The Southgarth Partnership

Southgarth Care Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We carried out an unannounced comprehensive inspection on 19 and 20 November 2015. We last visited the service in August 2014 and found the service was compliant with the standards inspected and no breaches of regulations were found.

Southgarth Care Home offers accommodation with care and support for up to 25 older people. There were 19 people using the service when we arrived on the first day of our inspection and two people moved into the home during the time of the inspection.

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

People said they were happy to approach the registered manager if they had a concern and were confident that actions would be taken if required.

Summary of findings

People were not protected by an effective system to assess and monitor the health and safety risks at the home. The provider had identified through their assessment process temperatures of hot taps in sinks in all rooms exceeded the Health and Safety Executive (HSE) recommended temperatures. However no action had been taken to ensure these didn't pose any risk to vulnerable people at the service.

There were sufficient and suitable staff to keep people safe and meet their needs. The staff and registered manager undertook additional shifts when necessary to ensure staffing levels were maintained. However this meant the registered manager had undertaken a lot of additional shifts which meant they were rushed and having to prioritise their managerial duties.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs, they were personalised and people had been involved in their development. Care plans were regularly reviewed with the person to ensure they remained current and effective. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

People received their medicines in a safe way because they were administered appropriately by suitably qualified staff and there were effective monitoring systems in place. People's needs and risks were assessed before admission to the home and these were reviewed on a regular basis.

People could choose from a menu which was regularly reviewed and updated and took into account people's choices and preferences. People were very positive about the food provided at the home. Staff were polite when supporting people who used the service. Staff supported people to maintain their dignity and were respectful of their privacy. People's relatives and friends were able to visit without being unnecessarily restricted.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA.

People had access to a rolling programme of activities at the service. People were encouraged and supported to develop and maintain relationships with other people at the service and avoid social isolation.

The recruitment process at the home was robust and required recruitment checks were carried out. New staff received a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. Staff received regular training and updates when required and several staff were undertaking higher level qualification in health and social care. Staff had a good knowledge of how to safeguard people from abuse.

We found one breach of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this report.

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?

Requires improvement

Some aspects of the service were not safe.

People were not always protected from unsafe and unsuitable premises. We found an environmental risk had not been identified. Health and safety issues identified by staff had not been acted upon.

The registered manager had taken action to ensure there were sufficient numbers of suitably qualified, skilled and experienced staff on duty at all times.

Individual risk assessments had been completed to identify health risks.

People's medicines were managed so they received them safely and as prescribed.

Staff were aware of signs of abuse and knew how to report concerns and were confident these would be investigated.

Incidents and accidents were recorded and appropriate actions taken.

There was a robust recruitment procedure in place at the home.

Is the service effective?

Good

The service was effective.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff had the knowledge and skills they needed to support people's care and treatment needs.

Staff had received effective inductions, regular supervision and appraisals and some were undertaking higher health and social care qualifications.

People were supported to eat and drink and had adequate nutrition to meet their needs and were very complimentary about the food at the home.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion and their privacy and dignity were respected.

Staff were caring, friendly and spoke pleasantly to people. They knew people well, visitors were encouraged and welcomed.

People and their representatives were actively involved in making decisions about the care, treatment and support they received.

Summary of findings

Is the service responsive?

Good 

The service was responsive.

People received support that was responsive to their needs. Their care needs were regularly reviewed, assessed and recorded. People's care needs were recognised promptly and they received care when they needed it.

Activities had been arranged at the home which people enjoyed.

People were aware of the complaints procedure and complaints received were addressed.

Is the service well-led?

Good 

The service was well led.

The registered manager understood their responsibilities, and was in day to day control at the service. People and staff felt the registered manager was always approachable and effective and they could raise concerns appropriately.

The provider actively sought the views of people and staff at the home.

There were effective methods used to assess the quality and safety of the service people received. However the provider's system had failed to oversee that action was taken when a health and safety issue had been identified.

Southgarth 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 checked whether the provider was 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.

The inspection visits took place on 19 and 20 November 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed information we had about the service such as, 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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern. We contacted commissioners of the service and external health professionals to obtain feedback about the care provided.

We met all of the people who lived at the home and received feedback from nine people using the service and five relatives.

We spoke with seven staff, which included care and support staff and the registered manager. We also contacted the local GP practice and district nurses for their views about the service. We looked at the care provided to four people which included looking at their care records and looking at the care they received at the service. We reviewed medicine records of six people. We looked at two staff records and the provider's training guide. We looked at a range of records related to the running of the service. These included staff rotas, appraisals and quality monitoring audits and information.

Requires improvement

Is the service safe?

Our findings

We asked people if they felt safe at the service. Comments included, "I can't fault it here"; "Very happy, very safe"; "The night staff peep in on me during the night." Visitors also said they felt their relative was safe at the service. Comments included "I am happy she is safe here, they have done everything they can to make sure she is safe."

However we identified an increased risk of scalds in people's rooms. This was because we found temperatures of hot taps in sinks in all rooms exceeded the Health and Safety Executive (HSE) recommended temperatures. (No hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people). Although hot water warning signs were on display, some people did not have the cognitive ability to understand the risk.

Temperature monitoring checks were undertaken every three months at the service. The temperatures of taps in sinks throughout the service recorded on 23 October 2015 ranged from 54°C to 62°C. The temperature monitoring sheets for February, April and June 2015 all had readings above the recommended level. At the bottom of the provider's monitoring sheet, it stated, 'Temperatures must be no higher than 43°C … If temperature remains higher than 43°C after adjusting, isolate hot water, put a sign on doors.. do not use and notify staff.' However this action had not been completed. We discussed this with the registered manager, who took action to contact a plumber and placed a 'do not use sign' on the ground floor bathroom. On the second day of our visit the plumber had ensured the hot tap in the ground floor bathroom was made safe until they were able to fit a thermostatically controlled valve. The registered manager said the provider would undertake risk assessments to identify which people were at risks of scalds at the service. However we had concerns that records for one person showed they regularly went into other people's rooms and would be at risk of scalds if they used the hand washing facilities.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The maintenance person also monitored the bath water temperatures throughout the service and these were all within the required temperatures. This meant that people were not at risk of scalding when bathing.

People and visitors gave us a mixed view about whether they felt there were adequate staff on duty at all times. Comments included, "I think there are enough, the manager is very busy and is here a lot of the time." "At times it's rushed; I don't have to wait very much." "The (registered manager) works very hard." "Sometimes they are under pressure but a good nucleus of staff."

Staff said the registered manager worked really hard and they liked working alongside her. However it was sometimes difficult when she was called away to do other tasks. Comments included, "I feel there is not always enough staff in the morning"; "It depends on how many residents we have, if it is a full house we could do with an extra body as well as (the registered manager)."

On both days of our visit the registered manager was scheduled to undertake a duty as the third staff member working the morning shift. We observed they were very hands on and constantly busy. They were speaking with people, relatives, staff, and visiting healthcare professionals. They made and received phone calls throughout our visits and answered the front door bell to greet visitors. They administered people's medicines and attended to people's needs. This meant they were not able to plan their day and were reacting to things as they happened which added additional pressure to staff working alongside them. The staff schedule showed for a three week period, the registered manager was working six days a week including working a twelve hour shift doing care duties up to five days each week. The registered manager had not recognised they were working in a hurried and busy way and how this could impact on people living at the service.

The registered manager said they had one care staff vacancy and had been actively trying to recruit. The registered manager and regular staff and a bank staff member were undertaking additional shifts to cover staff leave and sickness absence. The registered manager said they did not like to use agency and preferred to cover the shift themselves to provide people with continuity of care. Staff levels were calculated by the registered manager using the providers review document although it was not always clear how the actual figures were calculated. Following the inspection the registered manager confirmed they had made changes to the allocation of staff hours to improve the morning staff allocation. On the first day of our

Requires improvement

Is the service safe?

visit two new people were moving into the home. The registered manager had arranged an additional staff member to undertake a few extra hours to help with the admission process.

There were effective recruitment and selection processes in place to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers, any unexplained employment gaps checked and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures.

Staff were knowledgeable about how to recognise signs of potential abuse and said they were confident any concerns raised with the registered manager and senior staff would be dealt with.

The provider had ensured people were given information of who they could contact if they were experiencing abuse. On the back of each person's door was a notice with the contact details of outside agencies and support groups people could contact if they had any concerns. The registered manager kept the Care Quality Commission informed of any safeguarding concerns at the home by sending the required notifications.

Emergency systems were in place to protect people. There were personal emergency evacuation plans (PEEPs) in place to identify people's mobility needs in the event of an emergency. People had been identified using a traffic light system to identify their mobility requirements and this was recorded on each person's door. For example, green indicated the person was independent and red they would require the assistance of two staff. There was also a colour coded list to identify people's level of independence beside the evacuation panel to guide emergency services personnel in the event of an evacuation. The registered manager said they had a visit scheduled with the local fire service and would be looking to implement further individual information in the PEEP's to protect people in the event of an emergency.

The home was clean and homely, one staff member said, "It is cosy and homely, I think it is a lovely home." However there was one area in the home where there was a lingering odour on both days of our visit. We discussed this with the registered manager who was aware of the concern and were able to tell us the actions they had been taking to resolve the issue. They confirmed they would arrange for the carpet to be cleaned. Staff said there were always plenty of personal protective equipment (PPE's), soaps and cleaning chemicals at the home.

People's personal clothing was laundered at the home, all other laundry was sent to an outside laundry service. The laundry room is adjoining the kitchen and the overflow fridge and the freezer are located in the laundry room. We were concerned this could put people at risk of cross contamination. We contacted the environmental health inspector from the food standards agency who had visited in February 2015. They advised the situation wasn't ideal but they were satisfied the risks were minimal. They confirmed they had awarded the service a top rating of five. The registered manager wrote to us after the inspection to inform us they were relocating the fridge and freezer to a new location. This would mean it was no longer in the laundry area which would reduce the risk of cross contamination.

People received their prescribed medicines on time and in a safe way. One person said, "The girls do them, I get them at the right time." Another said, "I get my tablets on time and they seem to know what they are doing." We saw designated staff administering medicines in a safe way who had a good understanding of the medicines they were using. There was a safe system in place to monitor receipt, stock and disposal of people's medicines. Medicines at the home were locked away in accordance with the relevant legislation. Medicines which required refrigeration were stored at the recommended temperature. Medicine administration records were accurately completed, any signature gaps had been identified by the registered manager and action had been taken to ensure people had received their medicines. Monthly audits of medicines were completed by senior staff and records showed actions were taken to address issues identified. The local pharmacy had undertaken a review at the service in February 2015 and had identified a couple of areas for improvement. These included clearly identifying people's allergies and protocols for 'as required' medicines, which the registered manager was in the process of implementing.

Staff had accurately recorded all incidents and accidents at the time of the incident. Learning from incidents and accidents took place and appropriate changes were

Requires improvement

Is the service safe?

implemented. The registered manager had a system where they recorded the location, time and outcome of the accident in order to look for trends and patterns in accidents to ensure appropriate action was taken to reduce risks.

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person, which identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's mobility, nutrition, pressure damage and falls. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs.

Premises and equipment were managed to keep people safe, with the exception of the hot water in people's rooms. External contractors visited to regularly service and test moving and handling equipment, fire equipment, gas, complete electrical testing and lift maintenance. The maintenance person completed monthly tasks which included calibration of the food probe thermometer and to clean the extractor vent in the kitchen. Wheelchairs checked weekly to check footplates, tyres brakes and if a repair is needed it is carried out or if needed sent for repair.

In September 2015, a health and safety audit was carried out by the registered manager who had recognised the poor lighting in the lower corridor at the home. We identified this area was still poorly lit and that one person with a visual impairment needed to walk through the area in order to use the toilet facilities. The registered manager informed us after the inspection that replacement lighting had been purchased and was being put into place. There was an ongoing programme of repairs, maintenance and refurbishment to improve the environment of the home. For example, all of the windows at the home had recently been replaced. One person said they had their new window fitted that week.

Good

Is the service effective?

Our findings

Staff were skilled and were able to tell us how they cared for each individual to ensure they received effective care and support. They demonstrated they knew the people they cared for well. People said staff listened to them. Staff gained people's consent before they assisted people to move, they explained what they were doing and involved the person. They listened to people's opinions and acted upon them. For example, where they wanted to spend their time, if they wanted to go on an outing and if they required further refreshments.

There was a keyworker system in place at the home. Named staff worked with individuals and took responsibility to ensure they had what they needed and checked if they had any concerns. Staff were kept informed about people's changing needs through handovers at shift change overs.

When people's needs changed, referrals to health professionals were made promptly. People and their visitors confirmed health professionals were called promptly. Comments included, "If I am poorly they get the doctor"; "Had the doctor out in the past as soon as I needed him"; "The doctor was brought in quickly." The district nurse team confirmed the home were very effective and if staff had any concerns they always phoned. They added, "We have a good working relationship, they always listen and put into action what we ask, very proactive here".

People who lacked mental capacity to take particular decisions were protected. The registered manager and staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the service was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty.

None of the people at the service were subject to an application to deprive them of their liberties at the time of the inspection. However the registered manager had been in contact with the local authority DoLS team for guidance regarding a potential application. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. Records demonstrated that relatives, staff and other health and social care professionals were consulted and involved in 'best interest' decisions made about people.

Staff had undergone a thorough induction. New staff worked alongside a more experienced member until the registered manager was satisfied they had the skills to work alone. The registered manager was working with an external training provider to implement the new care certificate which came into effect in April 2015. The registered manager said an assessor would oversee new staff to complete the care certificate and then continue to support them to achieve a health and social care qualification.

Staff had completed training which ensured they had the right competencies, knowledge and skills to support people at the home. The registered manager used a training plan which recorded training staff had undertaken and highlighted when staff required training updates. The registered manager had undertaken a train the trainer course in delivering moving and handling training and provided other in- house training for staff. This meant staff could respond quickly to people's changing moving and handling needs. Staff were encouraged to undertake qualifications in care. One staff member said they had recently had a practical training session with a senior member of staff about recognising pressure sores, which they had found really good.

Staff received regular supervision and appraisal with the registered manager or deputy manager. They said they said they were listened to and could discuss training needs. One staff member said, "I have just had an appraisal, we went through all of the questions, I was asked if I had any problems. It was great (the registered manager) understands I feel I am supported."

People were supported to eat and drink enough and maintain a balanced diet. Everyone was very complimentary about the meals at the home. Their comments included, "The food is very good, they come every day and tell you what is available"; "We are always eating, we have breakfast then coffee it's then lunch and so

Good

Is the service effective?

on, it is great." "The food is very enjoyable we have a choice and there is always plenty". "I enjoy it, anything you ask for they give you, if you don't like something they will get you something else."

There was a four week menu with a choice of two main meal options. People were asked each morning for their meal choices, but some people found it difficult to remember what they had chosen. People waiting for their meal were unable to tell us what meals they had selected. One person commented when asked, "I can't remember what is for lunch today. They came around this morning." In the small lounge next to the dining room the rolling four week menu was on the notice board but there was nothing in the dining room to help remind people of the options available. The registered manager said they would look into putting a menu board in the dining room to help make people's dining experience more enjoyable.

We observed two lunchtime meals served in the homes dining room. All but one person had chosen to come to the dining room for their meal. During the lunchtime period there was a pleasant atmosphere with gentle music playing in the background and staff attending to people's needs. Staff went around offering a choice drinks which included fruit juice, water or squash and were attentive to people's requests. Staff supported people discreetly and patiently. For example, one person was very lethargic, a staff member went and sat with them and tried to encourage them to eat and supported them with a few mouthfuls.

The service catered for a variety of dietary needs, which included, vegetarian, nut allergy, diabetic and gluten allergy. The cook was very knowledgeable about different people's dietary needs and who required a special diet and how they accommodated these requirements. The cook made us aware that the usual white board which had all of people's dietary information had been taken down and was being updated. There was guidance in the kitchen for staff about speech and language therapist (SALT) recommended consistencies of food, such as puree and fork mashable consistencies. This meant people who required a specialist diet recommended by SALT had the appropriate meal consistency to meet their needs safely.

Good

Is the service caring?

Our findings

People said they were well cared for at the home and praised the staff. Comments included, "I have been happy since I came here, they are very kind and attentive and the food is very good." "Most of the girls are alright."

Visitors were complimentary about the home. Comments included "Lovely, such nice staff. One visitor said their relative had stayed at the home for a respite period and liked it so much they had decided to stay. Another said "It is very good here, I am booking in myself. The staff are brilliant and deal with everything."

Staff had a pleasant approach with people and were respectful and friendly. They were kind and caring towards people, talking to them in a kind and pleasant manner. There was a good atmosphere in the home with banter and chat between people and staff. People were treated with dignity; staff addressed people by their name and personal care was delivered in private in people's rooms. Bedrooms, bathrooms and toilet doors were kept closed when people were being supported with personal care to maintain people's privacy. People were well presented and dressed in well laundered clothes. One visitor said, "I am always happy with how mum is presented when I visit." The registered manager and a few designated staff were dignity champions and monitored that staff ensured people's dignity at all times.

People were supported to be as independent as possible and were encouraged to do as much for themselves as they were able. While supporting people, staff gave each person the time they required to communicate their wishes. It was clear staff understood people's needs well and provided the support people required. Some people used items of equipment to maintain their independence, for example, used zimmer frames. Staff were patient with people who needed support to walk to the dining room for lunch; they helped them to settle before assisting another person. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it. For example, we observed a staff member support a person to leave the dining room during lunch. They used a handling belt to help the person to stand up safely and had the person's zimmer frame ready for them to use. As they walked out of the dining room they were happily chatting to each other.

People were consulted throughout our visit about what they wanted to do and where they wanted to sit. One staff member said, "We ask them what food and drink they want, clothes they want to wear and whether they want an extra hour in bed. It is really nice here, people can choose what they want."

People were able to spend time in private in their rooms if they wished to. However the majority of people at the home had chosen to use the dining room at lunch time. The person who had chosen not to go to the main dining room said they preferred to eat in private and liked their own company. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Visitors were welcomed and there were not time restrictions on visits. One person said, "I had four yesterday they usually bring them a tea or a coffee even if they don't want one." Visitors said they were always made welcome when they visited the home.

Good

Is the service responsive?

Our findings

People said they made choices about their lives and about the support they received. Comments included, "It is lovely calm and quiet here, they ask me what I want and that's what I get."; "I am always kept included."

People could choose the times they went to bed or get up. One person said they liked to go to bed late because they enjoyed watching TV in the evening and this was never a problem. Throughout our inspection, staff gave people the time they needed to communicate their wishes.

People and their families were included in the admission process to the home and were asked their views and how they wanted to be supported. These were reviewed by the registered manager after a few weeks to see if people were having their needs met and whether they wanted to make any changes. Annual reviews were undertaken or more frequently if there were significant changes or one were requested. One person said, "(Registered manager) often comes around and has a chat about how I am getting on."

People's care plans were person centred and written from the view of what the person wanted. There were care plans for personal care needs, mobility, continence and pain management.

Senior staff members were delegated to undertake monthly reviews of designated individual people's needs. They completed monthly reviews of people's risk assessments and updated care plans with changes as required. This meant people were involved with decision making around their own care requirements.

People identified as being at risk of unexpected weight loss were being closely monitored. Staff demonstrated a good knowledge about the actions they needed to take when they identified a person was at risk, this included contacting the GP and monitoring their diet and fluid intake. People had been referred promptly to health professionals when required; this included the GP, district nurse team and the speech and language team (SALT). The district nurses who visited the service fed back to us they were confident staff recognised the needs of people and made referrals promptly. They confirmed their guidance was followed and they were happy with the presentation of the people they visited. People had regular visits from the opticians and chiropodists.

Visitors said they were kept informed of their relative's needs. One visitor said, "Every month, we sit and go through them (care plans), I am aware of mum's condition and I know what's going on in the month." Another gave an example where the registered manager had kept them informed of the actions they had taken to quickly access medicines for their relative. They said, "(Registered manager) has acted quickly and got it all sorted out."

People were supported to take part in social activities. People and visitors were positive about the activities at the home and said they had the opportunity to join in if they wanted to. Comments included, "We have animals come in on a Monday, one afternoon we do bingo and exercises and a nice lady came in to do knitting." "We have bingo and a variety of things going on here." "People come and sing they do manicures, exercises and pets." There was a regular rolling program of activities provided each afternoon at the service which included a guitarist visiting on a Monday, bingo on a Tuesday, and a singalong/skittles on a Wednesday. A person staying at the service played the keyboard each week and delivered the bingo session. The person also recorded the activities delivered each day and who attended, although there was no system to identify whether people had enjoyed the activities provided or confirm everyone had an opportunity to attend. On the second day of our visit the hairdresser was at the service which people said they looked forward to each week. There were several events planned for the Christmas period which included an outing to a local garden centre and a pantomime at the home, performed by the staff.

People were encouraged and supported to develop and maintain relationships with other people at the service and avoid social isolation. One staff member said, "Carers are very good and caring and the residents are very caring of each other." Staff encouraged people to come to the dining room at lunchtime to help them develop friendships.

People knew how to share their experiences and raise a concern or complaint. The home's complaints procedure was clearly displayed on the notice board in the entrance to the home. There was also a notice advising people if they had any, 'groans, grumbles, whinges, gripes, we luv em all. Please tell us if you have an issue'. Complaints were dealt with in a timely way and in line with provider's policy. For example, one complaint was made regarding the attitude of a member of staff. The registered manager had investigated this allegation and taken appropriate action.

Good

Is the service responsive?

People said they would be happy to raise a concern and were confident the registered manager would take action as required. Comments included, “There is a notice saying if you have a concern you can always go and speak to the manager. I haven’t needed to do that.”; “If I have any queries I would voice my objections they will always listen.”; “I would have a quiet talk with (registered manager).”; “Very good indeed. I would raise my concerns with the manager and I am happy it would be dealt with, they are very efficient here.”

Good

Is the service well-led?

Our findings

People who live in the home and visitors said they had confidence in the registered manager and would be happy to speak to her if they had any concerns about the service provided. Comments included, "(Registered manager) is lovely, if you want to know anything she always tell us"; "She is very good"; "The manager is very good and motivates the staff." "(The registered manager) is great and is absolutely lovely to me and (the deputy manager) is very good as well."

Staff said they were supported by the registered manager and felt she managed the service well. Comments included, "(the registered manager) is very hands on, she isn't afraid of hard work and looks after all of us"; "I can go to (the registered manager) about anything she always listens and understands."

The registered manager was supported by a deputy manager, senior care staff and care staff, a housekeeper, two cooks and a maintenance person. They were very positive about the staff at the service saying, "I have a really good team here who are very loyal and will step in to help if needed. I can't praise my staff enough."

The registered manager undertook regular care shifts each week and throughout our visit was very active supporting people and ensuring their needs were met. This enabled them to be aware of the day to day culture in the service which included staff attitudes, values and behaviours. They were passionate about the service and had high expectations of themselves and inspired staff to provide a quality caring service.

The registered provider's visited the service about four times a year to monitor the service provided. As part of their visits they observed and spoke with people at the home. The record of their last visit in September 2015 stated about the people at the service, 'Appear content and positive about the care offered and the environment.' Their visit in July 2015 identified staff training gaps which the registered manager had addressed by their next visit in September 2015. The provider had recorded they had concerns about the potential risk of food contamination because staff made themselves hot drinks in the kitchen. The registered manager said they were still looking at how to manage this as there were limited places they could locate hot drink making facilities.

The registered manager encouraged open communication with people who used the service and those that mattered to them. People at the home were invited to resident's meetings. Records of the last meeting in August 2015 confirmed people were able to give their views at the meetings and topics discussed included, food and activities. As you enter the home there is a notice on the front door stating the registered manager had an open office on the first Monday of each month for relatives to come in and have a chat. The registered manager had sent surveys out to people and their families or representatives in August 2015. They had received six completed surveys which were all positive about the service. A survey had also been sent to healthcare professionals in July 2015, the one response returned recorded, 'Staff always helpful, polite and aware of what is going on with residents'. However the registered manager had not shared the results of these surveys with people and staff at the home.

Staff had a staff handover meeting at the changeover of each shift where key information about each person's care was shared. This meant staff were kept up to date about people's changing needs and risks.

Staff had completed a survey in August 2015 and although the six responses were all positive there was no evaluation to make staff aware of the outcome. Staff meetings were held regularly. Records showed the last meeting in September 2015 had not been well attended. The registered manager had taken action and sent a memo to staff reminding them of their responsibility and requirement to attend staff meetings. This meant the registered manager worked to ensure staff were consulted and involved in the running of the home and in making improvements.

People's care records were stored in a locked cupboard in the dining room in order to keep them confidential and secure but they were available for staff reference when required. Other records for the safe running of the service which included staff files were kept in the registered manager's office.

The registered manager and provider were meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.

With the exception of the health and safety monitoring, where they had identified the hot water in the home

Good

Is the service well-led?

exceeded the Health and Safety Executive (HSE) recommended temperatures. Other quality monitoring systems within the home were effective and were used to drive continuous improvement. The registered manager, deputy manager and maintenance person undertook regular audits. These included monthly medicines audits, care record audits, general building audits and quarterly infection control audits and improvement actions were taken when necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had not ensured the premises were safe for people using the service. Regulation 12(2)d**