Handsale Limited

Handsale Limited - Treelands Care Home

Inspection report

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Date of inspection visit: 13, 14 and 15 October 2015
Date of publication: 26/02/2016

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 was an unannounced inspection that took place on 13, 14 and 15 October 2015. There were 72 people using the service at the time of the inspection.

Treelands Care Home is registered to provide accommodation and care, including nursing care, for a maximum of 80 people who may also have a dementia related condition. The accommodation is provided on two floors and comprises of, the Sycamore unit providing care and support to those people requiring residential care only, Beech unit providing care for younger adults with more complex needs, Oak unit providing residential nursing care and Elm unit providing care and support to those people living with varying levels of dementia. There are garden areas and a car park available for visitors.

Summary of findings

At our inspection in February 2015 we had some concerns about the administration and disposal of medicines. We also had concerns about parts of the building which had not been properly maintained and the lack of appropriate and effective systems to monitor the quality of service delivery to those people using the service. Following that inspection, we produced a report and set the provider compliance actions to address the concerns raised. The provider sent us an action plan telling how they intended to address the concerns we had raised and to ensure compliance with regulation was achieved.

This inspection was a comprehensive inspection in order to provide the service with an overall rating. We also checked to see if compliance had been achieved in those areas we had concerns about at the inspection carried out in February 2015.

There was a registered manager in post who had been registered with the Care Quality Commission at this location since 22 December 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered Persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that systems for managing medicines was safe and we saw how staff worked in collaboration with other health and social care professionals to make sure people received support and treatment that met their individually assessed needs.

We looked at how staff were recruited within the home and checked five staff personnel files. We found the system was robust enough to make sure only suitable people were employed to work in the home.

Regular visiting health and social care professionals told us they were happy and confident in the service being provided to people living in the home.

We found that staff had a good understanding of the needs of the people they were supporting and caring for. Our observation of staff's interaction with people living in the home showed they treated people using the service with respect and dignity and provided individual care as discreetly as possible.

People's care records and information contained enough details to guide staff on the care and support the individual person required. The records also demonstrated that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to make sure their health care needs were being appropriately met. People told us they enjoyed the meals and choices were made available to them.

On one particular unit there was a person using the service whose first language was not English. We saw that one member of staff who spoke the same first language, made sure they had regular chats with the person so they didn't feel isolated.

Equipment such as hoists, adapted wet rooms and other aids and adaptations such as pull down handles in toilets had been fitted around the home and were available to help and promote people's independence, safety and comfort where possible.

Systems were in place to demonstrate that regular checks had been undertaken on all aspects of the management of the service. The registered manager and deputy manager provided us with evidence of some of the checks that had been carried out on a daily, weekly and monthly basis.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

The system for managing medicines was safe and people received their medicines when they needed them.

People who used the service, who we asked, said they felt safe living in the home.

Suitable arrangements were in place to safeguard people from abuse.

Sufficient suitably qualified and trained staff were available to meet people's needs.

Is the service effective?
The service was effective.

Good

Staff had received regular training to enable them to carry out their job roles effectively.

People were provided with a choice of suitable nutritious food and drink to make sure their individual health care needs were consistently met.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

We saw evidence that people received the support of other health care professionals such as the doctor, dietician or speech and language therapist.

Is the service caring?
The service was caring.

Good

People living in the home were very complimentary about the staff and they told us they were happy with the care and support they received.

We saw people were well groomed and wore clean and appropriate clothing.

A visiting relative talked of "having peace of mind" due to the good care provided to their relative.

We saw that all staff knocked and waited for an answer before entering bedrooms, bathrooms and toilets. This was to make sure people had their privacy and dignity respected.

People using the service told us that staff treated them with respect and included them in meetings to do with their care and support needs.

Is the service responsive?
The service was responsive.

Good

People had opportunities to participate in a range of appropriate activities.

We saw that care plans and associated documentation was regularly reviewed, in most cases on a monthly basis.

Summary of findings

Care plans were personalised to the individual person but did not always demonstrate the person using the service had been involved in the review of their plans.

Minutes were available to show that meetings had been held to discuss complaints with people using the service and their representatives.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor and evaluate the quality of the service being provided to people living in the home.

People using the service were very complimentary about the staff supporting them and managing the home.

Staff spoke positively about the improvements made by the management of the home and how they received support, guidance and encouragement on a day to day basis.

The registered manager told us that their vision for the future was to develop a culture that helped provide a service of quality, safety and full inclusion of people who use the service.

Handsale Limited - Treelands Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 13, 14 and 15 October 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had particular knowledge and experience of people living with a dementia.

Before the inspection we reviewed the previous inspection report and notifications that we had received from the service. We also contacted the local authority commissioners of the service to seek their views about the home, but at the time of the inspection, we had not received a response to our request.

We had not, on this occasion, requested the service to complete a provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with nine people who used the service, one visiting relative, two catering staff, the deputy manager who is also a registered nurse, the registered manager who is also a registered nurse, three visiting health care professionals, a visiting general practitioner, the administrator, two activities co-ordinators, one registered nurse, one senior care assistant and three care assistants. We looked around the building, observed how staff care for and supported people, examined five people's care records, six medicine administration records, five staff personnel files, staff training records and records about the management of the home such as auditing records.

Good

Is the service safe?

Our findings

At our last inspection of the service in February 2015 we found that improvements were needed to a number of identified areas in the home where people's safety could be compromised. The provider sent us an action plan to tell us what action they would take. During this inspection we checked if that action had been carried out. We found that it had.

People who used the service, who we asked, said they had no worries and felt safe living in the home. One person showed us her room which was also very tidy. She said, "I clean my room myself and I think it is lovely. I feel very safe here and enjoy being here." Another person told us, "I have been to three different places and this is the safest and the best." Other comments we received included, "I do feel safe here. I don't have to worry and neither do my parents", "I used to be in Rehab, but it wasn't safe there. Here, I am safe. Everything is ok" and "I'm only here for a respite stay, I hope to move before Christmas. It's safe enough."

Staff who we asked also believed people who used the service were safe. Both nurses and care staff who we asked demonstrated a good understanding of the need for safeguarding procedures and of their individual role in them. Staff told us they had good access to training and had access to the local authority safeguarding policy and procedure. They told us they would pass on any concerns in connection with potential 'abuse' situations and any poor practice they may observe. One said, "Whistleblowing – I would have no qualms in doing this if I suspected abuse."

We saw on each unit a safeguarding flow-chart for staff to follow when reporting such incidents. It may be useful to consider providing safeguarding guidance in pictorial and easy read formats to make sure everyone living in the home has the same information available to them in a format that may assist their understanding.

One visiting health and social care professional who had regular contact with people who used the service told us that, "I feel that people are safe and very well cared for by the staff in this home."

We looked at how medicines were administered and dealt with on Beech unit. Each person requiring medicines to be administered to them had an individual medication administration record (MAR) in place. Medicines were administered via a monitored dosage system known as 'Bio-dose'. This is a system where tablet medication was provided in separate sealed medicine pots that could be administered to the person straight from the pot. Medicines such as paracetamol tablets, to be given 'as and when required' were kept in their original packaging.

Since our last inspection of the service a new system had been put in place to audit medicines on a day to day basis. We checked a total of six medication administration records, four of which included medicines to be administered as and when required. We could see from the audit sheet on each record that spot checks had been conducted on balances of this type of medication. Each spot check had found the balance of medication to be correct. We could also see that checks had been carried out to make sure staff had signed records appropriately and that no errors had been made to the records. Staff with the responsibility for administering medication also checked all records at the end of each shift before handing over to the next person responsible for administering medicines. The MAR's showed that people were given their medicines as prescribed, ensuring their health and well-being were protected and that the new auditing process helped to minimise the risks of medicine errors occurring.

As we were being shown around the different units by the Registered Manager she spotted what appeared to be a tablet on the floor, on the carpeting near to a fire door. The manager picked this up and brought it up to her face to have a closer look as she did not have her glasses on. Once she established it was indeed a tablet it was handed to a senior care assistant for safe disposal.

Both the registered manager and deputy manager told us that staffing levels were based on the individual assessed needs and dependency of people living in the home and an analysis of reported accidents and incidents was also used to influence staffing ratios / hours. We were provided with a staffing rota from each of the four separate units in the home. Three of the units had a registered nurse in charge and the unit providing residential care support had a senior care assistant in charge, supported by the nurses on duty.

Staff we spoke with told us they had no particular concerns about the staffing levels provided on each unit in the home, and their comments included, "Staffing levels are always good on our unit," "I have no particular issues with staffing levels," "I find the staffing levels are fine, no problems," "We do have enough staff most of the time," and "The rotas are

Good

Is the service safe?

closely monitored by [name] the deputy manager." When we spoke with the deputy manager he confirmed that staffing levels were always maintained wherever possible. If the homes' own staff were unable to cover the shortfalls due to sickness and holidays, then agency staff would be used. Rotas seen indicated that the same agency staff were used to provide consistency for the people using the service.

One visiting health and social care professional said, "Sometimes there seems to be difficulty in maintaining staffing levels." Another visiting health and social care professional told us, "I never have to wait; there is always a member of staff available to assist me when I visit. It is usually difficult to get cover if someone has rung in sick at the very last minute." At the time of our inspection we had no concerns about staffing levels in the home.

We looked at how staff were recruited within the home and checked five staff personnel files. Each file contained evidence that a Disclosure and Barring Service (DBS) check had been carried out, and, in the case of nurses employed to work in the home, confirmation of their registration with the Nursing and Midwifery Council (NMC) had been carried out.

We looked to see what systems were in place in the event of an emergency. We saw procedures were in place for dealing with any emergencies that could arise, such as failure of utility services and other emergencies that could affect the provision of care. We also saw that personal emergency evacuation plans (PEEPS) were in place for all the people who used the service. These were located in the main hallway of the home along with an emergency cabinet containing torches, new batteries and a high visibility jacket and first aid kit. Inspection of records showed that regular in-house fire safety checks had been carried out to check the fire alarm system, emergency lighting and that fire extinguishers remained in good working order.

We saw infection prevention and control policies and procedures were in place and that staff had received training in this subject. On site laundry facilities were provided and a clear system was in operation to make sure soiled linen only came into the laundry area by one way and moved through a system from sluicing to washing and drying and then back to the owner. The laundry looked clean and was well organised. We were told that the registered manager and deputy manager were the designated leads responsible for the infection prevention and control management. We saw staff wore protective clothing such as disposable vinyl gloves and plastic aprons when carrying out personal care duties. Alcohol hand-gels were available and hand-wash sinks with liquid soap and paper towels were situated throughout the home. This helped to prevent the spread of infection.

In the care records we looked at, we saw that risks to people's health and well-being had been identified, such as risks of developing pressure ulcers and poor nutritional intake. We saw care plans had been put in place to help minimise these risks from occurring, and also included details of how to manage such risks.

Good

Is the service effective?

Our findings

At our last inspection of the service in February 2015 we found that improvements were needed to a number of identified areas including staff supervision and appraisals, staff training and improvements to the dining experience for people on Beech unit. The provider sent us an action plan to tell us what action they would take. During this inspection we checked if that action had been carried out. We found that it had.

The people we spoke with said they received good care and were happy to be living in Treelands. One person told us, "I love living here. The staff look after me very well and are like my family." Another person said, "The girls [staff] know me very well and treat me properly, they can't do enough for you". One visiting health care professional said, "The staff here respect my role and respond to any advice I give them about a particular resident. Information I share with the staff is effectively recorded and action taken to ensure any advice or treatment recommended is followed." Another said, "I'm very happy with the care and support being given to people living in this home. The staff are very caring and inform me in a timely way if someone is not well and requires me to visit them."

We asked one nurse to tell us how they made sure people received care that was safe and treatment that met their individual needs. We were told that the registered or deputy manager would visit the potential service user in their own environment in order to carry out a comprehensive needs assessment before any decision about the person moving into the home was taken. Both the registered manager and deputy manager confirmed this and also told us that such an assessment helped to decide if the placement at the service would be suitable and to make sure the person's individual needs and requirements could be met by the skill mix of staff. Where it was noted that people may require equipment as part of their care needs, we were told that such equipment would be put in place or requested from the local authority aids and adaptations service prior to the person moving in.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to make sure their health care needs were being appropriately met. Choices of menu were available and both cold and hot drinks were served throughout the meal time. Meals were pre-prepared and delivered to the home in tin foil dishes by a professional catering company and chosen meals were then heated up in the main kitchen and delivered to each dining room in heated food catering trolleys. People could then choose from a selection of meals from the catering trolley. We saw that specific, culturally appropriate foods could be and were ordered for those people who required them, for example, Halal meals, vegetarian meals, Kosher meals and specially prepared dietary meals. Snacks were available in-between meals such as toast, biscuits, cake or sandwiches. Apart from the menu for the day, 'take-a-way' meals were available for those who wished to pay for them. One young person had his lunch and then requested a take-a-way meal to be ordered. Staff ordered his meal from a local Chinese restaurant.

We looked at the kitchen and food storage areas and found them to be extremely clean and well organised with appropriate cleaning schedules in place which, at the time of our visit, were being adhered to. One of the inspection team spent time on the Sycamore unit and Beech unit over lunchtime and participated in the meal being served on Beech unit. We saw that the meal time was a relaxed and pleasant dining experience on Sycamore unit with staff staying within the vicinity of the dining room to make sure people received sensitive and appropriate support when needed.

The staff on Sycamore unit, including two apprentice carers, were aware of their roles and worked efficiently in their support of the people using the service. However, on Beech unit, staff seemed to work in more of a 'chaotic' manner. On the table we sat at, a member of staff asked one person what they would like for lunch. The person replied, "Soup and a tuna sandwich please". The member of staff who posed the question moved a short distance away and immediately repeated the question to the resident, as they had already forgotten.

Choices of menu were available and both cold and hot drinks were served throughout the meal time. Apart from the menu for the day, 'take-a-way' meals were available for those who wished to pay for them. One young person had his lunch and then requested a take-a-way meal to be ordered.

Another member of the inspection team walked around the Oak and Elm units over the lunchtime to observe how people were being supported. On Oak unit we saw three care staff supporting people who were in bed to have their meals. Each member of staff was sat at the side of the bed

Good

Is the service effective?

and were being attentive to the person whilst assisting them with their meal. We observed support being given in a sensitive and caring way, with the person leading the meal at their pace, not the staffs.

Records we examined showed that after each meal staff completed records for those people whose food and fluid intake required monitoring. We saw action had been taken, such as referral to the dietician or to their doctor, if a risk was identified. We also saw evidence of the involvement of the speech and language therapist where people had been assessed with difficulties in swallowing.

Staff we spoke with confirmed they had received a full induction to the service when they started working at the home and that further training was being provided on an on-going basis. The registered manager provided us with an up to date training matrix (record). We cross referenced the training information on this record to evidence of training held on the five staff personnel files we examined and we found the information to correspond. The training record also showed staff had received the essential training necessary to safely care and support people using the service. The care staff we spoke with confirmed to us that they had received the necessary training to support them to carry out their job roles effectively and safely. Nurses we spoke with also confirmed they were supported to maintain their professional registration through relevant ongoing clinical training.

Records we examined showed systems were in place to make sure all staff received regular supervision and an annual appraisal. All the staff we spoke with confirmed they received individual supervision either on a monthly or bi-monthly basis, with staff meetings being held every three months. Audits carried out on a monthly basis showed the number of supervisions that had been carried out, for example, June 2015 = 46 Supervisions completed and 16 appraisals. July 2015 = 34 Supervisions completed and three appraisals and August 2015= 26 Supervisions and two appraisals carried out. Supervision meetings provide staff with opportunities to discuss their progress at work and also any learning and development needs they may have.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

Looking at care records and from our observations it was evident that some people were unable to give consent to the care provided. Some records did have a service users' signature to indicate consent to care and support had been given (at the time of signing) and other's recorded that the person was unable to sign. It should be noted however, where a person (over 18 years of age) lacks the mental capacity to give or not give consent on their own behalf, no one else can give consent on behalf of that person. Where this is the case, any decisions made about examinations or treatment should be taken in accordance with the Mental Capacity Act 2005 (MCA).

We asked the registered manager to describe what actions or arrangements were in place to make sure people who used the service had opportunities to give their consent to care and treatment. We were told that any care or treatment that needed to be provided, staff would always seek the consent of those people able to give it. We spoke with three people who confirmed this information was correct. One person told us, "I make my own decisions about what I want to do on a day to day basis, I go out when I want and I come back when I want. The staff don't do anything for me without asking first." Another person told us, "The staff always ask if I need any help and I will tell them if I do or not. They don't just rush at you and do things you can do for yourself. They will help if I ask though."

We also asked care staff to tell us how they made sure the care they provided to someone who may lack capacity to give consent, was done in their best interest. One member of staff told us, "We would discuss any concerns around providing care and support following an assessment of those concerns and we would probably involve the family, the person's doctor and any other relevant person." Such a meeting is known as a 'best interest' meeting. A best interest meeting may involve family (if relevant), the home staff and other professionals, such as doctors and community health care specialist. This meeting would be used to decide the best course of action that could be taken on behalf of the person in order to provide the best and most suitable outcome.

The registered manager was able to tell us about their understanding of the MCA and the work they had done to determine if a person had capacity to give consent to their care and treatment. We saw evidence that a total of seven

Good

Is the service effective?

applications to date had been made for legal authorisation of DoLS for people living in the home. We also saw evidence to confirm that 40 staff had completed MCA and DoLS training.

Care records seen showed that people using the service had access to other health care professionals, such as district nurses, general practitioners, social workers and mental health specialist.

Equipment such as hoists, adapted wet rooms and other aids and adaptations such as pull down handles in toilets had been fitted around the home and were available to help and promote people's independence, safety and comfort where possible. We also saw that one individual had use of their own electric mobility scooter which enabled them to leave the home independently and visit the local community.

Good

Is the service caring?

Our findings

People living in Treelands were very complimentary about the staff and they told us they were happy with the care and support they received. One person told us, "Everything is fine. The staff treat me with respect, the food is good and I am included in meetings to do with me. I manage to go out sometimes, mostly at the end of the month when I visit my parents." Another person said, "They are a good bunch [staff], caring, kind and considerate. Some more so than others, but on the whole they are all smashing."

We saw people were well groomed and wore clean and appropriate clothing and had the opportunity to visit the hairdresser who regularly provided a visiting service to the home, or, if preferred, people were supported to visit a hairdresser in the local community.

One visiting relative told us, "The care here has been absolutely wonderful. We couldn't have wished for things to work out any better for [named relative], who loves it here. It certainly gives us peace of mind knowing [named relative] is being well cared for."

On each unit we saw many 'thank you' cards displayed and some of the comments in them included, "To you all, how thankful I am that you have shown so much care and patience to my mum [named]…", "Thank you are only two words but mean so much….", "Dear all, please accept our heartfelt thanks for the caring and compassionate way you have cared for [name] for the last eight years" and "All the staff are a credit to the caring profession and should be proud of their excellent standard of care they provide….."

We found that staff had a good understanding of the needs of the people they were supporting and caring for. Comments from staff we spoke with included, "You have to make sure the person's privacy is respected and supporting them to remain as independent as possible, especially with their personal care. You also have to be mindful you don't disclose confidential information, especially to relatives" and "Listening to what a person says to you is really important and showing understanding and consideration." Our observation of staff's interaction with people living in the home showed they treated people using the service with respect and dignity and provided individual care as discreetly as possible. The atmosphere in the home was, on the whole, cheerful, relaxed and 'chatty'. We saw that all staff knocked and waited for an answer before entering bedrooms, bathrooms and toilets. This was to make sure people had their privacy and dignity respected.

Evidence was available in care records to show that people using the service were invited along with their relative or nominated representative to attend review meetings and discuss how they found the service was meeting their care, treatment and support needs. We saw one review record where the person using the service had signed the review sheet and commented, "I have no concerns about the care I receive". Another review sheet indicated the relative of the person was also attending the review with the completed record being signed by both the person using the service and their relative.

One mental health care professional who was visiting the home told us, "This has the best EMI (Elderly Mentally Infirm) unit I go to. The staff here provide excellent and consistent support." Another health care professional told us, "I know the information I provide about a person is properly recorded, updated and then appropriate care is provided. I feel the people living in Treelands are very well cared for by staff that respect people."

On one particular unit there was a person using the service of a particular ethnic background whose first language was not English. We saw that one member of staff who was from a similar background and spoke the same first language, made sure they had regular chats with the person so they didn't feel isolated.

We asked the manager about people's involvement and decision making around end of life care. The registered manager told us that staff were waiting to enrol on the Six Steps end of life training. This training makes sure that people using the service are afforded resources to facilitate a comfortable and pain free death. One visiting health care professional told us, "The staff carry out any instructions I leave them efficiently and are very good, particularly with end of life care."

Good

Is the service responsive?

Our findings

People using the service, who we spoke with, told us they felt their needs were being met. One person told us, "The care you get here is much better than [named service] where I was living before." Another said, "If I'm not well I know they [staff] will look after me and will get the doctor to come out and see me." One visiting health care professional told us, "Staffs response to people's needs, especially if someone is not well, is timely. They will always ask my advice and they always listen and respond to any instructions I advise them to carry out."

Besides speaking with visiting health care professionals we also looked at three individual care records to see how staff responded to a person who may not be well or was receiving support from a particular health care visitor. We saw that doctors, district nurses and other health and social care professionals were requested when required and this was done in a timely manner.

We discreetly asked three people who used the service if they had to wait long before being provided with assistance to go to the toilet? Comments made to us included, "They [staff] ask me on a regular basis if I need to go, but they don't shout it", "The girls [staff] always take me before meals and at any other time I ask, I don't usually have to wait long" and "Sometimes you might have to wait a few minutes if they [staff] are busy dealing with someone else, but they always let you know."

We looked at the care files of five people who used the service. Each had a care plan that had been developed from the initial information provided by the local authority and from the information taken during the pre-admission assessment. Although some of the information recorded in two of the care plans gave some indication of the person's involvement in the development of their care plan, it was difficult to ascertain in the other three care plans if that had been the same case. All care plans should clearly detail how the person and / or their designated representative have been involved (or not) in the care planning and review process. We saw that care plans and associated documentation was regularly reviewed, in most cases on a monthly basis.

Where necessary, people's diet and fluid intake were closely monitored and action taken where concerns had been raised. We saw evidence of the involvement of other health care professionals such as the doctor, dietician or speech and language therapist.

There were two activity co-ordinators working in the home and both provided support throughout the week to enable people to participate in the available activities. There was a well-stocked activities room where people could participate in hobbies and activities such as painting, basket weaving and pottery making. Evidence seen indicated the room was frequently used and activities enjoyed by a number of people. A budget of £150.00 per month was allowed to support the activity programme, plus the proceeds from a small 'shop' which had been set up by the lead activity person. At the time of this inspection, the home was being decorated ready for the 'Halloween' season, with people enjoying making various 'scary' items, such as bats, ghosts and the like. A Halloween party had been planned for the end of the month and people told us they were looking forward to it.

A complaints procedure was displayed in the main reception area of the home and also within each unit in the home. We saw evidence of two recently received complaints and information was available to demonstrate how those complaints had been reviewed, investigated and responded to. Minutes were available to show that meetings had been held to discuss complaints with people using the service and their representatives. We saw that one complaint was under investigation by the local authority. We saw that all complaints were recorded electronically and monitored by the Operational Manager of the service and included as part of their monthly audit and visit to the service.

Good

Is the service well-led?

Our findings

At our last inspection of the service in February 2015 we found that improvements were needed to a number of identified areas including an appropriate and effective system to monitor and evaluate the quality of service being provided. The provider sent us an action plan to tell us what action they would take. During this inspection we checked if that action had been carried out. We found that it had.

At the time of this inspection visit there was a registered manager in post. The manager was registered with the Commission on 22 December 2014. The manager had previously been registered with another provider at the same service from November 2011.

Many of the people living in the home lived with dementia and we were therefore limited to the number of people we could speak with. We asked those people who could speak with us if they knew who was in charge of the service. One person said, "Oh, its lovely [name] she's the person in charge, along with [name], he's second (deputy)." Another person told us, "You see [name] (deputy) whenever he is on duty, He is always walking around making sure everything is alright."

People had direct access to both the manager and deputy manager and we saw a number of people (who used the service) enter the office without any restrictions.

We asked the registered manager to tell us how they monitored and reviewed the service to make sure people received safe, effective and appropriate care. Systems were in place to demonstrate that regular checks had been undertaken on all aspects of the management of the service. The registered manager and deputy manager provided us with evidence of some of the checks that had been carried out on a daily, weekly and monthly basis. These checks included, health and safety checks of the premises, audit of files for people using the service, including care plans and risk assessments. Medication administration records were regularly checked, on a daily, weekly and monthly basis. We saw evidence of spot checks carried out on daily basis by the deputy manager. We saw that where improvements were needed, action was identified, along with a timescale for completion.

We saw that 'handover' meetings were undertaken on each change of shift to help make sure that any change in a person's condition and subsequent alterations to their care plan was effectively communicated and that staff were clear about any follow up action required. We saw that handover records for a 24 hour period were kept on each unit to make sure information was shared consistently and that staff could refer back to them during their shift.

The registered manager told us that although meetings for people using the service were held on a regular basis, attendance was not very good. The next planned meeting for people using the service and their relatives was 24 November 2015 and this information was displayed throughout the home. Both the registered and deputy manager told us that there was an 'open door policy' at the home and people could speak with the management or other staff members whenever they felt they needed to. People we spoke with confirmed that this information was correct and we also witnessed people coming to the office to have a 'general' chat. We also saw that visiting relatives had direct access to the management team.

We saw that management sought feedback from people who used the service and their relatives through annual survey questionnaires. At our last inspection of the service no analysis had been carried out of the results from the questionnaires returned. Questionnaires had recently been sent out again for the new annual survey. It is important that an analysis is carried out of any concerns or suggestions made in the returned questionnaires in order for any improvements to be identified and appropriate actions taken in response.

The service provided people living in the home with a quarterly newsletter. We were provided with a copy of the latest newsletter from July 2015. Information provided in the newsletter included; dates for planned relatives and service user meetings, refurbishments to the home, welcome to new staff, dates to remember and general information about the home.

We saw completed documentation to show that a monthly visit to the service was carried out by the operational manager for the organisation. Part of their visit included providing the registered manager with formal supervision and support. We saw the last four monthly reports which showed that regular checks of medication, infection control, catering, care files, clinical matters, incidents and

Good

Is the service well-led?

accidents, safeguarding and staff supervision were being monitored, with action identified where required. The following month it was checked to ensure any identified action had been addressed.

An independent quality audit of the service was carried out in July 2015 by a professional consultant and a report produced. Timescales were given for areas of improvements needed and during our inspection visit we found that most of these identified improvements had been carried out.

We saw that staff meetings had taken place and staff had the opportunity to participate in open discussions about how the service was managed and their roles and responsibilities with regard to service delivery.

During our conversations with staff, we asked what they thought of the management of the service, and their comments included, "Loads of things have got better. Everything's is coming into place. The managers are much more approachable", "Staffing levels are much better now", "It got much better following your [Care Quality Commission] last inspection" and "We now get supervision on a regular basis and feel much more supported."

Another member of staff told us, "The deputy manager is very 'hands on' on our unit so we have really good communication between management and the staff team."

We spoke with both the registered manager and deputy manager about their vision and plans for the development for the service in the future. The registered manager told us that an important part of the development programme was to make sure staff understood and further developed their individual roles. This would be done through development of the training available for staff and would concentrate on staff being an important part of developing a culture that helped provide a service of quality, safety and full inclusion of people who use the service.