Danick Limited

Princess House Seaburn

Inspection report

Princess House
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Tel: 01915483723

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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

Summary of findings

Overall summary

The inspection took place on 1 and 2 June 2016. The first visit on 1 June 2016 was unannounced. The second visit on 2 June 2016 was announced. We last inspected the service in June 2014 and found the service met the regulations we inspected against at the time.

Princess House Seaburn is a care home which provides accommodation and personal care for up to 26 people, some of whom may be living with dementia. There were 21 people living there at the time of our inspection. The accommodation is a three storey detached house in its own grounds on the seafront.

The service had 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 found the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have accurate records and procedures to support and evidence the safe administration of 'when required' medicines and prescribed creams. Medicines were not stored within the recommended limits for safe storage.

You can see what action we told the provider to take at the back of the full version of the report.

People received their routinely prescribed medicines as directed. The arrangements for storing and administering medicines liable to misuse, called controlled drugs, were safe.

People, relatives and staff we spoke with said the service was safe. One person told us, "I'm safe because the home is first class. I have good friends and the home is spotlessly clean." Another person said, "I'm happy to live here and don't want to be anywhere else. I'm very happy with the care I receive here."

People were encouraged and supported to maintain their independence and to pursue their interests and hobbies. Staff interacted with people in a friendly and respectful way. The service was clean, well maintained and contained good quality furnishings.

The service was working within the principles of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards (DoLS) applications had been made appropriately and contained details of people's individual needs.

People told us they liked the food. One person told us, "The food is good here, can't fault it." Another person said, "The food is lovely."

Thorough recruitment and selection procedures were in place to check new staff were suitable to care for

and support vulnerable adults. New staff received a comprehensive induction, which included training in key areas. Staff undertook additional training regularly, and received regular supervisions and appraisals.

There were regular reviews of people's health and care needs and staff responded promptly to any changes. People saw health and social care professionals to ensure they received treatment and support for their specific needs.

People told us staff were kind and they were well cared for. One person told us, "I'm looked after exceptionally well. The staff are kind and give me everything I need." Another person said, "The staff are wonderful. It's a great atmosphere here." Relatives said staff were patient and encouraged people's independence.

Care plans were detailed and specific to people's individual needs. They were reviewed and updated regularly. When people's needs changed this was acted on promptly.

People knew how to make a complaint and were given information about the service.

People, relatives and staff spoke positively about the registered manager. A person who used the service said, "The manager is marvellous." A relative said, "The manager is very good. They always know what's going on."

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

The service was not always safe as the provider's procedures did not support the safe storage of medicines. Records and procedures for the administration of as and when required medicines and creams were not accurate.

People told us they felt safe and were happy living there.

There were enough staff to meet the needs of people who used the service.

Thorough checks were carried out on all staff before they started to work at the service, to ensure they were suitable to care for and support vulnerable adults.

Risks to people's safety and welfare were assessed and monitored.

Is the service effective?

Good

The service was effective.

People's nutritional needs were met and food was prepared freshly each day.

People's healthcare needs were monitored and the service liaised with other healthcare professionals where appropriate.

Staff received regular supervisions and appraisals.

Staff training in a range of key areas was up to date.

Is the service caring?

Good

The service was caring.

People told us staff were kind and they were well cared for.

Relatives said staff were patient and encouraged people's independence.

Relatives were encouraged to visit at any time and they said they

were made to feel welcome during their visits.

Staff spent time talking with people and comforting people if they were upset.

Is the service responsive?

Good

The service was responsive.

Care plans were well written and reflected individual needs and preferences.

When people's needs changed staff responded quickly and appropriately.

Staff knew people's needs, interests and preferences well.

Systems were in place to manage complaints appropriately.

Is the service well-led?

Good

The service was well-led.

People who used the service, relatives and staff told us the registered manager was approachable.

Quality assurance systems and processes were effective in monitoring the quality of the service provided, and identified when improvements were necessary.

People who used the service, relatives and staff spoke positively about the provider's involvement in the day to day running of the service.

Staff meetings were held regularly and staff felt able to raise concerns with the management team at any time.

Princess House Seaburn

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 over two days. The first visit on 1 June 2016 was unannounced which meant the provider and staff did not know we were coming. The second visit on 2 June 2016 was announced. The inspection was carried out by one adult social care inspector.

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.

We reviewed the PIR and all the information we held about the service, including the notifications we had received from the provider, before the inspection. Notifications are changes, events or incidents the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the clinical commissioning group (CCG), the local safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern from these organisations.

We spoke with six people who used the service and four relatives. We also spoke with the registered manager, one senior care worker, one activities co-ordinator, four care assistants, kitchen staff and domestic staff.

We looked at a range of records which included the care records for three people who used the service, medicine records for 11 people, training and recruitment records for three staff, and other documents related to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to

help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed in the right way. Some people took medicines as and when required, such as painkillers. There were no detailed guidelines for staff to follow which explained when a person may require these medicines. Staff described when they would administer 'when required' medicines but there was no clear guidance for them to refer to. This meant people could be at risk of not receiving medicines when they needed them.

One medicine record we viewed contained handwritten instructions signed by one staff member instead of two and there was no record of who had authorised the changes. This meant there was the risk of error as there was no clear line of accountability for changes which put people at risk of not receiving the correct medicines. Handwritten entries should be checked and signed by a second trained staff member in line with the National Institute for Health and Care Excellence (NICE) guidelines.

Appropriate codes for the non-administration of medicines were not always used. For example, code X had been used on medicine administration records (MARs) when medicines that weren't prescribed daily weren't to be administered, but this was not a standard or correct code for the type of MAR used at this service. This could be confusing for staff and could increase the risk of errors.

Prescribed creams were not recorded as administered on topical medicines application records (TMARs), and body maps to highlight where staff should apply the creams and ointments were not in place. This meant we could not be sure prescribed creams had been administered in the right way or at the right frequency, in line with the instructions on people's prescriptions.

People needed some medicines which required refrigeration. Staff told us the temperature of the medicine fridge was checked every day to make sure these medicines were safe to use, but not documented. The registered manager told us they were having issues with the medicines fridge maintaining a constant temperature so they were looking at getting a new one. Medicines were stored in a locked trolley secured to the wall in the dining room, but no records were kept of the temperature of the area. This meant that staff did not know if medicines were being stored at the right temperature or if they were safe to use.

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

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss, which meant the arrangements for controlled drugs were safe.

The service operated a monitored dosage system (MDS) for administering routinely prescribed medicines, with medicines supplied on a seven day cycle. A MDS is where medicines are pre-packaged for each person, according to the time of day. We saw people received their medicines at the time they needed them. We checked 11 MARs for the past three weeks and found no gaps or inaccuracies in relation to routinely

prescribed medicines. This meant people received their routinely prescribed medicines as directed.

The registered manager did spot checks of stocks of 'when required medicines' as they said they didn't want an accumulation of medicines on site. Checks we carried out confirmed there was not an excess of medicines in the service. Unwanted medicines were returned to a local pharmacy weekly. The registered manager told us, "We have a good relationship with the local pharmacy team, we know the pharmacist well and we can ring them for advice at any time."

We asked people, their relatives and staff if the service was safe. One person told us, "I'm safe because the home is first class. I have good friends and the home is spotlessly clean." Another person said, "I'm happy to live here and don't want to be anywhere else. I'm very happy with the care I receive here." A relative told us, "My [family member] is safe here. They're well looked after." Another relative said, "Before [family member] came here they were having lots of falls. They are much happier here because they're safe." A staff member told us, "I've never had doubts over anyone's safety here."

The service employed approximately 22 staff. The registered manager, one senior, three care assistants and one activities co-ordinator were on duty during the days of our inspection. Staff rotas we viewed showed these were the typical staffing levels for the service. The service also employed an administrator, housekeeping staff and kitchen staff. Night staffing levels were one senior and three care assistants. The registered manager told us they currently used four agency staff due to an increase in staffing levels when people's needs had increased. They added, "This is the first time we've used agency staff but we don't want our staff working long hours. Agency staff always work alongside our staff."

The registered manager said, "We don't have a staffing tool as such. We look at people's needs on a weekly basis and do the staff rota accordingly. If we need extra staff we get them, there's never a problem getting more staff." Call bells were responded to promptly and people were supervised appropriately.

People and relatives we spoke with said there were enough staff. One relative said, "I come in most days at different times and there are enough staff. The staff cover is good here." Another relative told us, "There are always plenty of staff on hand to assist with anything."

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. They understood the different types of abuse and knew how to recognise signs of potential abuse and understood their responsibilities to report issues if they suspected harm or poor practice. Staff told us whistle blowing, that is reporting poor practice, was regularly mentioned in staff meetings. One staff member said, "I've never had any concerns about people's safety, but if I did I would speak to the manager straight away."

Risks to people's health and safety were recorded in people's care files. These included risk assessments about people's individual care needs such as falls, pressure damage and nutrition. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to. For example, where people preferred to stay in their rooms with the door propped open, a device had been put on the door which held the door open but automatically closed if the fire alarm sounded. This would prevent the spread of fire.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained detail about people's individual needs, should they need to be evacuated from

the building in an emergency. They contained clear step by step guidance for staff about how to communicate and support people in the event of an emergency evacuation. Three people's PEEPs were in the process of being updated during our visit, whilst the rest were up to date. A lift enabled access to all floors and contingency plans were in place should it become faulty or if other emergencies arose.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety and window restrictors. Other required inspections and services included electrical and gas safety. The records of these checks were up to date.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff. For example, a person was referred to the falls team and sensor equipment was put in place after an unwitnessed fall.

Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults. People's identification and employment history were checked, and a disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

There was a pleasant and homely atmosphere at the service. The environment was clean, well maintained and contained good quality furnishings.

Good

Is the service effective?

Our findings

Staff told us they received appropriate training to meet people's needs. New staff completed an induction programme which included emergency first aid, moving and assisting, health and safety and the care certificate. Staff completed further training at regular intervals on issues such as the Mental Capacity Act (MCA) 2005, infection prevention and control, and continence care. Training records showed training the provider classed as mandatory was up to date. One staff member said, "I've done a lot of courses but I would like to expand my knowledge of dementia."

Staff told us, and records confirmed they had regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. Records confirmed staff had individual supervision sessions six times a year. Supervisions were up to date and covered relevant issues such the Francis inquiry (a public inquiry into failings at a NHS Trust), infection control and end of life care. Staff told us they felt supported and able to approach the management team at any time, so they didn't have to wait until their next supervision. One staff member said, "I feel very supported by the manager and the owners."

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.

Where people required a DoLS authorisation there was a record of when applications had been submitted to the local authority and when authorisations had been granted. The registered manager kept a record of DoLS expiry dates so new applications could be made in a timely manner. All DoLS for people in the service were up to date. Staff understood what this meant in relation to people's care and care plans reflected this.

People told us the food was good. One person said, "The food is good here, can't fault it." Another person said, "The food is lovely." After lunch we heard one person say to the cook, "Lunch was lovely. The meat was so tender it was beautiful." At a recent residents' meeting the minutes stated 15 people agreed 'the food was excellent.'

We observed lunch during our visit. Meals were cooked fresh each day and served by care staff directly from the kitchen. Most people who used the service preferred to eat their meals in the main dining room which had views over the seafront, although places were also set in the conservatory if people wished to eat there.

Staff told us people could also eat their meals in the lounge or in their rooms. This meant people were given choices where to take their meals.

In the main dining room and conservatory tables were set with table cloths, cutlery and napkins. Both rooms were pleasant and there was a nice atmosphere as people chatted over lunch. Meals looked fresh, hot, appetising and nutritious. People had a choice of sausage or salmon, mash and vegetables for lunch followed by orange cake and custard or fruit. Tea was a selection of sandwiches, homemade cakes and fruit. Drinks and snacks were available throughout the day.

The registered manager told us they ensured they bought good quality produce for kitchen staff to cook with. The registered manager said, "We buy fresh produce from local independent shops so we can provide good quality food for people here." People were asked each morning by the cook what they would like to eat from the menu for that day. Staff told us they used to have a weekly menu on display in the dining room but this was confusing for some people if they were unsure what day it was. The registered manager told us, "I want people to have what they want to eat."

Staff assessed people's risk of not eating and drinking enough by using a malnutrition universal screening tool (MUST). Staff referred people to their GP and dietician when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure people were able to have adequate food and drink safely. There was clear guidance in people's care plans regarding nutritional needs. One person's care plan stated, 'Encourage [person] to talk when eating and give small sips – assist hand over hand.' Where appropriate, staff monitored the amount that people drank to ensure that they had enough fluids. People's weight was checked regularly where appropriate and follow up action taken where necessary, for example referral to the dietician if weight loss was detected.

People were supported to maintain their general health and wellbeing. We saw that referrals had been made to healthcare professionals when needed, and people had been assessed by the GP, falls team, occupational therapist and community nursing team.

The registered manager told us the service was part of a pilot project which reviewed people's 'emergency health care passports' (EHCP) and 'do not attempt cardio pulmonary resuscitation' orders (DNACPR). The aim of this project was to improve communication amongst health care professionals regarding people's end of life needs and wishes.

Good

Is the service caring?

Our findings

People spoke positively about staff's caring approach and the good quality of care they received. One person told us, "I'm looked after exceptionally well. The staff are kind and give me everything I need." Another person said, "The staff are wonderful. It's a great atmosphere here."

Relatives were equally positive about the care provided and the attitude of staff. One relative told us, "[Family member] is well looked after. I can't fault the care here at all. Staff have a lot of patience and are very understanding." Another relative said, "The care here is excellent. The staff are very attentive. They're also patient and encourage [family member's] independence."

A member of the community nursing team who was at the service during our visit told us, "It's absolutely lovely here. I would recommend this home to my own family."

People told us they had developed good relationships with staff members. One person said, "The girls have a wonderful sense of humour so we have great banter." One person told us a staff member had given them a new jumper as they knew the person would like the colour. We saw this person wore the jumper proudly and told everyone how much they liked it. Another staff member brought in jelly sweets for people to eat while they were watching the television one afternoon.

Staff knew and referred to all the people at the service by their preferred name and knew details of the person's family life and background. They understood people's likes and dislikes, daily routines and the things that were important to them. Staff told us one person liked to go for a walk so when they became distressed and asked to go home staff took them for a walk which helped the person settle.

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. Relatives told us they were welcome to help themselves to refreshments from 'Mary's tea room', a kitchen for people and their visitors, at any time. Relatives told us they were made to feel welcome at the service. People were supported to celebrate their birthday, and other special occasions.

One relative told us, "We did a lot of research before [family member] went into residential care, and this place was highly recommended. I regularly see the owners when I visit. They are caring and will offer to make visitors coffee."

Some people were unable to fully communicate their opinions about the care they received, but we observed positive relationships between staff and people living at the service. Throughout our visit staff spoke to people in a kind and considerate manner, and gave people choices. Staff said things like, "Would you like me to help you find a seat? Come with me. Would you like to sit next to [person A, person B or person C]?" and "[Person] if you come with me I'll get you a glass of milk if you like. Come on let's get you a nice drink." There was a relaxed and friendly atmosphere and people regularly shared a laugh and a joke with staff.

When people needed comfort or reassurance this was done sensitively and appropriately. For example, one staff member said to a person who was upset, "I'll sit beside you and hold your hand if you like." When another person was anxious a staff member said to them, "Would you like to go for a little walk outside?" to which the person replied, "Oh yes please." We also observed staff spending time with people having a chat or encouraging them to take part in an activity staff knew they liked.

The provider had received written feedback from several relatives which included comments such as, 'Thank you all for making my [family member] last year so happy. The care and love everyone gave them was amazing. You are all very special,' 'Thank you for all the care and support you've given [family member] in the 12 years they were with you. I'm sure there was nowhere better for them,' and 'Many thanks for the first class care you gave [family member] during her time with you at Princess House. We were reassured by the quality of care.'

Where people were able to, staff had discussed their end of life care with them and their families. People's wishes were appropriately recorded. Emergency health care plans were in place for those people who had expressed their wishes how they wanted to be cared for if their health deteriorated. Where people were unable to communicate their wishes fully family members were consulted.

One person was receiving end of life care during our visit. The manager adjusted the rota so a staff member was with the person 24 hours a day. Staff sat with this person and held their hand. The community nursing team attended to the person regularly to ensure they weren't in pain. The registered manager told us, "Staff are brilliant when someone is at the end of their life. They will come in early and stay late. If we have a vacant room we tell family members they can stay here."

Residents were given a welcome pack on admission which included a welcome letter from the registered manager. The pack contained the provider's statement of purpose and details of how to make a complaint.

Good

Is the service responsive?

Our findings

People's needs were assessed before admission to the service to ensure their needs could be met. For example, people's medical, communication and psychological needs were taken into account. These were set out appropriately in care plans and reviewed regularly. People had been included in their own care planning, where capabilities allowed. Some people had limited involvement in their care planning because they could not always communicate their needs fully. Relatives we spoke with said they felt involved in planning and reviewing their family member's care. One relative said, "I'm involved in everything to do with [family member] care."

One person said, "I was brought up nearby so I knew I wanted to come here. We turned up unannounced for a look round one day and the staff were fantastic. I certainly haven't regretted moving in."

We looked at three people's care records to assess if staff were provided with the information they needed to provide appropriate care and support for people when they moved into the service. Care records contained detailed information and guidance about how to support people based on their individual health needs, mental capacity, and preferences about how they wished to receive their care. The support guidance in care records also included information about how staff could promote people's independence. Staff said they had access to detailed information about how to look after people in a 'person centred way', that supported their needs as an individual.

For example, one person's care plan stated, '[Person] needs support from staff to keep them occupied to reduce their anxiety. Staff to defuse the situation when other residents become frustrated with [person] by occupying [person] and giving them constant reassurance.' Another person's care plan stated, 'When [person] is relaxed they have a good sense of fun and a fabulous smile which light up their lovely eyes.' '[Person] does not like to look at photographs of themselves from the past or present as they find this distressing.' '[Person] doesn't like tea, coffee, spicy food, fish, nuts, television or lying in bed.' This meant staff had appropriate guidance on how to provide person-centred care to people.

People's care records contained a one page 'this is me' profile which went with people if they were admitted to hospital. This profile covered 'What is important to [person]? What those who know [person] best say they like and admire about them? How can we best support [person]?' Profiles we viewed were specific in relation to people's individualised care needs and personality. For example one profile stated, '[Person] enjoys a glass of milk, eating chocolates and the colour green. [Person] sometimes appears to be nervous or worried. Discussing their feelings may help care staff understand why they are nervous or worried, making it easier to offer appropriate reassurance.' This meant important information about the person could be passed to hospital staff if the person was admitted.

Staff responded to and acted on changes in people's needs promptly. For example, the dietician advised one person should be offered snacks in between meals to maintain a healthy weight. The registered manager kept a box of chocolates in the office which the person liked, and they were offered several chocolates throughout the day which they readily accepted and enjoyed. Staff also contacted a person's GP

when they wouldn't eat or drink and contacted the mental health team when a person was low in mood. One relative told us how the registered manager noticed their family member was having difficulty taking their medicines, so the registered manager spoke to the GP and the pharmacist about an alternative method of administration.

Relatives told us they were kept informed whenever a person's needs changed. One relative said, "When [family member] was in hospital the care staff were tremendous at keeping me informed."

The service employed an activities co-ordinator who organised a range of activities, entertainment and outings. People told us they enjoyed art and craft classes, music afternoons, keep fit, watching films, attending local tea dances and outings to the pub or the theatre. One relative said, "They offer a wide range of activities here."

The activities co-ordinator had a background in fine art and encouraged people who used the service to express themselves through art. They also used art therapy to improve people's memories and social interaction. People's paintings and stained glass crafts were on display in the entrance area and dining room which gave the service a homely feel. When people's artwork was on display in local art galleries as part of an arts project, trips were organised to take people to see their work on display.

The registered manager told us, "Every day is different here at Princess House, we're not regimental. We have a timetable for activities but this is flexible as we take each day as it comes. We really like taking people to one local pub in particular as the staff are so patient with people with dementia." There were no additional charges for activities or taxis to local venues.

The activities co-ordinator said, "I always ask the residents what they enjoy when they first move in. I also speak to family members. We do three sessions of art a week which is a mixture of crafts and painting which people like. Some people like to sit in the dining room when others are doing arts and crafts for the social interaction. People also really like singing as people will join in with singing even when they can't always fully communicate. I try to make activities dementia friendly and inclusive for people with visual difficulties and spend time with people in their rooms." The activities co-ordinator had a good rapport with people who used the service.

Staff told us people had really enjoyed it when a local choir visited the service and people had asked for the choir to return. This had been organised and people were looking forward to it. The service had its own cat which people were fond of and one of the directors brought their dog to the service regularly which people liked.

Visitors to the service were welcome to join people for meals. The registered manager said, "We try and think about how people would entertain their family and friends in their own home. We treat people as individuals and give person-centred care." Relatives were also invited to join in activities. One relative told us, "When [family member] friends from church visited the manager arranged afternoon tea for them in the conservatory. It was lovely and beyond the call of duty. It's the little things like that they do here that means so much."

The service had good links with people from the local church who visited the service regularly. People at the service had participated in a project ran by an arts company based in the region which forged links between people who used the service and children from a nearby primary school.

People's bedroom doors had pictures of what they liked, disliked and what was important to them. People

were encouraged to bring their own furniture, pictures and belongings when they moved in.

The provider had a complaints procedure in place and people told us they knew how to make a complaint if necessary. People said they would speak with the registered manager or a member of staff should they have any concerns, and felt sure any concerns would be listened to and resolved appropriately.

Relatives we spoke with also said they knew how to make a complaint but had never needed to. One relative told us, "I've never needed to complain, but if I did, I would speak to the manager. The owners are also here regularly so I could speak to them if I needed to."

There had been no formal complaints made in the last 12 months. A record of informal complaints was kept which was good practice. Informal complaints had been dealt with appropriately and in a timely manner. One informal complaint resulted in additional records being kept for one person who used the service, and advice was sought from a nurse practitioner and communicated to staff. This meant feedback was responded to.

Annual satisfaction surveys were given to people, families and other health care professionals, but the registered manager told us the response rate was low. The registered manager felt that if people had any concerns they would approach staff straight away and not wait for an annual survey or a relatives meeting. Relatives we spoke with confirmed this was the case.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been in post for several years. The registered manager told us they felt supported by the provider. The registered manager told us, "Our director is great and the owners are fantastic. They're so supportive and thoughtful. They really care about the residents and want the best for them."

People, relatives and staff spoke positively about the registered manager. One person who used the service said, "The manager is marvellous." A relative said, "The manager is very good. They do night shifts which I think is good. They're bubbly and speak to everyone. They always know what's going on. The owners are here regularly." Another relative told us, "The manager is very much hands-on." A staff member said, "The manager is brilliant. They're wonderful with everyone, residents and staff alike. They're calm when there's a problem. I feel happy going to them about anything. I also feel confident in them to deal with issues appropriately." People, relatives and staff also spoke positively about the provider's involvement in the day to day running of the service.

Residents' and relatives' meetings were held regularly. Minutes of the last meeting showed the results of a local authority audit (score of 93%) were shared with residents and relatives. This meant the registered manager was open with people and relatives about the service's performance and how they could 'fine tune' the service. Other issues discussed included activities and ways to improve the service. The registered manager also ran dementia awareness sessions with family members to help them understand the implications of living with dementia and how best to support the person.

Staff meetings were held regularly. Minutes of the last staff meeting showed that minutes of previous meetings and actions arising were discussed, together with other agenda items such as safeguarding and whistleblowing. There was also an opportunity for staff to raise any issues under 'any other business.' Minutes of staff meetings were produced so staff not on duty could read them at a later date.

Staff told us the registered manager had an open door policy so they didn't have to wait until the next staff meeting as they could approach the manager at any time. One staff member told us, "The management are so approachable. The home is a lovely place and I enjoy working here."

There was a low turnover of staff at the service and staff worked well together as a team. The registered manager told us, "I've got good staff. Our staff are all different and we like them to specialise in areas they excel in. Staff have key areas they're responsible for. We have high standards here."

The registered manager told us they inform staff not on duty when a person passes away. The registered manager said, "Staff get upset when someone dies as residents are like people's families. It's better for them to know before they come on duty and I like them to hear it from me if possible."

The provider ensured the quality of the service was assessed and monitored by carrying out regular audits of all aspects of the care provided. Areas audited included care plans, medicines, health and safety checks and

premises checks. The registered manager and provider completed regular audits and discussed the outcomes together. Where further action was needed this was clearly documented with a timescale for completion. For example, when a monthly audit of medicines revealed an administration error this was addressed appropriately by the registered manager to reduce the risk of recurrence. Also, a premises check identified an issue with flooring in a person's bedroom so this was replaced.

There were systems in place for reporting incidents and accidents at the service. An analysis of accidents and incidents was undertaken by the registered manager to identify any trends or patterns. Where necessary, advice was sought from external professionals to prevent recurrence and reduce the risk of possible harm and this was communicated to staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 People who use services were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines. Regulation 12(2)(g).