Brookdale Healthcare Limited

Kemble House

Inspection report

272 Colney Hatch Lane
Friern Barnet
London
N11 3DD

Tel: 02082113411
Website: www.brookdalecare.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 8 and 12 September 2016 and was unannounced. We last inspected the home on 17 June 2014 when we found the provider was meeting all the areas that we looked at.

Kemble House is a care home registered to provide accommodation, personal care and support for up to 15 adults with autistic spectrum and complex needs. The home is operated and run by Brookdale Healthcare Limited. At the time of our inspection, 14 people were living in the home.

The home is purpose built and has 15 bedrooms with ensuite facilities split across three floors. The ground floor has dining and lounge areas, and kitchen and a laundry room. The first floor has a kitchen, lounge area and laundry room.

The service had a manager who was promoted from their previous role as deputy manager. They had applied for registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 using the service told us they felt safe at the service. The service had robust safeguarding policies and staff had a good understanding of the safeguarding procedure and the role of external agencies. Staff were able to demonstrate their role in raising concerns and protecting people from harm and abuse.

The service had systems to identify and manage risks. Risk assessments were detailed and individualised, and care records were well maintained. Care plans and risk assessments supported the safe management of people's medicines. The service kept accurate records of medicines administered by staff and medicines collection.

The service had sufficient numbers of staff employed to ensure that people's individual needs were met. The service followed safe recruitment practices. Staff files had records of application forms, interview notes, criminal record checks and reference checks. Staff told us they were well supported by the manager. However, there were gaps in staff supervision and appraisal. Staff told us they attended induction training and additional training, and records confirmed this.

People using the service and their relatives told us staff were friendly and caring. People were supported and encouraged people to maintain a healthy and balanced diet. People told us they were happy with the food.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People told us staff asked their consent before supporting them. The manager and staff demonstrated a good understanding of the procedures under MCA and DoLS.

The care plans were personalised and people's life histories, individual needs and likes and dislikes were recorded. People and their relatives were involved in planning their care. People were asked about their views at residents' meetings. People were encouraged and supported to carry out activities in and outside of the service. People told us they were asked for their feedback and the service was introducing new ways of seeking feedback from the relatives. People and their relatives told us they felt comfortable in making complaints and they were addressed in a timely manner.

The manager worked with health and social care professionals to ensure the service supported people to maintain healthy lifestyle. The service had records of regular monitoring checks of various aspects of the service. The service maintained efficient systems and processes to assess, monitor and improve the quality and safety of care delivery.

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 using the service told us they felt safe. Staff knew the correct procedures to follow if they thought someone was being abused.

The service had detailed risk assessments and they were reviewed regularly. Staff were able to demonstrate a good understanding of people's needs and abilities.

There was sufficient staffing and the service followed safe recruitment practices to safely meet people's needs.

People received medicines on time from staff who were appropriately trained.

The service kept accurate records of care delivery and medicines administered and accidents or incidents.

Is the service effective?

Requires Improvement

The service was not always effective. There were gaps in staff supervision and appraisals.

Staff received suitable induction and additional training to meet people's individual needs. Staff told us they felt well supported.

Staff understood people's right to make choices about their care and asked their consent before providing any care and support.

People were encouraged and supported to maintain a healthy balanced diet.

People were supported to access health and care professionals as required.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were caring and friendly. They told us staff treated them with dignity and respect.

Staff supported people in meeting their wishes and preferences,

religious, spiritual and cultural needs.

People told us they were involved in planning and making decisions about their care.

The service had started discussions with people around their end of life care wishes.

Is the service responsive?

Good

The service was responsive. People's care plans were individualised and reviewed regularly to reflect people's changing needs.

A selection of individual and group activities were available for people including support accessing community venues.

People and their relatives were encouraged to raise concerns and complaints. Their concerns and complaints were listened to and acted on in a timely manner.

Is the service well-led?

Good

The service was well-led. People and their relatives told us they found the manager friendly and approachable.

There were records of regular audits and checks to monitor the quality of the service. The information was analysed and used to improve the services.

The service sought feedback from people, staff and professionals in continuous improvement of the service.

Kemble House

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 12 September 2016 and was unannounced. The inspection was carried out by one adult social care inspector and one 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.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted local authority commissioners, safeguarding team, Healthwatch Barnet and healthcare professionals about their views of the quality of care delivered by the service.

During the inspection we spoke with six people using the service. We spoke with the registered manager, two team leaders, the psychologist, the care manager, three care staff and one trainee psychologist. Following the inspection we spoke with three relatives.

We observed interactions between staff and people in communal areas across the home, including medicines administration, lunchtime and activities.

We looked at three people's care plans, daily records and risk assessments. We looked at four staff personnel files including their recruitment, training, supervision and appraisal records and last two month's staff rosters. We also reviewed the service's policies and procedures, accidents / incidents and complaints records, residents' meeting notes, activities schedule, quality audits and monitoring checks and medicines administration charts for people using the service. We also reviewed the documents that were provided by the registered manager on our request after the inspection. Some of these documents included their statement of purpose, appraisals, dignity and safeguarding leaflet and resident's guide.

Good

Is the service safe?

Our findings

People using the service told us that they felt safe at the service. One person commented, "I feel safe and well looked after here." and "I feel safe and looked after by staff." People's relatives told us their family members were safe at the service. One relative said, "[He] is totally safe there." and "[He] is safe there and [he] told me the service feels like home."

Staff told us they had received safeguarding adults training. Staff described different types of abuse, and the signs they may notice in a person who was being abused, for example bruises, change in people's behaviour. Staff told us they would report any concerns to the manager and if they were not available then they would report it to the team leader. We saw safeguarding red alert posters displayed in staff offices detailing the procedure of raising alerts and concerns and contact details of external parties including local authorities. The service maintained clear and accurate records of safeguarding cases including the responses and the outcomes. Each person had a multidisciplinary team book where records of accidents and incidents were kept including action points to minimise the risk of further incidents. We saw these books and saw the records were signed off by the service's psychiatrist.

The manager told us they discussed incidents that had occurred with their staff during team and handover meetings. We saw records of staff team meetings where we evidenced discussions on accidents and incidents and the learning outcomes. The manager also consulted service's psychologist where relevant and involved them in reviewing risk assessments following accidents and incidents. For example, we saw review of a person's support plan and risk assessment following an incident due to a change in their behavioural pattern. The manager was able to explain the measures they had implemented to avoid similar situations. The service maintained effective operations to prevent abuse of people using the service.

Staff we spoke with told us they had received training in whistleblowing and were able to describe the whistleblowing procedure. They told us they would feel comfortable to follow the procedure if required. One staff member told us, "I am aware of the whistleblowing procedure and I will report it to the manager and the team leader, and would feel comfortable to escalate it to the local authority and CQC."

The manager told us whistleblowing and safeguarding was an ongoing item that was discussed during staff's supervision. We saw records of this in staff's supervision notes.

The service identified risks to people and measures to reduce identified risks were developed. The service worked with psychologist to develop risk assessments that informed staff on how best to manage the risks. The risk assessments were detailed and person-centred to meet people's individual health and care needs. Risk assessments were for areas such as medicines, moving and handling, nutrition and hydration, social vulnerability, mental health and self-neglect. The care records also had missing person profile and intervention strategy for behaviour that needs support and assistance. There were detailed and personalised emergency fire evacuation plans. The risk assessments were reviewed yearly and before if there were any changes in people's needs and abilities. Staff we spoke with demonstrated a good understanding of people's health and care needs, and how specific risks were managed.

The service had sufficient numbers of staff on duty to meet people's needs.The majority of staff team were working on a permanent contract had been with the service on average of over three years. The service had two units and the staffing numbers were allocated as per people's level of needs and hence, the staff numbers could be flexible. The service had six staff and one team leader during the day and one sleeping and one waking staff. In addition to this the manager was available during the day for support. The manager told us the provider identified staffing ratios using their risk dependency assessment tool. The service managed staff emergencies and absences with bank staff that were specifically recruited for that purpose. The manager told us when the bank staff were not available they would ask for staff from the provider's other care homes. People using the service and their relatives told us the service had sufficient numbers of staff on duty. People told us the staff were always available and easy to get hold of.

The service followed safe recruitment practices. The provider's human resources team checked care staff were of a suitable character to work with people in their own homes. We looked at staff files; all had records of the application form, interview assessment notes, criminal record checks and reference checks. The staff files also had copies of identity documents to confirm people's right to work.

The medication was well managed, and medicines and controlled drugs were carefully stored. People and their relatives were happy with the support they received with medicines. All the staff were trained to administer medicines and staff administered medicines in pairs to reduce the risk of errors. We observed medicines administration and evidenced staff carried out five points check as per their medicines policy where they confirmed the right medicine, person, time, dose and route.

Staff told us they had received medication training and felt equipped to administer medicines. People were encouraged, supported and supervised to self-administer medicines wherever possible. We saw self-medication risk assessment in people's care plans. The service maintained a thorough self-administering assessment process before people could self-administer medicines. People received medicines in blister packs that were supplied by the local pharmacy and staff recorded the delivery in the medicines folder. We noticed staff followed the PRN (as needed) medicines guidance appropriately.

The manager told us medicines errors were immediately reported to the registered manger and were investigated by them. If an error was confirmed then they would seek help from the pharmacy and the doctor alongside reporting to all concerned professionals. The manager also told us following any medicines errors they ensured staff were given refresher training for medicines administration.

We looked at medicines administration record (MAR) charts; they were accurate and easy to follow. The MAR chart folder had staff signature specimen. All the MAR charts had residents' allergies information clearly at the front of the files. The pharmacy would collect any spare medicines. Staff carried out stock check every day and recorded them in the MAR charts. However, we noticed a gap in one person's medicines. The manager told us that it was a serious error and they would take it up with the concerned staff via performance management route. We saw records of performance statement for another member of staff who had forgotten to carry out stock check for one person. These records stated clear action points to address the issue and the member of staff was sent on medication refresh training.

The medicines audits were carried out on a monthly basis by the team leader and quarterly by the manager. The manager told us they were going to review their medicines audit system. In future the team leaders would carry out medicines audit on a weekly basis and the manager on a monthly basis. We saw records of pharmacist annual independent medicines audit. We saw records of the independent audit and it showed that the service was following good medicines administration practice however there were recommendations regarding medicines storage.

The service had medical room on each floor and medicines were stored in lockable cupboards that were secured on the walls in each medical room. The cupboard stored individual blister packs labelled with people's names to minimise errors. The service had a fridge but was not used as the service did not have any medicines that required being stored in the fridge. We saw the medicines cupboard temperature record sheet showed the temperature was mainly maintained at the recommended level. However, when the temperature outside got really hot, the cupboard temperature shot up, too. Hence, the manager had requested two air conditioning units from the provider for the medical room. During the inspection we saw records of the correspondence form the manager requesting two air conditioning units. Following the inspection, the manager told us they had now received two air conditioning units.

As part of the inspection we looked at the kitchen area. Suitable procedures were in place to minimise the spread of infection. There were different chopping boards for specific foods to minimise the risk of cross contamination and there was a guide on the wall to prompt staff as to usage.

People had designated laundry day to avoid any mistakes. People's clothes, kitchen towels and bed linen were washed separately. The laundry room was locked all the time, and only staff had keys to the room. People were encouraged, supported and supervised to wash their laundry on their designated weekdays. If people missed their laundry days they were encouraged to negotiate the days with other people. Staff told us the temperature they washed clothes and bed linen at so as to ensure they were following the requirements.

We looked at fire drill records, cleaning schedule and records, water tests and maintenance and equipment testing records. They were all up-to-date.

Requires Improvement

Is the service effective?

Our findings

People using the service told us staff understood their individual health and care needs and were able to provide the right support. One person told us, "I like it here, staff look after me well and my needs are met." Most of the relatives we spoke with told us staff were good and did their best to support people with their needs. Their comments included, "I think most of [his] needs are met. They [staff] do their best. I am very happy with the care they [staff] give. [He] is making a steady progress." and "They look after him very well. [His] keyworker is brilliant." Following the inspection we spoke to one of the health care professional who told us they were impressed with the service and the way they worked. They told us they [staff] communicated well with the people and their relatives and they [staff] encouraged and monitored people very well.

Staff had a good understanding of people's mental health needs and the impact that had on people's behaviour and lives. Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

The service offered a four and half days of induction in addition to the Care Certificate course. The Care Certificate is a set of minimum standards that care staff are expected to apply in their role. Induction included areas such as safeguarding, care plan, risk assessment, nutrition and hydration. After the induction, staff shadowed other staff before taking on keyworker responsibilities. Staff received refresher training in safeguarding, fire safety, health and safety, moving and handling, food hygiene, medication and challenging behaviour. One newly recruited member of staff told us they found induction training and shadowing very helpful. Staff also received specialist training in areas such as de-escalation, preventing and managing challenging behaviour and autistic spectrum by the service's psychologist. They felt the training was very helpful in enabling them to carry out their responsibilities efficiently. We looked at training records and certificates in staff files. These confirmed the variety of training offered to the staff team.

Staff told us they were well supported by the manager. We looked at the staff supervision and appraisal records, and saw gaps in them. Some staff had not received monthly supervision as per their staff supervision contract that stated they should meet with their manager monthly for supervision. The manager told us they were behind on supervisions and appraisals. They had recently promoted one senior staff to a team leader post and recruited another team leader, who would be responsible to for care staff supervision thereby delegating supervision responsibilities. The manager confirmed that they had scheduled supervision and appraisal dates and staff supervision matrix confirmed this.

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.

The service had signed consent forms for people using the service. There were clear records in the care plans

on people's ability and capacity to make decisions and how staff should support people to make decisions. People's care plans stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care.

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 saw DoLS application forms and authorisation certificates from the local authorities filed in a separate DoLS file. Staff we spoke with were able to demonstrate their understanding of MCA and DoLS and how they got people's consent when offering to support them. They told us they had received training in MCA and DoLS.

People using the service and their relatives told us that they were happy with the food and they were given choices. People were given a weekly budget for food shopping. They were supported and assisted with food shopping. Most people chose what they wanted to eat and prepared their own meal. Some were supervised with cooking and where people were unable to cook, staff prepared meals for them as per people's choice and instructions. Every Thursday staff prepared healthy dinners and people told us they looked forward to those meals. Once every three months staff took turns to prepare food from their country and invited people to the dinner. The manager told us this way people get to try new and different types of food, encourages them to socialise with other people and staff. They said they were thinking of inviting health and care professionals to this dinner to enable people to see their health and care professionals at an informal event.

People's comments included, "I like the food here." and, "I can eat what I like." Relatives' comments included, "They [staff] give him a budget for food shopping and [He] makes his own food." and "[My family member] buys [his] food and cooks it [himself]. They [staff] also have foreign meals once in a while. [He] likes those meals." We looked at food temperature logs and saw several gaps. The manager told us that staff should be recording food temperature for cooked meals and that it was unacceptable. They told us they would ensure staff promptly recorded temperature for cooked meals. We saw people had their own kitchen cupboards that they could lock, and had designated drawer and shelf space in the fridge and the freezer. Some people were on vegetarian, halal and kosher diet. People told us their dietary needs were met.

As a good practice, the service weighed all the people on a monthly basis. We saw weight management records, people's weights were stable. We looked at people's daily care records and they were regularly maintained. The manager told us they were in middle of reviewing the daily care records. We evidenced the work in progress daily care record sheet.

People told us they had good access to health and care professionals. The service had private psychiatrist and psychologist. The psychologist was based on-site once a week and would visit people on a weekly basis. And the psychiatrist visited people on a regular basis. We saw records of professionals' visits. The records included outcomes and advice from professionals' interventions such as doctor, dentist, dietician, psychologist and psychiatrist.

The service had kitchen, dining room and laundry room on each unit. There was a computer room on the ground floor. People's bedrooms had ensuite shower facilities. People's photos and paintings were displayed in the hallway, stairway and meeting rooms. The service was clean but we noticed some cupboard doors were missing in the first floor kitchen and ground floor' dining room wall had patches of paint coming off the wall. The ground floor hallway, lounge and dining room looked sparse in personality in comparison to the first floor lounge area. The registered manager told us they would discuss the renovation of the ground floor hallway, lounge and dining room at the next residents' meeting.

Good

Is the service caring?

Our findings

People using the service and their relatives told us the staff were caring and friendly. People's comments included, "very nice staff that I can talk to" and "The carers [staff] are so friendly and helpful." Relatives' commented, "This place has caring staff." and "They [staff] are doing a marvellous job and [he] loves it there, so I am very happy."

People and their relatives told us staff treated them with dignity and respect. People had keys to their bedrooms. Staff asked people's prior permission to enter their bedrooms for cleaning purposes when they were not at the service. The service met people's gender care preference request. Staff told us they ensured the doors were closed when they assisted people with personal care. During our inspection we observed staff knocking on people's doors and waiting for response before entering their rooms.

During the inspection we observed positive and encouraging interactions between people and staff. The service had a relaxed and happy atmosphere where people were seen chatting with other people and staff. People were seen watching television in the lounge area; one person was listening to music in the courtyard and some people were using the computers in the computer room. We saw staff engaging with people in a caring and compassionate manner. Staff were patient and considerate with people and listened to their needs.

People told us they were involved in planning and making decisions about their care. One person commented, "I have discussions with my keyworker about my care plan and if there was anything I wanted to alter." People's relatives told us they were involved in their relatives' care planning and were invited to care reviews. One relative told us, "I get invited to [my family member] care reviews and have attended them in the past."

People were encouraged and supported to be as independent as they were able to be. Each person had a keyworker who worked closely with them to support and assist people in learning independent living skills for example, people were supervised in accessing the washing machine, and in shopping and cooking meals. People told us staff encouraged them to voice their likes and dislikes and remain independent. People were encouraged, supported and supervised to manage their weekly food shopping budgets. There was a regular presence of advocates from generic independent advocacy and independent mental capacity advocacy services. Advocate's contact details were displayed in the hallways.

Staff recognised and demonstrated the understanding of people's individual needs in regards to race, religion, sexual orientation and gender. They told us some people had religious and cultural specific dietary requirements for example some people maintained vegetarian and halal diets. Staff said they made sure when people went out to restaurants they chose those that served halal food and good vegetarian options.

At the time of inspection, the service was in middle of organising a digni-tea party for people using the service, their relatives, staff and health and care professionals. The manager told us they had organised this event to give everyone involved in people's care an informal opportunity to get to know each other and form

better working relationships.

People had access to the service's information in accessible formats, and the information was available at people's request. For example, information could be provided in an 'easy read' format using large print and pictures to make them accessible to people. This enabled people to express their views, opinions, and likes and dislikes. This helped people to maintain their involvement and independence.

We saw people's bedrooms, they were personalised with their belongings including music cds, photos, paintings and books providing a homely environment. Photographs of people living at the home involved in activities were displayed in the hallway. One person's paintings were also on display across various rooms at the service. Staff were able to explain the importance of confidentiality and respecting people's private information. We saw people's personal information was stored securely.

The manager and the service's psychologist told us they had recently started discussions with people to voice their wishes about their end of life care. These discussions once completed would be recorded in people's care plans.

Good

Is the service responsive?

Our findings

People using the service told us they were happy with the service and the various opportunities they were offered to gain new skills and new experiences. They told us staff were responsive to their individual needs. Their comments included, "It is a nice home with good support from staff and there are plenty of opportunities for outside activities." and "I like the opportunities available at the home and to do what I like."

The manager assessed people's needs before they moved to the home and began receiving support. On people's admission the service provided them with a 'resident's guide' that detailed information on what should people expect from the service, staff's pen portrait including manager and the psychologist, CQC and advocacy's contact details, public transport and community links, residents' charter and complaints procedure.

We saw people's care plans were reviewed every six months or sooner when there was a significant change in people's health and care needs. This meant staff were informed on people's current health and care needs which enabled them to deliver efficient care. People's care plans were in an accessible format and they were detailed, individualised, easy to follow and person-centred. The care plans outlined people's likes, dislikes, needs, abilities and how their needs were to be met. The care plans included people's personal information, family, health and life history, communication, eating and drinking, medication, religious needs and health related information and correspondence. The care plans also included people's interests, social activities preference and weekly timetable and future goals. Staff told us they referred any changes to people's care to the manager, and plans were reviewed and updated so they had the required information to continue to meet people's individual needs. The care plans also had a list of staff names, signature and dates to confirm they had read and understood people's care plans.

People told us they were included in their care review meetings, and were supported and encouraged to express their views and wishes regarding their care. One person commented, "I discuss my care plan with my keyworker and it is easy to do that." People's relatives told us they were invited to participate in the care reviews.

The manager and the team leader told us there were weekly goal setting key-working sessions, where people were supported by their keyworkers to choose an activity or goal that would help them to improve their confidence, life skills and quality of life. For example, cooking meals, going to the gym, administering medicines, participating in laundry and cleaning and tidying their rooms. However, we saw gaps in the records key-working sessions. We spoke to the manager who told us the key-working sessions were not effective as people did not always cooperate. The manager further went onto explain they were looking for a new way of engaging with people in regards to goal setting. Following the inspection, the manager told us keyworkers were going to continue with weekly key-working session to engage with people to identify different ways of carrying out key-working sessions. This could include going out to cafes or to a different venue for key-working sessions or people may prefer to change the frequency of key-working sessions.

Recently the service had introduced 'my three wishes for the year' where people were supported by their keyworker to discuss and decide their three wishes they wanted to achieve in the year for example visiting a museum, going to theatre. These wishes were in addition to their regular activities. We saw records of people's three wishes including photos and the dates when they achieved them. People chose to display their wishes and photos in the hallway.

During the inspection we saw people busy with their activities. For example, we saw one person tidying their room, another person using washing machine and some people cooking their meals. We also saw one person being supported to go to the gym with a member of staff.

People had individual weekly programme of activities and told us about various social activities they got involved in such as going out to cafes and restaurants. We looked at the activities schedule, the schedule included group and individual activities for example, art, cooking, laundry, gym, computer session and cinema. Their comments included, "I enjoy drawing and attend art group and I also go to the gym." and "I enjoy shopping and going outside." One person who had carpentry interests and skills was supported by the service to practice their skills; the person had made a few display boards for the service and was paid in return for the service. The person was also assigned with a room to store their carpentry equipment.

People were supported in maintaining their religious interest. For example, some people performed their prayers before meal times, staff made sure transport was organised for people to go to their relatives during their festival period.

We saw three people's bedrooms, they were personalised and people had their personal belongings in the rooms for example paintings, books, photos.

The manager told us they held monthly residents' meetings where they consulted people on any changes and encouraged them to say how they felt about the service, if they had any concerns or specific wishes. These meetings were for people who preferred to discuss matters in a group. However, the manager told us they met with people individually who did not wish to attend residents' meeting. We saw notes of residents' meeting, demonstrated people's views, comments and concerns. People told us they found residents' meeting useful.

People's relatives told us they had never been invited to a relatives' meeting but would find them useful. We spoke to the manager and they told us relatives' meeting was a good suggestion and would take it to their provider's managers' forum and would be willing to organise it.

People were actively encouraged to raise their concerns or complaints. People told us if they wanted to make a complaint they would speak to the manager and that they felt comfortable to do so if required. People and their relatives felt comfortable raising concerns and complaints. Their comments included, "When I have had concerns, I raised them to the manager and [the manager] listens to me and replies to me promptly." and "Time to time there can be issues but I have raised concerns and issues to the manager. Initially, things were not changing, but recently lot of improvements have been made and our concerns are dealt with."

The provider's complaints procedure was easily accessible and the policy detailed guidance on how to complain and specific timescales within which people should expect to receive a response. There were clear processes in place to effectively respond to complaints. We looked at the complaints records and they showed complaints were taken seriously, with one care staff given a writing warning and moved to another provider's service as a result of complaints.

Good

Is the service well-led?

Our findings

The service had a manager in post who had applied for a registration with the Care Quality Commission. People using the service, their relatives and staff told us the manager was approachable and helpful. The service was person-centred and people were at the heart of the service. People and their relatives' comments included, "This a very well run home with a good management." "The care delivery is good." and "I find the manger very approachable." During the inspection we spoke to a care manager who was visiting the service for a care review they told us, "This place is brilliant, staff go above and beyond, very person-centred. The manager is extremely good and very thorough."

People and their relatives told us they were happy with the service and staff. People's comments included, "This place feels like home." and "I like it here. There are people here I speak to. I am happy here."

On the day of inspection, we saw the manager interacting with people using the service and staff in a positive manner. Staff told us they were well supported by the manager. One staff member said, "The manager is brilliant and has an open door policy. [The manager] is always around, always asks staff is everything okay. I feel comfortable asking [the manager] for support." "I am very appreciative of the supportive manager here." and "[The manager] is approachable and supportive. "

Staff and the manager told us they had monthly staff meetings where they discussed people's health and care matters, accidents/incidents, events and, staff were asked to express their concerns, ideas and opinions. Staff told us they found them very helpful. We saw staff team meeting minutes; they included discussions on matters such as people's health and care updates, events and activities. The staff told us they had regular staff handover meetings where they discussed people's daily care delivery and recently, they had introduced discussion around people's medication to reiterate what medicines are for and the impact it has on people. However, staff did not keep records of the handover meetings. We spoke to the manager who confirmed this was now being done.

People using the service told us there were monthly residents' meeting where people expressed their concerns and wishes. Residents' meetings notes confirmed this. The manager told us they saw people on a one to one basis where they did not wish to join the residents' meeting and sought their views and feedback on staff and the care delivery. People's views were then discussed with staff in the staff meetings and supervision sessions. We saw evidence of this in staff meetings and supervision notes.

There were records of internal audits and the provider's two unannounced audits to monitor the quality of the service including monthly health and safety checks, staff files, care plan and risk assessments audits. The manager told us they were introducing three monthly night spot checks which would be carried out by the team leaders. The registered manager undertook regular walks around the service, identifying areas for improvement.

We looked at the provider's service quality monitoring report and it was overall good. Records of the provider's unannounced visits demonstrated the audit looked at the safety aspect of the service as per

CQC's key line of enquiries. The audit highlighted areas that the service was meeting well and areas that needed improvement and the actions taken to resolve the situation.

People and staff told us told us they were asked for formal feedback annually via questionnaires and informal feedback on an ongoing basis. The survey questionnaires for people were in accessible and easy to read format. We looked at the completed people's survey questionnaires and they were all positive. The analysis showed people were happy with the care they were receiving, staff's support and with the accommodation. We saw records of staff's completed questionnaires and they were positive, too. However, there were no records of relatives' questionnaires. The manager told us they had sent a link to online feedback survey to all the relatives but had not received any responses. The relatives we spoke with told us they had never been asked for a formal feedback. Their comments included, "No not really, they [the service] don't ask me for my feedback." and "We have never received any questionnaire / survey to complete for feedback." The registered manager told us they were going to ask relatives' to review us when they attend people's care review. They further told us they would take this matter to the provider's managers' forum.

The manager worked with the local authority integrated care quality team to improve the quality of care delivery. We spoke to the liaison person of local authority integrated care quality team. They told us they were working with the manager to review their medication administration and storage systems and had together created a work plan. During our inspection we saw that the manager had implemented action points from the work plan.

The manager worked closely with the provider's healthy and safety and maintenance departments and attended provider's managers' forum for continuous improvement.