

## Countrywide Care Homes (2) Limited

# Yohden Hall Care Complex

### Inspection report

Hesleden Road  
Blackhall  
Hartlepool  
Cleveland  
TS27 4LH

Tel: 01915860294

Website: [www.countrywidecarehomes.co.uk](http://www.countrywidecarehomes.co.uk)

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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

This inspection took place on 2 and 3 June 2016 and was unannounced. This meant the staff and the registered provider did not know we would be visiting. The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Yohden Hall Care Complex was last inspected by CQC on 29 August 2013 and was compliant with the regulations in force at the time.

Yohden Hall Care Complex is a care home with nursing that is registered to provide care for up to 77 people and the majority of the bedrooms were en-suite. On the day of our inspection there were 68 people using the service. The home is located in Blackhall near Hartlepool and is owned and run by Countrywide Care Homes Limited.

Accommodation is provided at ground and first floor levels. The Hall provides care for general residential and general nursing service users. The Lodge provides care for service users with dementia type illnesses. The Court provides care for service users with learning disabilities. Facilities included several lounges and dining rooms, communal bathrooms, shower rooms and toilets, hairdressing rooms, treatment rooms, a communal bar and several communal gardens. The general reception was large and spacious with a comfortable seated area.

We saw that entry to the premises was controlled by key-pad entry and all visitors were required to sign in. This meant the registered provider had appropriate security measures in place to ensure the safety of the people who used the service.

People who used the service and their relatives were complimentary about the standard of care at Yohden Hall Care Complex. We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Training records were up to date and staff received supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

The service was working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met. All the care records we looked at contained evidence of consent.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

People who used the service had access to a range of activities in the home.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered and people who used the service had access to healthcare services and received ongoing healthcare support.

The registered provider had a complaints policy and procedure in place and complaints were fully investigated.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

## 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 provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had procedures in place for managing the maintenance of the premises.

### Is the service effective?

Good ●

The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

### Is the service responsive?

Good ●

The service was responsive.

Care records were person-centred and reflective of people's needs.

People who used the service had access to a range of activities in the home and in the local community.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the registered manager and felt safe to report concerns.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

# Yohden Hall Care Complex

## 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 2 and 3 June 2016 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by two adult social care inspectors, an inspection manager and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals. We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we spoke with nine people who used the service and six relatives. We spoke with the registered manager, the regional manager, a nurse, a care practitioner, five care staff, an activities co-ordinator, administrator, domestic, maintenance man, cook, kitchen assistant and two visiting professionals.

We looked at the personal care or treatment records of seven people who used the service and observed how people were being cared for. We also looked at the personnel files for six members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt safe, for example, "I feel safe knowing that there is a code to get in the building", "[Name] is a 100% safe" and "Staff watch him every hour. I know he is in safe hands."

Yohden Hall Care Complex comprised of 77 bedrooms, most of which were en-suite. We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the registered provider had appropriate security measures in place to ensure the safety of the people who used the service.

We discussed staffing levels with the registered manager and the regional manager and looked at staff rotas. The regional manager told us that the levels of staff provided were based on the dependency needs of residents calculated by a dependency indicator of relative need care equation (IoRN) and any staff absences were covered by existing home staff, bank nurses or regular agency nurses. We saw there were seventeen members of care staff on a day shift which comprised of two nurses/care practitioners and fifteen care staff and two nurses/care practitioners and seven care staff on duty at night. We observed sufficient numbers of staff on duty. People who used the service told us they felt there were enough staff to support them safely and give them individual attention.

We looked at the selection and recruitment policy dated May 2016 and the recruitment records for six members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Each record contained a staff photograph and proof of identity was obtained from each member of staff, including copies of birth certificates, driving licences and marriage certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We saw a copy of the registered provider's safeguarding adult's policy dated October 2015, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Window restrictors were fitted to the windows of the rooms we looked in and appeared to be in good condition. Call bells were placed near to people's beds or chairs and were responded to in a timely manner.



A person who used the service told us "If you need anything they are there straight away" and a relative told us "We have never had to wait a long time."

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We looked at the records for portable appliance testing, gas safety and electrical installation. All of these were up to date.

We looked at the registered provider's accident management and recording policy and procedures dated October 2015, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw a fire risk assessment was in place and regular fire drills were undertaken. We also saw the checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

We saw a copy of the registered provider's business continuity plan. This provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. We looked at the personal emergency evacuation plans (PEEPS) for people. These described the emergency evacuation procedures for each person who used the service. This included the person's name/room number, impairment or disability and assistive equipment required. This meant the registered provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

The service had generic risk assessments in place, which contained detailed information on particular hazards and how to manage risks. We looked at the disciplinary policy dated April 2016 and from the staff files we found the registered manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the registered provider's medicines policy dated May 2016 which referred to guidance from the National Institute for Health and Care Excellence (NICE) and covered all key areas of safe and effective medicines management and. Staff expressed that the medicines system in the home was easy to use. Staff were able to explain how the system worked and were knowledgeable about people's medicines. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. Clear guidance was in place to ensure staff were aware of the circumstances to administer "as necessary" medicine. We saw that medicine audits were up to date and included action plans for any identified issues.

We looked at the medicines administration charts (MAR) for six people and found there were no omissions. Photo identification for each person was in place and allergies were recorded.

Medicine administration was observed to be appropriate. Medicines were stored appropriately and treatment rooms displayed a good standard of housekeeping. Appropriate arrangements were in place for the management, administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. We saw that temperature checks for treatment rooms and refrigerators were recorded on a daily basis and all were within recommended levels by the British Pharmacological Society. Staff who administered medicines was trained and were required to undertake an annual competence assessment. This meant that the registered provider stored, administered, managed and disposed of medicines safely.

The en-suite bathrooms, communal bathrooms, shower rooms and toilets were clean, suitable for the

people who used the service and contained appropriate, wall mounted soap and towel dispensers. Grab rails in toilets and bathrooms were secure. All contained easy to clean flooring and tiles. We saw infection control audits and cleaning schedules were up to date. We looked at the registered provider's infection control policy and procedures dated February 2016, which provided staff with guidance on the principles, sources, prevention and control of infection. Staff had completed infection control training and were observed to wash their hands before and after aspects of personal care. Gloves and aprons were readily available to staff and were used as necessary. This meant the registered provider had taken action to reduce the risk of infection and improve the cleanliness of the home.

# Is the service effective?

## Our findings

People who lived at Yohden Hall Care Complex received care and support from trained and supported staff. A member of staff told us, "I understand dementia and know what is required to make an individual happy and that is what happens at Yohden". People and their relatives told us, "This place is just fantastic. I count myself lucky to have got a place here."

We looked at staff training records which showed that mandatory training was up to date. Mandatory training included moving and handling, fire safety, first aid, health and safety, control substances that are hazardous to health (COSHH), dementia awareness and safeguarding. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care. In addition staff had completed more specialised training in for example, venepuncture, pressure wound care, equality and diversity, seizure management, dignity and respect, catheter care, falls, percutaneous endoscopic gastronomy (PEG) feeding and tracheotomy management, which is an opening created at the front of the neck so a tube can be inserted into the windpipe to help people to breathe.

The registered manager told us that a training and development officer would be based in the home with effect from the 6 June 2016 with the aim of developing a training programme for all staff employed by Countrywide Care Homes Limited. Staff files contained a record of when training was completed and when renewals were due. Staff told us that training was important to them. Records for the nursing staff showed that all of them held a valid professional registration with the Nursing and Midwifery Council.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. A member of staff told us, "I feel very included in the running of the home and have never felt so supported by a manager." This meant that staff were properly supported to provide care to people who used the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. Staff were provided with guidance regarding the Mental Capacity Act 2005, the DoLS procedures and the involvement of Independent Mental Capacity Advocates (IMCAs). We found the provider was following the requirements in the DoLS.

Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards and consent to care and treatment was documented in the care plan documents. There was evidence that people and their relatives were aware of and involved in the care planning and review process. People who used the service and their relatives told us, "I don't bother with that [Name] deals with those issues", "I'm still involved but I can step back with confidence. It is a relief to me" and "They never miss me out of anything like that."

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We saw a daily menu displayed on each table in the dining rooms which detailed the meals available throughout the day. We observed staff chatting with people and giving them a choice of food and drink. People who used the service told us they enjoyed the food, for example, "The meals are really good", "If there isn't anything on the menu that I want I can have an alternative", "There is enough food and drink", "There is more than enough food" and "There are snacks in between the set meal times." A relative told us that the staff understood her family member's preferences and knew that they didn't like large portions.

The care records we looked at demonstrated people's weight and nutrition was closely monitored. We spoke with kitchen staff who told us about people's special dietary needs and preferences. From the staff records we looked at, all of them had completed training in food safety, focus on nutrition and identifying and treating undernutrition in care homes.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP's, speech and language therapy, dietician, falls team, mental health services, podiatry, palliative care team, Macmillan nurses, opticians and community physiotherapy. People who used the service and their relatives told us, "If I don't feel well, I just tell staff and they would get someone" and "Staff were exceptional in getting her the help she needs". Another relative described how staff had responded to their family member's foot care and how a chiropodist visit was arranged straight away. Visiting professionals told us how there had been a "Big improvement" in the communication with the home and how "Helpful and informative" the staff were. This meant the service ensured people's wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. The home was suitably designed for people with dementia type conditions. For example, in the Lodge there was colour coding and additional signage on the doors of toilets and bathrooms. There were activity boxes and memorabilia as a reminiscence tool including a corridor decorated with seaside scenes and sign posts to Seaton Carew. Another corridor had displayed shop fronts which took the names of local landmarks, for example, Hardwick Arms and Liptons shop. We observed a sensory room which was decorated with an outdoor courtyard theme including artificial grass, outdoor dining furniture, a wooden fence, bird song and water sounds to stimulate senses. There was a laundry area including washing machine, iron and ironing board and a clothes dryer, so people could spend time doing their laundry. The registered manager told us about some of the plans for the service including creating a themed sensory garden and a tea room/ice cream parlour, personalising some of the communal bathrooms and decommissioning the smoke room in consultation with people who used the service.

## Is the service caring?

### Our findings

People who used the service and their relatives were complimentary about the standard of care at Yohden Hall Care Complex. They told us, "They'd do anything for me. I can't say anything bad", "They are lovely, we have a joke together", "They couldn't do enough for me", "Staff are caring funny and attentive – they are just kind", "I can tell that she's well looked after. The staff are lovely" and "You couldn't ask for anything better."

People we saw were well presented and looked comfortable. Staff knew people's names and spoke with people in a kind and caring manner. Staff interacted with people at every opportunity and were polite and respectful. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. People who used the service told us that staff sought permission to help them and one person told us she thought her privacy and dignity was respected and told us, "They don't want to embarrass you."

We saw staff assisting people, in wheelchairs and specialist chairs, to access the lounges, bedrooms and dining rooms. Staff assisted people in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. Relatives told us, "He's got used to the girls and he likes them. They are good to him. They're great with him and treat him with respect", "Staff are caring and kind, they explain as they go" and "Staff always ask permission to help and explain what they are doing as they are assisting [Name]." This meant that staff treated people with dignity and respect.

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. People told us, "I think they are brilliant with me. They listen to you" and "They know me well, for example, what I like and don't like food-wise". A relative told us, "Mum has become more confident with staff helping her now than me." They described how the person now prefers to have personal care from the care staff rather than her and how staff were willing to learn techniques from her to make bathing less stressful for the person. This meant that staff were working closely with individuals to find out what they actually wanted.

We saw the bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms. All the people we spoke with told us they could have visitors whenever they wished. The relatives we spoke with told us they could visit at any time and were always made welcome. For example, "They treat you like family or a friend."

We found relatives had been involved in people's transition into the home and their care planning where they gave advice to staff and acted as natural advocates for their family members.

A member of staff was available at all times throughout the day in most areas of the home. We observed people who used the service received help from staff without delay. We saw staff interacting with people in a caring manner and supporting people to maintain their independence. People who used the service told us, "The atmosphere is great", "If every home had staff like these they would be no complaints anywhere", "I'd recommend this home to anyone no problem" and "It's a lovely home, I think especially for older people."

We saw how the service respected the cultural and religious needs of people. For example, staff told us that they supported people to attend religious services inside and outside of the home and we saw the service had provided a prayer room for people who used the service or their relatives to use.

We saw Do Not Attempt Resuscitation (DNAR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. We saw end of life care plans, in place for people, as appropriate and 'Me and My Life' documents also explored people's wishes and feelings in relation to end of life planning. Staff had received training in end of life care and death, dying and bereavement. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

We saw people were provided with information about the service in the 'statement of purpose' and in a 'service user guide' which contained information about staff, care planning and access to records, facilities and services, meals, social activities, resident's rights and choices, health and safety, religious needs, infection control, fire safety, safeguarding, advocacy and complaints.

We saw a copy the home's June 2016 newsletter on display in the reception area. It detailed activities, social gatherings, trips/outings and proposed events including visits to the community cafes in Horden and Seaham, a trip to the Royal Air Forces Association (RAFA) social club in Blackhall and celebrations for National Care Home Open Day. Information about health and local services was also prominently displayed on notice boards throughout the home.

## Is the service responsive?

### Our findings

We looked at care records for seven people who used the service. We saw people had their needs assessed and their care plans demonstrated a good understanding of their individual needs. There was evidence of regular reviews, updates and evaluations of care plans taking place.

Care plans had been developed from a person-centred perspective. This was evidenced across a range of care plans examined that included: hygiene and dressing, maintaining safety, communication, eating and drinking, elimination, mobility, activities, breathing, wound management, diabetes care and sleep. This meant staff were given guidance about how to meet people's individual and specific needs.

Care plans contained people's photographs and their allergy status was recorded. Each care plan included a person's life history with input from relatives. This provided insight into each person including their social history, their likes and dislikes. This was a valuable resource in supporting an individualised approach and gave staff more detail in helping to communicate with some people who had limited or no communication.

Risk assessments had been completed with evidence across the care plans relating to falls, choking, skin integrity, moving and handling, weight loss, use of bedrails, depression in dementia and pain management. This meant risks were identified and minimised to keep people safe.

We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition, waterlow which assessed the risk of a person developing a pressure ulcer and body maps were used where they had been deemed necessary to record physical injury.

The service employed five activities co-ordinators and were also supported by volunteers who visited the home on a regular basis. We saw planned activities were displayed on notice boards throughout the home and included balloon tennis, 10 pin bowling carpet bowls, darts, quizzes, race nights, cinema, bingo, baking, arts and crafts, pottery, playing dominoes, painting nails, prayer group, flower arranging memory lane, sing a long, entertainers and coffee mornings. The service also had a mini-bus that was regularly used for outings.

During our visit we observed a lot of activities taking place including chair exercises, ball/balloon games, craft activities and some people were having their nails painted. People told us about their visits to the Art Museum at Hartlepool and the Alan Shearer Centre at Newcastle. Some people spoke of their individual interests such as gardening, watching Sky TV, and socialising with other people who lived in the home. One person told us, "I've got my friends here. They can see me". Some people told us how they preferred to stay in their room and watch TV but would occasionally join in the group activities. Those people said that staff would often come in for a chat which they enjoyed. A person told us, "We get a lot of laughs we do." This meant people were able to engage in activities which reflected their personal interests.

An activity coordinator told us how the team of activity co-ordinators worked together across the home providing group and individual activities. They told us that people who used the service took part in regular bingo sessions and they had decided to donate prizes from this to their chosen charities. We saw people being supported to make firework themed pictures to support a charity event. We were told that a fireworks display was also being arranged in the grounds of the home for this event. Staff told us that people who lived at 'The Court' were supported to do gardening and were growing a variety of plants including strawberries. Staff told us people were also supported to develop skills for independent living, such as preparing drinks and snacks in the kitchen.

People were encouraged and supported to maintain their relationships with their friends and relatives. There were no restrictions on visiting times and relatives told us how they were encouraged to eat with their family member in either the dining room or in their bedroom and how they ate at the home regularly. This meant people were protected from social isolation.

We found choice was a key theme in the home. All the people we spoke with told us they could make choices about how they wanted to receive the care they needed at Yohden Hall Care Complex. They told us they were able to go to bed and get up at whatever time they wished, where to eat their meals and how they spent their day for example they said, "It's my choice, I would rather stay in my room." Some people held the key to their own bedroom doors and all the people we spoke to told us that they choose whether their room door was left open or closed and that these preferences were respected.

We saw a copy of the complaints policy on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local authority, the local government ombudsman and CQC, if the complainant was unhappy with the outcome. We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed. For example, "I have no complaints but I would know what to do if I needed to complain", "I could approach any of the staff" and "I raised a concern with the manager about an accident that had occurred involving my family member and felt the manager dealt with it appropriately." A member of staff told us, "Any concerns from staff, residents or visitors are taken seriously and dealt with." This meant that comments and complaints were listened to and acted on effectively.



# Is the service well-led?

## Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 13 July 2012. CQC registration certificates were prominently displayed in the home's entrance.

The registered manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. A member of staff told us, "The manager is extremely devoted to her residents and only wants the best for each and every one of them", "They (manager) are really good at their job", "I love my job" and "They (manager) are spot on." People who used the service and their relatives told us, "The manager has done a lot of good since she came here", "She's one of the best. If anyone has a problem she puts it right" and "She (manager) likes the (staff) to spend time with the residents. We know he's getting looked after here."

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We looked at the registered provider's audit file, which included audits of care plan documentation, health and safety, safeguarding, dining, kitchen, home presentation. We also saw evidence of home visits and quality audits completed by the registered provider's quality assurance manager. All of these were up to date and included action plans for any identified issues.

The home had been awarded a "4 Good" Food Hygiene Rating by the Food Standards Agency on 20 January 2016, had received a certificate from NHS Durham and Darlington in recognition for focusing on undernutrition dated 9 March 2016 and were rated as 9.6 out of 10 by the care home.co.uk scheme which was based on the reviews of thirty three people who used services, relatives and friends. We also saw the home had signed up to the social care commitment which is the adult social care sector's promise to provide people who need care and support with high quality services.

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. They told us they felt confident they could go to the registered manager or the deputy manager with any suggestion, concern or complaint and they felt their views were listened to and acted upon and that this helped to drive improvement.

We looked at the minutes of the residents and relatives meeting held on 27 May 2016. Discussion items included food and drink, cleanliness and décor, social activities and proposed events in June 2016. A person who used the service told us how they had contributed to the meetings and another person told us that they chose not to attend the meetings but would get the 'results' of the meeting afterwards. A relative told us that she attended the meetings and how things were responded to right away. Another relative told us that although they didn't attend the meetings they still felt involved through phone calls and discussions with staff members.

We saw the result of the 2015 'residents survey'. Themes included staff and care, home and comforts, choice and having a say and quality of life. The service scored 100% overall satisfaction from forty responses.

We saw a 'What we do well', 'What we need to improve' and 'What we would like to see' notice board displayed in the entrance to the home. The notice board demonstrated the registered manager sought views and comments, about the home, from people who used the service and their relatives and displayed the actions taken to address the suggestions. For example, a person had raised an issue about the variety of food on the menu and how they would like to see more salmon and pasta dishes. We saw evidence that the registered manager had discussed this with the cook and that salmon and pasta Bolognese had been added to the menu.

Staff meetings were held regularly. We looked at the minutes of a meeting held on 17 May 2016. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included health and safety, quality audits, safeguarding and training. We also observed a suggestion box available in the main entrance for staff to post comments, complaints or compliments. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service had close links with the local community. The registered manager told us how the people who used the service attended tea dances at the local community centre, regularly visited other care homes in Horden and Murton for lunches and organised events and enjoyed bingo and a packed lunch at the RAFA club in Blackhall.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the registered provider's infection control policy dated February 2016 referred to guidance from the National Institute for Health and Care Excellence (NICE). The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice." The staff we spoke with and the records we saw supported this.

Records were maintained and used in accordance with the Data Protection Act. The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities and statutory notifications were submitted in a timely manner.