Hulton Care Home Limited

Hulton Care Home

Inspection report

Halifax Road
Nelson
Lancashire
BB9 0EL

Tel: 01282617773

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13 September 2018

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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

We carried out an unannounced inspection at Hulton Care Home on 12 and 13 September 2018.

Hulton Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Accommodation is provided on two floors. The home is divided into two areas with the Nelson suite providing care for people living with dementia. At the time of the inspection there were 27 people accommodated in the home.

The service was managed by 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.

We carried out the last comprehensive inspection on 26 and 27 July 2017 and assessed the service as overall requires improvement. We identified three breaches in respect to the management of risks, care planning and the implementation of the Mental Capacity Act 2005. Following the inspection, the provider sent us an action plan, which set out the actions they intended to take to meet the regulations. During this inspection, we found improvements had been made and the service was now compliant with all the current regulations. We have revised the rating to overall good.

People living in the home told us they felt safe and staff treated them well. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were kept safe from abuse and harm and staff knew how to report any suspicions around abuse. Staff understood best practice for reducing the risk of infection and audits were carried out to ensure the environment was clean and safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were provided with the training they required in order to support people safely and effectively. An induction and training programme was in place for all staff. A detailed assessment was carried out to assess people's needs and preferences prior to them receiving a service. This meant that care outcomes were planned and staff understood what support each person required. People were supported with their healthcare and nutritional needs, as appropriate.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home had been consulted about their care needs and had been involved wherever possible in the

care planning process. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments were person centred and provided guidance for staff on how to meet people's needs and preferences. There were established arrangements in place to ensure the care plans were reviewed and updated regularly. People were encouraged to remain as independent as possible and were supported to participate in a variety of daily activities. People were also offered the opportunity to go on regular trips in the community.

The registered manager was well respected and provided strong, supportive leadership to her team. Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care.

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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

There were sufficient staff to meet people's care and support needs. Appropriate recruitment practices were followed.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and records were complete and up to date.

Is the service effective?

Good

The service was effective.

People received support from skilled and knowledgeable staff who felt well supported.

Suitable arrangements had been made to obtain consent to support and treatment in line with legislation and guidance.

People had access to healthcare services when needed. People received sufficient food and drink which met their nutritional needs.

Is the service caring?

Good

The service was caring.

People were happy with the care provided and were complimentary about the staff team.

The registered manager and staff demonstrated a passion to provide individualised care for people. They were motivated and offered care and support that was compassionate and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs

and how they liked to be supported.

Is the service responsive?

Good

The service was responsive.

Care plans contained information to help staff support people in a person-centred way and care was delivered in line with people's preferences.

Arrangements were in place to ensure people experienced end of life care in an individualised and dignified way.

People's social needs were met and they were encouraged to follow their interests.

People had access to a complaints procedure and were confident their concerns would be listened to.

Is the service well-led?

Good

The service was well led.

The registered manager was committed to the continuous improvement of the service and provided clear leadership for the staff team.

A range of auditing and monitoring systems was in place to monitor the quality of service provision, which included seeking and responding to feedback from people living in the home.

Hulton 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 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.

An unannounced comprehensive inspection took place at Hulton Care Home on 12 and 13 September 2018. The inspection was carried out by one adult social care inspector.

In preparation for our visit, we considered the previous inspection report and information that had been sent to us by the local authority's contract monitoring team and the safeguarding adults team. We also checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

Before the inspection, the provider submitted a detailed Provider Information Return. This is information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with ten people living in the home, three relatives, three members of staff, the registered manager and the regional manager.

We looked round the premises and inspected a range of documents and written records including an examination of three people's care files, two staff recruitment files and the staff training records. We also looked at 12 people's medicines administration records, a selection of the policies and procedures, complaints records, accident and incident documentation, meeting minutes and records relating to the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

At our previous inspection in July 2017, we assessed this key question as requires improvement. This was because we found the provider had failed to assess and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our visit, the provider sent us an action plan to tell us how they would make improvements to the service. At this inspection, we found the necessary improvements had been made and we have revised the rating to good.

We looked at three care files and considered how the provider managed risks to people's health, safety and well-being. We found each person had individual risk assessments, which were relevant and specific to their needs. Management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. We saw the risk assessments were personalised and were updated at monthly intervals or in line with people's changing needs. Appropriate tools were used as part of the assessments including the Waterlow score, which assesses the risk of developing pressure sores and the MUST (Malnutrition Universal Screening Tool), which assesses the risk of poor nutrition.

Personal emergency evacuation plans (PEEPs) had been completed and these gave details about how each person should be assisted in case of an emergency. Environmental risk assessments had been undertaken by the registered manager in areas such as fire safety, the use of equipment, the security of the building and the management of hazardous substances. All risk assessments seen were thorough and included control measures to manage any identified risks. The assessments were updated on an annual basis unless there was a change of circumstances.

We saw documentation and certificates to show that relevant checks had been carried out on utilities and all lifting equipment including hoists and the passenger lift. We noted that a suitable fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure they were in safe working order. The registered manager carried out monthly fire drills. These were completed at different times of the day to ensure all staff were aware of what action to take during an emergency.

The registered manager was constantly seeking ways to improve the quality of the care provided. This included an analysis of any accidents and incidents within the home. Reviews included looking at the person, the place and the type of incident to enable trends to be identified. This meant action could be taken to minimise the risk of reoccurrence. Any learning points from accidents and incidents were disseminated and discussed with the staff team.

All people spoken with told us they felt safe and secure in the home. For instance, one person told us, "I feel very safe here. I am more confident walking as the staff are there for me" and another person commented, "The staff are kind and treat me well."

The provider had a comprehensive safeguarding policy which set out the definitions of different types of abuse, staff responsibilities and how to report any concerns. Staff had received training in safeguarding and had a good awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. Staff had access to the contact details of the local authority who are the lead agency in safeguarding investigations. Staff told us they had also received additional training on how to keep people safe which included moving and handling, the use of equipment, infection control and fire safety. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

People told us there were usually sufficient staff on duty. For instance, one person told us, "The staff are there for me when I need them." We saw there was a staff rota, which was updated and changed in response to staff absence. The staffing rota confirmed the staffing level was consistent across the week. We observed there were enough staff available during our inspection to meet people's needs. The registered manager told us the staffing levels were flexible and were planned in line with people's changing needs and circumstances.

There were effective recruitment and selection processes to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and attended the home for an interview. Pre-employment checks had been completed, which included references from previous employers. Any unexplained employment gaps were checked and Disclosure and Barring Service (DBS) checks were in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work.

Medicines were safely managed at the service and in accordance with the provider's policy and procedure. Staff who administered medicines had received appropriate training and had their competency assessed. We saw people's medicines were checked in when they arrived at the service from the pharmacy and the amount of stock documented to ensure accuracy. Medicines were kept safely in locked medicine cabinets.

People told us they had confidence in the staff who supported them to take their prescribed medicines on time. One person said, "They are spot on with my tablets." People's care plans contained detailed information about their prescribed medicines and how they needed and preferred them to be administered. We saw medicines administration records (MARs) were appropriately maintained by staff authorised to handle medicines in the home. There were no gaps or omissions on MAR charts. Checks of medicines stocks and balances, indicated people received their medicines as prescribed. Protocols for managing 'as required' medicines were in place and clear instructions were printed on MAR charts so staff knew when and how to administer these types of medicines.

We saw the home was clean and hygienic. Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided in all rooms. This ensured staff could wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons. There were contractual arrangements for the safe disposal of waste. We saw staff had access to an infection prevention and control policy and procedure and noted an infection control audit was carried out in the home at regular intervals.

Good

Is the service effective?

Our findings

At our previous inspection in July 2017, we assessed this key question as requires improvement. This was because we found the provider had failed to assess and record people's capacity to consent to their care and treatment and act in accordance with the Mental Capacity Act (MCA) 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our visit, the provider sent us an action plan to tell us how they would make improvements to the service. At this inspection, we found the necessary improvements had been made and we have revised the rating to good.

People spoken with during the inspection, told us staff asked for their consent before carrying out any care task, for instance one person said, "They (the staff) are very respectful and constantly ask me if I'm okay with everything." Staff spoken with understood the importance of seeking people's consent before providing support, irrespective of whether people lacked the capacity to make decisions about more complex aspects of their care. They were aware of the importance of giving people the information they needed to make decisions and that people had the right to refuse care regardless of their capacity. For instance, one staff member said, "We have to ask for consent for absolutely everything. It is essential and we use every way we can think of to help the person understand, like showing them the bath or using hand gestures." Throughout our visit, we observed staff prompted people to make decisions and choices about their daily lives.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the registered persons were working within the principles of the Mental Capacity Act 2005 by obtaining consent in the right way and by applying for authorisations to deprive a person of their liberty when necessary. We saw care plans contained various assessments of people's capacity to understand and make decisions about the care they received, as well as records of best interests' decisions undertaken when the person was assessed as not having capacity. These included the covert administration of medicines. This a means of administering medicines without the person's knowledge. We noted all the relevant documentation was included in people's care records to provide clear guidance on these matters.

The registered manager understood when an application for a DoLS should be made to the local authority and how to submit one. At the time of the inspection, the registered manager had submitted eight applications to the local authority for consideration and one application had been authorised. This ensured that people were not unlawfully restricted. We saw the registered manager had a central register of the applications and checked progress with the local authority on a regular basis.

The registered manager and staff team were aware of supporting people in the least restrictive way to enable people to live with as much freedom as possible. Further to this, we noted risk assessments were carried out during the inspection to allow the locked door to the Nelson suite to be left unlocked. This meant all people could enter and leave this area as they wished.

Before a person moved into the home, the registered manager or a representative from the management team undertook a pre-admission assessment to ensure their needs could be met. We looked at a completed pre-admission assessment and noted it covered all aspects of people's needs. People were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home. Two people spoken with during the inspection, recalled their initial visit to the home and told us they felt welcomed by the staff team. For instance, one person said, "They were so brilliant. I felt at home straightaway. Everyone was so friendly."

Staff received training that enabled them to support people in a safe and effective way. Staff felt they were provided with a good range of training enabling them to fulfil their roles. They told us their training needs were discussed during their individual supervision meetings with their line manager and annual appraisals. Individual staff training records and an overview of staff training was maintained. A training plan was in place to ensure staff received regular training updates.

New members of staff completed a structured induction programme before they started to work as a full member of the team. Reflecting on their own induction, one member of staff told us, their induction had been thorough and they felt well prepared to carry out their role. The induction training included an initial orientation to the service, training in the company's policies and procedures, the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

From the training records seen we noted staff had completed a variety of courses relevant to the people they were supporting including moving and handling, food and nutrition, safeguarding, MCA and DoLS, equality and diversity, safe handling of medicines, health and safety, infection control, safeguarding, and first aid. Care staff also undertook specialist training which included dementia care, managing behaviour that challenges others and falls prevention. All staff spoken with confirmed their training was useful and beneficial to their role.

The registered manager and staff made sure people had the support of local healthcare services whenever necessary. From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and speech and language therapists. Recommendations made by the healthcare professionals were incorporated into people's care plans for staff to follow as necessary.

People told us they were happy with the range of meals available at the home. For example, one person told us, "The food is really good. I especially like the puddings" and another person commented, "I like the meals and the snack trays. I can help myself to anything I want all the time. I really like that." We observed the meal time arrangements on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw them supporting people sensitively. The overall atmosphere was cheerful and good humoured. The meal looked well-presented and appetising. The dining room tables were set with clean tablecloths, napkins and condiments.

The menus were displayed on each table and included details of the choices available. All food was made daily on the premises from fresh produce. There were established arrangements in place to ensure the cook

was fully aware of people's dietary requirements and all diets were fully catered for. We noted one person preferred their meals at a different time and their wishes were fully met. People's weight and nutritional intake were monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

Hulton Care Home provided a safe environment for people to meet their care and support needs. There was a good lighting throughout the home, which helped to prevent falls for people with mobility difficulties. We saw there was signage around the building to help people to orientate themselves round the home. Since our last inspection, improvements had been made to enable all people to freely access to outdoor space. The gardens had also been improved to make the areas safe and interesting.

Good

Is the service caring?

Our findings

At the inspection in July 2017, we assessed this key question as good. During this inspection, we found people continued to receive a caring service and the rating remains good.

People told us the staff were caring and kind and they were complimentary about the service provided. For instance, one person said, "The staff are brilliant. I feel they really care about me and do everything they can to help me" and another person said, "The staff are very charming and pleasant. They are always helpful." Relatives also praised the approach taken by staff. One relative told us, "There's something special about the staff here. I'm very happy with the way [family member] is being looked after."

People were supported to maintain contact with relatives and friends. We observed many relatives visiting throughout the days of our inspection and noted they were offered refreshments. Relatives spoken with told us they were made welcome in the home. Reflecting on their experience of visiting the home, one relative told us, "Everyone is so friendly. They can't do enough for you."

The registered manager and staff were aware of what was important to people and used this information to enhance the quality of their lives. For instance, one person had recently been admitted to the home from hospital and had not had the opportunity to collect some personal possessions from their previous home. Whilst liaising closely with the person's social worker, the registered manager made sure the person was provided with some replacement items. We spoke with the person, who was very appreciative of this gesture, they told us, "They must really think I am special to have given me such lovely things." The registered manager had also purchased several different food items to make the person feel valued and welcome in the home.

We observed the home had a friendly and welcoming atmosphere and throughout the inspection, we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. For instance, one person told us, "I was worried the other day and the staff sat with me and let me talk through everything. They were so understanding and thoughtful."

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I love working here. It is one of the best jobs in the world. It's such a good feeling being able to care and help people." Staff knew people well and understood their needs. Staff were able to tell us each person's routine, preferences and the support they required.

People's privacy and dignity was consistently maintained. Staff told us they knocked on people's doors before entering, closed doors and curtains when providing personal care and gave them space when they wanted private time in their rooms. People confirmed the staff approach, for instance one person told us, "They are very good when it comes to privacy. They always cover me up in the bathroom. It makes me feel more comfortable." Care records were stored safely and securely and computers were password protected

to keep people's information safe and maintain their privacy. Daily care records showed staff promoted people's dignity by providing support in line with each person's individual preferences and wishes.

Staff understood the importance of promoting people's independence and reflected this in the way they delivered care and support. For example, one staff member said, "It's important people do as much for themselves as they can, as it keeps their self- esteem high and maintains their self-worth. It also gives them choices." The registered manager placed a strong emphasis on enabling people. She explained that all people were fully supported to maintain and build their skills. We saw the staff had supported one person to regain many skills during their recovery from a serious medical condition.

People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' and relatives' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were also involved in the care planning process and we saw that some people had signed their plans to indicate their participation and agreement.

Compliments received by the home highlighted the caring nature of staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance, one relative had written, "I wish to thank you for the loving care and attention you showed [family member]. Also for the atmosphere you created in the home. What wonderful people you are." We also spoke with a visiting social care professional during the inspection, who told us, "They are all so brilliant. I feel they really care deeply for the people living here."

Good

Is the service responsive?

Our findings

At our previous inspection in July 2017, we assessed this key question as requires improvement. This was because we found the provider had failed to plan care and support in a way that ensured people's individual needs and preferences were met. This was a breach of Regulation 9 of the Health and Social Care Act Regulations 2014. Following our visit, the provider sent us an action plan to tell us how they would make improvements to the service. At this inspection, we found the necessary improvements had been made and we have revised the rating to good.

People told us they received care that was responsive to their needs and personalised to their wishes and preferences. For instance, one person commented, "The staff make me feel really comfortable. I only have to ask for help and they do all they can." Relatives spoken with felt staff were approachable and had a good understanding of people's individual needs. One relative said, "The staff are great. They can't do enough for you."

We looked at the arrangements in place to ensure people received care that had been appropriately planned and reviewed. Since our last inspection, we found the registered manager had introduced a new comprehensive care planning system. We examined three people's care files and other associated documentation. We noted all people had an individual care plan, which was underpinned by a series of risk assessments. The care plans were split into sections according to specific areas of need and included a detailed overview of people's care needs to enable staff to access information quickly. The plans were written in a person-centred way, enabling staff to respond effectively to each person's individual needs and preferences. We saw records to demonstrate the care plans were reviewed on a monthly basis and were updated as necessary. Staff told us they referred to people's care plans on a regular basis and felt confident the information was accurate and up to date.

The provider had arrangements in place to ensure they responded promptly to people's changing needs. For example, we saw the staff had a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. This approach ensured staff were kept well informed about the care of people living in the home.

Daily reports provided evidence to show people had received care and support in line with their care plan. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed, as necessary, for people who required any aspect of their care monitoring, for example nutrition and hydration.

Care staff understood the importance of promoting equality and diversity and respecting individual differences. This included arrangements that could be made if people and staff wished to meet their spiritual needs by religious observance. The registered manager recognised the importance of appropriately supporting people on an individual basis and with reference to their gender, ethnicity and sexuality. Staff had completed equality and diversity training and had reference to appropriate policies and procedures. This helped to ensure all people had access to the same opportunities and the same, fair treatment.

People were supported to have a comfortable, dignified and pain free end of life. People and their relatives were supported to complete advanced care plans in line with their wishes and preferences. Wherever appropriate, people's care records contained information about their preferences in how they wanted their care to be provided. This included information about DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) status. Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.

People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. The provider employed an activities coordinator for 25 hours a week to organise and coordinate activities in the home. Forthcoming activities were prominently displayed on a notice board in the lounge area and included bingo, games, music, exercise and nails and beauty. People were also given the opportunity to go out on regular trips. People told us they had enjoyed a trip to the Trafford Centre, the day before our visit. One person told us, "It was an amazing place, I absolutely loved it" and another person commented, "I really enjoyed going, it was the nicest day I've had so far." Records were kept of the daily activities and people's level of enjoyment and participation. This meant future activities could be planned in line with people's preferences.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 1 November 2017.

We saw care plans identified any requirements relating to disability or sensory loss and included details about how people accessed information. In addition, communication plans highlighted people's strengths as well as areas where they needed support and how staff could communicate effectively with them. The registered manager explained the staff communicated with one person using gentle taps to seek consent and inform them of the presence of food and drink. All information was available in different font sizes and languages, as appropriate to people's needs.

The provider used technology to support people to receive timely care. There was a call bell system in place at the service which people could use when in their bedrooms or communal areas to request assistance from staff. We observed call bells were placed within easy reach in people's rooms and people said they knew how to use these to call for assistance from staff when this was needed. Sensor equipment was used to alert staff to movement when people were assessed as being at high risk of falls and there was Wi-Fi throughout the building. In non-urgent medical situations staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There was a complaints policy and procedure in place and people spoken with felt confident to raise any concerns. For instance, one person said, "If I had any worries at all, I could speak to any of the staff or manager. They will always make time to listen and do their best to help." The registered manager told us she had received two complaints over the last 12 months. Both complaints had been recorded and thoroughly investigated. The registered manager had considered the themes from the complaints to inform future practice.

Good

Is the service well-led?

Our findings

At our previous inspection in July 2017, we assessed this key question as requires improvement. This was because we found a number of shortfalls, which resulted in three breaches in the regulations. Following our visit, the provider sent us an action plan to tell us how they would make improvements to the service. At this inspection, we found the necessary improvements had been made and we have revised the rating to good.

The manager was registered with the commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. She was regularly seen around the home during the inspection, and was observed to interact warmly and professionally with people, relatives and staff. People were relaxed in the company of the registered manager and it was clear she had built a strong rapport with them. All people and their relatives spoken with thought highly of the registered manager. For instance, one person said, "[The registered manager] is very good. She will always make time for everyone and is very easy to talk to" and a relative commented, "[The registered manager] is always so helpful. I can't see any fault in the way the home is managed."

The registered manager told us she was committed to the continuous improvement of the service. She had worked hard to address the shortfalls that had been highlighted in our last inspection of the home and had been supported in this by the regional manager. The registered manager told us she was proud of the improvements in the environment to allow all people to freely access outdoor space and the strong teamwork amongst the staff team. However, she was also focused on further change and improvement for the future. She described her priorities as embedding the keyworker role, introducing welcome packs for all new people admitted to the home and to further develop the role of staff champions. Staff champions develop their expertise in a specific area and are a point of reference for other staff.

There was an effective governance framework in place to ensure that quality monitoring was reviewed and regulatory requirements were managed correctly. The registered manager monitored the quality of service by using a wide range of regular audits and checks. These included audits of the medicines systems, care plans, health and safety, accidents and incidents, staff training and supervision, infection control and checks on mattresses, commodes and fire systems. We saw action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

Staff felt valued and worked well together. Staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. For instance, one staff member told us, "[The registered manager] has really helped and encouraged me. I have a lot to thank her for." Staff said they felt they could raise any concerns or discuss people's care. There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

People, their relatives and staff members were involved in the service and regular feedback was sought by

means of daily conversations, regular meetings, and satisfaction surveys. Visiting professional staff had also been invited to complete a questionnaire. Action plans were produced in response to any suggested areas for improvement to ensure that people's views resulted in changes where necessary and possible. Feedback had been given to people using the format 'You said, We did'. The satisfaction questionnaires were last distributed in June 2018 and the results of the survey were displayed on a notice board in the reception. From looking at the board, we noted that people, their relatives, staff and visiting professionals had provided positive feedback.

The registered manager was part of the wider management team within the organisation and met regularly with other managers to discuss and share best practice in specific areas of work. The regional manager visited the service a minimum of twice a month and the operations director visited on a monthly basis. We saw reports and audits following the senior managers' visits and noted the home had a detailed Continuous Home Improvement Plan, which was closely monitored to ensure all actions were addressed.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.