstrate this area of staff support. We could see that arrangements had been made for each member of staff to receive their yearly appraisal.

Good

Is the service caring?

Our findings

People who used the service said, "I can do what I want here. The staff are very nice and kind. You can have a laugh with them. I am happy and settled here. I was in two more homes before here but this is the best": "It is all right. You settle in after a couple of weeks. The staff are very nice. I have seen them come and go. There are quite a few staff who have been here a while. I am happy here. Very used to it." and "It is all right here. It took me some time to get used to it. I could not live on my own so came here. I came here for respite care first so knew it and liked it. The staff are kind and caring."

Relatives said, "The home has treated my father with great dignity. They sat with [my relative] whilst he has been ill. For the last four years they have been like a family to us. There is a good family atmosphere. I looked at a lot of homes before choosing one. I thought this one was the best for dementia care and staff are suitable and caring. I have been very happy with the care here and so was my relative.": "Our relative could not be anywhere better and is well looked after. We feel like part of the family they look after us as well. They give us our dinner and we always feel welcome. I am happy with [our relatives] care. All the staff are lovely" and "The care is very good. This is the best home [my relative] has had respite in. The staff are with them all the time. The staff are pleasant to all the people here. They treat everybody the same and well." People and their relatives were happy with the care and support at this care home.

A district nurse told us, "This service is brilliant. The service is always clean and the residents look well looked after. Their palliative care is spot on. There is good communication with staff and they always call us if they need us. The staff do a really good job. There are no pressure sores here."

People who used the service said, "My family can come when they want to. I get to see them regularly" and "Visitors can come when they want. There are no restrictions. They make my visitors fell very welcome." Relatives we spoke with said, "You can come and go anytime. They told us that before admission" and "We can visit when we like and we always get a drink and biscuits." Visiting was unrestricted to encourage people who used the service to maintain contact with their family and friends.

Staff said, "I like working here because I love working with residents and interacting with them. If I can make them happy I am happy. I feel there are a good set of staff who all work together" and "I am happy working at this home. I like working with the elderly and working with the staff and manager. There is a good atmosphere and it is a happy place."

We observed staff during the inspection and how they interacted with people who used the service. Staff were professional, friendly and polite. We did not see any breaches of privacy or witness anyone being treated in an undignified manner. We saw there was a good rapport between staff and people who used the service.

Staff were trained in confidentiality and data protection issues and had access to policies and procedures to help inform them of confidentiality issues. We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This included a record of a person's past work and life history. We saw staff respected people's personal choices, for example two people liked to be in their rooms and we saw that is where they stayed. The personal details recorded in the plans of care enabled people to be treated as individuals.

There was a section in each plan for a person's religious or spiritual needs. One person who used the service went out to church regularly and there were visiting clergy to administer to the needs of people who wanted to practice their faith. Where possible each person had an end of life plan or the designated person who would make any arrangements. This included any religious needs and would ensure people's wishes were known at the end of their life. Some staff had also been trained in end of life care. This should help staff support people who used the service and their relatives at this difficult time.

We saw there were many thank you and compliment cards. Comments included, 'Thank you for everything you have done for my relative. You have a wonderful caring team of carers who we cannot thank enough', ' Thank you for the sympathetic and dignified care you gave our relative' and ' Thank you for all your care and kindness'.

Good

Is the service responsive?

Our findings

People who used the service said, "You could go to the managers if you had any concerns they would listen to you." and "I have no complaints."

There was a suitable complaints procedure accessible to people who used the service and their relatives. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. There had not been any complaints to the CQC since the last inspection. One complaint the service received had been about the lift which had been answered. This will be rectified soon when the part for the lift is repaired.

A district nurse said, "Staff are very responsive to what we need. I have no complaints about this home." Staff said, "We have staff handovers every day. A lot of staff have worked here a long time so know the residents well" and "Staff handovers are important to keep staff up to date." There was a staff handover and handover record to keep staff up to date with people's needs. People also had a 'hospital passport' type document. This allowed staff to send people's details quickly to other professionals when required and included a copy of a person's medicines records.

People who used the service told us, "I like my own company. I go out with my family and like to go with them. I am going to a wedding next weekend. I have a new outfit" and "I like to watch television and have the radio on. I like my football. I like to spend time in my room. A bit of quiet."

There were a range of activities people could attend if they wished although people's wishes were respected if they preferred not to participate. On one day of the inspection an exercise session was being held with an external entertainer. There was a record of who had attended daily activities which included board games, bingo, remembrance therapy, jigsaws, skittles, music and movement, arts and crafts and gardening. The record also included what a person had done for the day, for example if they had stayed in their room and watched television. People could go out if they wished and were sometimes taken on trips or outings.

A staff member said, "We are holding a remembrance day. We shall have a buffet and bar. We are formally planting roses for people who have lived here. Past families will come to it and some families continue to visit the home."

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. We saw that the assessments had been fully completed for each person. This process helped to ensure that people's individual needs could be met at the home.

Relatives said, "They have kept me informed when he has been ill. They are good communicators and took him out a lot." and "They keep us family members informed of any changes as we agreed on admission." Families were updated on any changes to their families' conditions.

All the people we spoke with thought they were well looked after. The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, tissue viability, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. There was a daily record of what people who used the service had done or how they had been to keep staff up to date with information.

We also saw in the plans that advice was given to staff about how to manage specific conditions such as epilepsy. This was completed with the person to inform staff of what they could do to minimise them, the type of fit and when to seek further medical assistance.

People were able to attend meetings regularly and we saw part of the process was to ask all who attended if they were all right and wanted to bring up any topics. At the last meeting in April 2017 one person asked for their room door to be left open when in it and this was agreed upon. This showed management responded to people's needs.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people who used the service staff and visitors if they thought management was approachable. People who used the service said, "The manager is all right and you can talk to her if you have any problems."; "The manager is very good. You can talk to her" and "The manager is good to talk to." Staff we spoke with told us, "The manager is fabulous. She is very supportive. There is a brilliant staff team" and "She is available to talk to when you need her." A relative we spoke with also told us, "You can go to the manager if you have any concerns. She is very helpful." A district nurse said, "The manager is available and is very good at preventing pressure sores. We teach them about pressure area care." All the people we spoke with thought they could see the manager if they wished.

Staff were invited to attend regular meetings. We saw there had been 4 meetings with various grades of staff in 2017. Topics included medicines administration, infection control, end of life care training, care of individual residents, upgrading the environment, refresher training, activities including remembrance day, outings, care of equipment such as the scales, care plans reviews, supervisions, NVQ or diplomas and were staff asked at the meeting to bring up any topic they wanted to. Staff were able to discuss their training needs and help run the home at regular meetings.

We saw there was a service user guide and statement of purpose. Each person had a copy in their bedrooms to refer to. These documents gave people who used the service and professionals the details of the services and facilities provided at this care home.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating.

We looked at some policies and procedures which included key ones, for example, infection control policy, health and safety, no acceptance of gifts, confidentiality, data protection, business continuity, equality and diversity, mental capacity and DoLS, care of the dying, equal opportunities, recruitment and whistle blowing. We saw the registered manager regularly reviewed the policies and made any amendments as necessary.

The registered manager conducted regular audits. The audits included infection control including mattresses and equipment checks, cleanliness of the home, the safety of equipment, the kitchen, hazards, medicines administration, plans of care and the first aid boxes to ensure they were fully equipped. The registered manager conducted random checks at least twice monthly and sometimes included medicines competency checks. An action plan was developed which told us what action was needed to rectify any areas of concern and how and when it was completed. Improved items following the audits included new

carpets, use of a blackboard for better showing people the daily menu and new brackets for the fire extinguishers. The registered manager used the audits to help improve the service.

The registered manager sent out yearly survey forms to people who used the service, staff, relatives and external professionals. From the relatives survey we saw that improvements had been made to marking clothes to identify the laundry and being involved in reviews if they wished. The staff results were positive which showed us staff morale was good. People who used the service also answered positively and all who answered said they felt safe, could speak their mind, could talk to the manager, were involved if they wished in their care, were happy with the environment, could see their GP if they needed to felt cared for and valued.