

Wellburn Care Homes Limited

Riverhead Hall Nursing Home

Inspection report

Riverhead
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Date of inspection visit: 22 April 2015

Date of publication: 13/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Riverhead Hall provides nursing care and residential support for up to 45 residents. The service provides support for adults over the age of 18 including older people, people living with dementia and people with a physical disability. The service has 45 single en-suite bedrooms provided over three floors with separate bedroom areas located for the nursing and residential resident's. At the time of our inspection there were 34 residents living at the service eight of which were nursing care residents and 26 residential.

The home features three communal lounges, a large open plan dining area, kitchen, conservatory and ample outdoor space which includes landscaped gardens, flower beds and seating areas.

The inspection was unannounced and took place on 22 April 2015. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The last inspection took place on 17 June 2013. At that inspection we found the provider was compliant with all the standards we assessed.

We found the service to be safe in its delivery of care. Staff were recruited safely and appropriate checks were completed prior to working with vulnerable people. Staff had good knowledge and an understanding of the needs of the people who used the service. People who used the service told us they felt safe. Although staff told us they were short staffed on occasions they also told us they all pulled together and worked as a team.

Staff supervision was not as frequent as the organisations policy suggested but the registered manager told us they were working on this to ensure supervisions were delivered more frequently. There was a full training programme in place which ensured staff were equipped with the knowledge and skills required to carry out their role effectively.

We observed that staff spoke in a positive way to people and treated them with respect. Staff and the people who used the service interacted in a positive way and observations showed good relationships between them. The people who used the service participated in a wide variety of in house and community based activities. The service was respectful of people's religious beliefs and encouraged religious practice in the home environment for people who wished to participate.

The registered manager was following the principles of the Mental Capacity Act 2005 (MCA) and we saw that applications, where required, had been submitted in respect of people being deprived of their liberty. The Mental Capacity Act 2005 (MCA) legislation is designed to ensure that when an individual does not have capacity, any decisions are made in the person's best interest. We saw that the paperwork to support the MCA was not always completed or as comprehensive as it should be. The registered manager told us they would seek ways to address this and make improvements.

People who used the service had personalised care plans in place and individual's likes and dislikes were clearly documented. Risk assessments were in place along with life history, medical conditions and professional contact records. Family and friends were always welcome to visit the service and people living at the service told us they were encouraged to maintain family contact. Relatives told us they were "Generally happy" with the care their loved one received living at the service.

The registered manager encouraged feedback from the people who used the service, relatives and staff members to improve practice and the overall standards of the service. The service had established good community links with a local school and this has resulted in positive experiences for the people who used the service. The registered manager promoted transparency and staff told us the registered manager has an 'open door' approach which staff felt was positive.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Safe recruitment practices had been followed and appropriate checks had been made into the suitability of staff who worked at the service.

The registered manager and the staff team understood how to safeguard people and could explain how to report possible abuse.

We found that medication was stored, recorded and administered safely in line with current guidance.

Good



Is the service effective?

The service was not effective.

Peoples were given choices of food and drink which took into account nutritional and dietary needs. People also had good access to health care services.

People's rights were respected and care was only provided with their consent or if Best Interest processes had been followed. The registered manager an understanding of the requirements of the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards, (DoLS).

Staff had received appropriate training to ensure they had the skills and knowledge to support the needs of the people who lived at the service.

Requires improvement



Is the service caring?

The service was caring.

There was friendly atmosphere within the home and staff assisted people to maintain their privacy.

Interactions between staff and people who used the service were positive. Staff appeared cheerful and has a good understanding of individual needs.

People were treated with dignity and respect and independence was promoted.

Good



Is the service responsive?

The service was responsive.

The service was responsive to people's individual needs and people's care records were person centred.

People had access to a wide range of home based activities and were also supported to access the local community.

Good



Summary of findings

Staff acted promptly when someone needed access to healthcare professionals and interventions were appropriately sought.

Is the service well-led?

The service was well-led.

Transparency was promoted within the service and staff said they could raise issues to the registered manager if they had any concerns.

Audits of all aspects of the home were carried out and evaluated on a regular basis.

The registered manager had made statutory notifications to the Care Quality Commission in a timely manner.

Good



Riverhead Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

The unannounced inspection took place on 22 April 2015. The inspection team consisted of two inspectors from the Care Quality Commission and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this inspection, the expert-by-experience was knowledgeable about the use of services for people living with dementia.

Before the inspection took place we reviewed the information we held about the service, including the Provider Information Return (PIR). This is a form which we ask the provider to complete to give us some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications of incidents that the provider had sent us since the last inspection. We also contacted the local authority's contracts monitoring team, adult safeguarding team and healthcare professionals to gain their views about the service.

During our inspection we spoke with the registered manager. We also spoke with eight people living at the service, five relatives and four staff members who worked at the service. We spent time observing the interactions between people, relatives and staff in the communal areas and during mealtimes. We looked at all areas of the home including peoples' bedrooms, kitchen, dining area, bathrooms, laundry room, staff areas and the outdoor space.

We spent time reviewing records at the service. This included four care records, five staff recruitment files, staff rotas, training records, medicine administration records (MAR) and policies and procedures in place at the service.

We also spoke with staff about their experience of the induction training and on-going training within the service. We did not use the Short Observational Framework for Inspection (SOFI) because the majority of people that used the service were able to talk with us. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us “Wherever I am here, I feel safe. I can lock my door if I want to and I get good quality of care from the staff”. One relative told us “I think the people living here are safe because there is someone around 24 hours a day”.

People were protected from the risks of abuse, because the service had systems in place to guide staff in safeguarding vulnerable adults from abuse (SOVA). Safeguarding incidents within the service had been appropriately documented and referred to the relevant agencies including notifying the Care Quality Commission (CQC).

The staff we spoke with were confident in identifying possible signs of neglect or abuse and they knew the procedure to follow if they needed to raise a safeguarding concern. All the staff we spoke with had received SOVA training and were familiar with the external agencies to contact and report possible abuse to. The staff training record we saw confirmed that all staff working in the service had completed SOVA training within the last two years. This meant that staff were appropriately trained in recognising potential abuse and when incidents had occurred they were reported in the necessary way. One staff member told us “I’d report anything that I didn’t think was right. You get to know people really well and you develop a relationship with them, they’re not family but sometimes it feels like they are so I wouldn’t let them come to any harm”.

We saw that accidents and incidents that had happened within the service had been documented appropriately. We saw copies of incident forms, body maps for when needed and the incident /

accident analysis records. This meant that accidents and incidents were documented in line with the organisations policy and staff could improve their practice from lessons learnt from the data analysis.

The four care records we looked at contained risk assessments that identified how the assessed risks for each individual who lived at the service were managed. The risk assessments included falls, moving and handling, and nutrition. There were care plans in place to manage and minimise any identified risk and records showed us these

had been reviewed on a monthly basis and updated when changes were necessary. One person who used the service told us “They are good here, they treat me well and always do what I ask and I can’t grumble at that”.

We looked at documents relating to the maintaining of equipment and health and safety checks within the service. We saw that checks were carried out and documented within the service on a daily, weekly, monthly and annual basis. Things that were checked included moving and handling equipment for example hoists and wheelchairs, fire doors, emergency lighting, water temperature’s, window restrictors, fire doors, call bell system and lift. These environmental checks helped to ensure the safety of people who used the service.

During our inspection we noticed that portable electrical equipment and electrical wiring certificates were out of date. We spoke to the registered manager who told us they had been completed but were waiting for the new certificates to arrive. Since our inspection the registered manager has provided copies of these documents which showed that the equipment and wiring was tested and operating safely prior to our inspection.

We saw that the service had an emergency evacuation plan which informed staff what to do in an emergency. The service also provided the contact details of a service manager for staff to contact out of office hours if they required guidance, advice or support.

The staff we spoke with confidentially described the organisations whistleblowing policy and stated they would not hesitate to challenge and report bad practice if they needed to. The staff we spoke with had never had to use the whistleblowing process but said they knew it was there if needed. Staff told us if they had any worries or concerns they would go straight to the manager. One staff member we spoke with said “The manager’s door is always open to go in and have a chat”.

We looked at the recruitment files of four support staff and one registered nurse. Each file contained completed application forms, two references, and appropriate checks made with the disclosure and barring service (DBS). A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults.

We spoke to one staff member who was recently recruited to the service who told us “I had an interview, had a tour of

Is the service safe?

the building, I was informed of what the role consisted of and then I was offered the job". The staff member explained that they had to wait until all the references and DBS checks were completed before they could work in the service. The staff member also told us "I completed training and shadowing for approximately one week with experienced staff members before they left me to do the job on my own".

During our inspection we checked the recruitment file of a registered nurse who worked at the service. We could not see any evidence in the file that the nurse's registration PIN had been renewed. A registration PIN number is provided to a nurse by The Nursing & Midwifery Council to confirm a nurse is competent to practice as a registered nurse. We spoke with the registered manager about this who assured us the nurse had renewed their registration but the registered manager had not updated the staff file. Since our inspection we have received evidence that the nurse was registered with The Nursing & Midwifery Council. These processes showed us that safe recruitment measures were in place at the service to protect vulnerable people.

The registered manager told us they used a staffing tool named Isaac – Neville to determine how many staff were required to support the people who lived at the service. We spoke to staff about staffing levels and one staff member told us "Last year was difficult because there was a dip in the number of staff here. We've got new staff members in the team now and the registered manager works hard to ensure we have enough staff on duty". One relative told us "I don't think there are enough staff, my relative is always left sitting on their own". One person who used the service also told us "There are enough staff around most of the time, I don't often have to wait very long". We saw six staff members on shift during our inspection and the observations we made showed that there were enough staff to meet the needs of the people living at the service. We observed that no one had to wait very long for a call bell to be answered and staff were around and has a visible presence within the service.

We saw evidence of the staff rotas which told us which staff were on duty and in what role. The rotas also told us the number of hours each staff member worked and whether they worked during the day or night. The staff team consisted of nurses, care staff for day and night shifts, a manager or deputy, kitchen staff, housekeeping, laundry,

activities co-ordinator, administration and maintenance staff all working within the service. During our inspection we saw all of these staff members undertaking out their roles within the service.

We looked at how medicines were managed within the service and checked six of the medication administration records (MARs). The sheets were organised into residential, nursing and night charts so that it was easy for staff to follow. Each of the charts we checked had a photograph of the person on the front. This helped reduce the risk of people receiving the wrong medication. We cross checked four medication stock balances and these were correct in line with what was recorded on the MARs sheets. The registered nurse told us that stock balances of medication were checked and audited on a monthly basis.

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time and recorded correctly with staff members signing and dating each time medication had been given.

We saw that unwanted medication had been disposed of and documented appropriately. The registered nurse showed us the 'burn bin' which was a sealed container where all unused medication was stored. This was kept in a locked cupboard. The registered nurse showed us the medication policy used at the service and we saw the staff training file which confirmed staff had received training in managing medication. Records showed us that staff checked the medication room temperature and the fridge used to store medication in on a daily basis. The records also told us that the temperatures were within the required range for safe storage.

Seven people who used the service were prescribed controlled drugs (CDs). Our checked showed that this was stored separately in a locked cupboard away from other medication and the registered nurse on shift was responsible for the keys for this cupboard. A registered nurse and a care worker were always present when administering any CDs and both staff members signed and dated the separate CDs book to confirm this. We checked the stock balances of four CDs and we found that the stock balanced with what was documented in the CDs book. This showed us that people were protected from the unsafe use of controlled drugs.

Is the service safe?

At the time of our inspection one person who used the service was administering their own medication. This person kept their medication in a locked cupboard within their own room and the registered manager confirmed there was a risk assessment in place to manage this process effectively. We saw a copy of this risk assessment in the individuals care records. The registered manager told us that all of the people who lived at the service received a review from their GP every three months unless their needs changed and then this was reviewed more frequently.

The living environment was clean, well presented and homely. All areas of the building were well maintained and the service smelt fresh and pleasant throughout. We spoke to one healthcare professional who visited people who lived at the service and they told us “I am always impressed with cleanliness of this home, it’s very important to me and obviously to the residents”.

Is the service effective?

Our findings

The people who used the service and their relatives received effective care as the staff were appropriately trained and understood the individual needs of the people they supported. One person who used the service told us “I think the staff here are well trained, they know more than me anyhow”.

One relative told us “Staff are very good here, they would do anything for you, and if they can’t they would find someone who could”.

We looked at the induction and training records of five staff members who worked at the service. The records showed us that these staff had all received an induction prior to working in the service. One staff member told us “It’s a nice place to work. I had about three days shadowing and learning the job before I was allowed to support people on my own”.

We saw that staff had undertaken training on key areas that would give them the knowledge and skills required to support the people who lived at the service. Staff told us most of the training they complete is done through computerised programmes or face to face learning. Training records showed that staff had completed moving and handling, infection control, first aid awareness and dementia training. We saw a copy of the staff training spreadsheet which clearly detailed which training staff had completed, the date of when the training had been completed and the date of when the refresher training was next required.

The registered manager told us that the registered nurses were able to access specific clinical skills training relevant to their work practice. This training included subjects such as medicine management, continence care and PEG feeding. The registered manager also told us that there was ongoing development for the training of nursing staff and the organisation was currently looking at ways in which the registered nurses could obtain peer support from the organisations other services.

The service had a supervision policy in place which outlined that staff should receive six formal supervisions per year. One staff member told us that they had not received a supervision for “About four months, but the door is always open if I need to chat about anything”. Supervision sessions within the service were documented

and stored onto an electronic form. We asked the registered manager to show us this and the dates of when staff supervision had taken place. The records we saw showed that staff supervision had not taken place at regular intervals.

We asked the registered manager about this and they told us they were aware that supervision had not happened as frequently as they would have like. However they were developing a plan to ensure that all staff had regular supervisions in line with the company’s policy and they were scheduling dates to ensure this happened. The registered manager also confirmed that staff were able to speak with senior staff or members of the management team as and when they required. The staff we spoke with said they felt well supported and could speak with the registered manager at any time as they had “An open door policy”.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people’s best interests. The registered manager told us that three people who used the service had a DoLS in place.

We checked the care records and saw that the authorisation for the DoLS were present and valid. Minutes from best interest meetings were documented when they had taken place and we saw that capacity assessments had been completed to support the DoLS applications. The capacity assessments we saw were not fully completed and lacked information. We spoke with the registered manager about this and they told us they would seek support and guidance and appropriate training to ensure that these documents were completed more comprehensively in future. We have also spoken to the local authority’s quality monitoring team since our inspection and they have confirmed that they will be monitoring this.

The registered manager and the staff we spoke to understood the principles of the MCA. The staff we spoke with could describe about people lacking capacity and using best interest meetings to ensure decision were made in the right way. We looked at training records and these showed that staff within the service had recently completed MCA training within the last six months or were waiting to update their knowledge with refresher training.

Is the service effective?

We spoke with the registered manager who told us that the service operated a non-restraint policy. This meant that the service did not use physical intervention or hold people if they had a behaviour that may challenge. We also asked the staff that we spoke with about this and they all confirmed that they did not use restraint within the service.

We saw from the support plans we looked at that people were consulted with and asked for consent when appropriate. One person told us “They always ask me before anything is done and I get to check and sign things if I’m happy”. One relative told us “I have power of attorney and I am always consulted with anything to do with my relative”.

We observed positive interactions between staff and the people who used the service. We saw staff chatting, joking and including people in conversations. One person who used the service told us “The staff are busy but they will always try to make time for a natter and ask if were ok”.

We saw people were supported to eat and drink sufficient amounts to meet their nutritional needs. We saw cold water dispensers and disposable cups were available on each floor within the service for people who were able to mobilise and help themselves to drinks. For the people who used the service who were reliant on staff for support, refreshments were offered on a regular basis and all the bedrooms we saw had drinks in them.

Staff told us that menus are planned according to people’s needs. Although the people who used the service are not directly involved with menu planning the registered manager told us that people are consulted and their likes and dislikes are taking into consideration when menus are being planned. One person who used the service told us “I asked for more fresh vegetables and they did this without a problem”. Another person told us “It’s a very good menu here, they offer a good choice and give variety, you get plenty and the food is fresh, nicely cooked and served well”. One visitor told us “The food is brilliant, my (relative) is eating more and that can only be a good thing”.

Our observation over the lunchtime period showed that people were given a choice of who they sat with and where they wanted to sit. Staff told us that a menu list with choices of meals went round to everyone each morning

and people were able to choose what they wanted to eat. We saw that one person did not want the dessert that was on offer so they were offered ice cream as an alternative, which they accepted.

We observed staff offering choices of food over lunchtime and we saw individual’s needs were catered for. Two people who used the service asked for alternative drinks with their meals, red wine and shandy, this was given with no problems. Some of the people who used the service required additional support from staff to assist with eating and drinking. Staff provided this support in a respectful manner while still trying to promote the independence of individuals. We saw people were offered clothes protectors whilst eating, plate guards to encourage independence and alternative cutlery to assist people to eat independently. The food served looked appetising and nutritious. Cheese and biscuits were offered to everyone after lunch and drinks were continuously served.

One person who used the service was fed via a PEG tube. We saw that his care records had the appropriate risk assessments and care plan in place to successfully manage this along with the minutes of regular reviews meetings which included input from the dietician.

People living at the service were supported to access healthcare professionals when needed. We saw that some people had visits from district nurses, chiropodists, GP’s and opticians. All visits or meetings were recorded in the person’s care plan with the outcomes or actions recorded. One person told us “I don’t need to see anyone at the moment but when I do the staff always sort it out straight away”. A visitor also told us “They get people seen quick here when it’s needed, I’ve been here when the GP and nurses have been visiting”. This showed us that the service involved necessary professionals and welcomed interventions from outside agencies to ensure that people received an effective service.

The service does not currently follow any best practice guidance in relation to improving facilities for people living with dementia. We spoke with the registered manager about dementia care strategies and making the environment user friendly for people living with dementia. We spoke about a range of things including different coloured doors, picture cards and effective activities for people living with dementia. The manager confirmed that they were aware of guidance and good practice and agreed

Is the service effective?

this was an area of the service which required further development and improvements. The manager told us they were in the process of making changes to improve the services offered to people living with dementia.

We recommend that the registered manager considers looking into best practice guidance for supporting people living with dementia.

Is the service caring?

Our findings

We observed that there were good interactions and rapport between staff and the people who used the service. Staff were friendly and attentive to people's needs. One person who used the service told us "Staff are kind and caring here, and they listen". We observed people asking for snacks and drinks during the day and staff responded promptly to these requests. One visitor told us "Every time I visit, staff always respond quickly if someone presses their bell for help, I think they do a sterling job". People enjoyed chatting to each other and staff. There was a visible staff presence in each of the communal areas and we saw staff chatting with people and their visitors.

Information about local advocacy services were displayed in the registered manager's office and the registered manager told us "People can use advocacy if needed, however we've not had to use them as of yet". One person who used the service told us "I'm lucky I can speak up for myself but I know some people can't. Most people here have good families that will help them".

We observed that staff were respectful to people's needs and ensured that people were consulted with prior to tasks being completed. We saw that one person wanted to go outside for a cigarette. The staff member explained to this person that they just had to do something for someone else and then they would support them to go outside. We observed that after a short period of time (approximately seven minutes) the staff member returned and took this person outside as requested. We observed the staff member ask if the person was warm enough and if they wanted their coat.

One person told us "Staff are very kind and helpful. They ask me if I'm alright, they include me and I feel very well looked after". People who lived at the service told us that they received all of their mail unopened from staff. One person told us "If I get a letter I get to open it and staff are on hand to explain it to me if I'm not sure what it means, they are good like that".

The people we spoke with confirmed that staff respected their privacy and dignity and always knocked on their room doors before entering. One staff member told us "I would never enter someone's room without knocking first; its

common courtesy isn't it". People told us that they could see and speak with health professionals in private if necessary and staff enabled people to have private time with friends or family.

When we spoke with staff they demonstrated they understood the importance of treating people equally and fairly whilst respecting their individual needs and preferences. The staff we spoke with told us they had watched a training DVD on equality and diversity. This was confirmed when we looked at the staff training records. The records showed that all staff had completed equality and diversity training or were waiting to undertake a refresher course in this subject.

The care records we looked at showed us that people had been included in their reviews and decisions relating to their care. One person told us "I'm not that fussed over complicated care plans to be honest but they always include me in meetings and ask me if I'm happy with things and that's good enough for me".

During the inspection we saw that staff encouraged people to be as independent as possible and the people who used the service, when appropriate, were able to walk around freely and participate in activities as and when they choose to. One person told us "I am very independent and they respect this. They let me get on and do things for myself". Observations of people in the lounges, dining room and around the service indicated that individuals felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time.

We saw that visitors were welcomed into the service at any time and they were also invited to events and celebrations happening within the service. One relative told us "They held an event on grand national day which was very popular; my (relative) loved it. I couldn't attend but it was nice to be asked and included".

The people who lived at the service had a range of different needs and conditions which included Parkinson's disease, diabetes, stroke related needs and continence issues. The service had equipment in place to support the needs of the people who lived at the service including gel cushions and air cell mattresses to support pressure relief. Specific care plans and risk assessment were also in place and reviewed by the nursing staff on a monthly basis to ensure the approach to individuals nursing and care needs remained effective.

Is the service caring?

The service had carried out some work regarding end of life care for people following staff completing the mulberry training programme on end of life care. The three care

records we looked at had end of life care plans included which detailed people's choices and wishes which they would like to be adhered to when they reached the end of their life.

Is the service responsive?

Our findings

The care records we looked at were person centred and clearly detailed individual's needs. The four files we looked at all contained an initial assessment that had been completed prior to people moving into the service. One relative told us "My (relative) was assessed by staff and visited the home before moving in. We then had time to think about things before making the decision that this home was the right place".

The care records also contained key information including next of kin, involvement of health professionals, medical history, likes and dislikes and a photograph of the person the file belonged to. This meant that appropriate information was documented for staff to follow and ensure people were supported effectively.

We saw evidence in care records that review meetings of people's needs took place. This was confirmed by staff and people who used the service. One person told us "I get asked to go to review meetings but I don't often go, they know what they're doing so let them get on with it. If I have any problems I'll tell them".

The service offered a wide variety of activities both within the home and by enabling those who lived there to access the local community. A large display board was situated in the reception area and this showed people living at the service what activities were taking place each day. On the day of our inspection we saw that the hairdresser was visiting and some people who used the service were getting their hair done. One relative told us "They get to do so much here, flower arranging, days out and trips to get fish and chips at the seaside, I think I should live here".

We saw a flower arranging activity was taking place in one of the lounge areas. The service had a visit from a PAT (Pets as therapy) dog. This activity was organised through a community based charity which enabled people who used the service to stroke and pet a friendly dog who visited the service with its owner. One staff member told us "There is so much that goes on here for people it's great. People are never left bored or sitting around doing nothing, unless they want to of course".

The service has an activity co-ordinator who worked 26 hours per week over four days. Other activities arranged included bingo sessions, baking, singing, gardening and games. One person who used the service told us "I'm going out with a few others to a local museum later today. I don't think I've been before but I'm looking forward to it".

Another person told us "I'm supported to go to church and I like to go out and buy wines". The registered manager told us that religion was important to some of the people who used the service so they made arrangements within the home on a weekly basis to enable a bible discussion group to be held.

We saw that the people who used the service were given choices about participating in activities and staff respected these choices. One person told us "I choose everything I do, I always have a choice and they always ask me". Another person told us "I choose for myself, I said I wanted to go out at 11am and they made sure someone was available to assist me".

We saw a number of friends and relatives visiting people who lived at the service during our inspection. One person told us "My daughter lives in the USA and staff support me to speak with her on a weekly basis, I also have a laptop which I can just about use to communicate to her". A staff member told us "Families are important to the people we care and therefore we welcome calls and visits from friends and families".

We saw that the service had a policy on complaints. When we look at the complaints / compliments file there was no documentation in the folder. We spoke to the registered manager about this who told us "We don't often receive any; if someone has a problem they usually come and speak with us before it gets to that stage". We saw that the service's complaints policy was also included in information given to people when they were interested in living at the service.

One person told us "I don't have anything to complain about, but if I did I'm pretty sure it would get sorted". Another told us "I once had a problem with something in my bedroom, I told staff and it was mended the following day".

Is the service well-led?

Our findings

The service had a statement of purpose that set out its aims and objectives in an easy to understand format. People were informed that the service had a philosophy about delivering care which is based upon privacy, dignity, independence, choice, rights and fulfilment.

The service was led by the registered manager who had been in post since 2014. There was also support from a deputy manager, qualified nurses and team leaders. One relative we spoke with told us “I don’t really know the registered manager; they don’t seem to be very approachable”. Another relative told us “The registered manager (name) is good I have every confidence in him”. A health professional who visited the service also told us “There appears to have been changes in management over the last few years, but this home seems much more disciplined, focused and organised since a new registered manager was recruited”.

Staff told us it was a nice place to work. One staff member told us “We’ve been short staffed at times but we’ve all worked together as a team. The management are supportive and although things are difficult sometimes, we all get through it together”. Another staff member told us “The registered manager’s office door is always open, I feel supported and things do get actioned if needed”.

Records showed us that regular audits of the environment, moving and handling equipment, care records, risk assessments and accidents and incidents were continuously reviewed and monitored to ensure the service remained effective and safe. We also saw data analysis from these audits and action plans which enabled the service to make improvements.

The service had good connections with the local community and had built up a network link with a local junior school. The school children come into the home to speak with people living at the service and talk to them about their learning. People who lived at the service had also visited the local school to share their experiences of life and what things were like when they were children.

The service held staff meetings approximately every two months, the last one was held in March 2015. This gave staff the opportunity to discuss any issues or concerns within the service. Other areas for discussion included training, rotas, ideas and suggestions for activities and general discussions.

We saw that resident and family meetings also took place within the service every few months. One person told us “I know we have a meeting happening in June. Staff tell us about any changes and we can share our views with other residents too”. One relative told us “I got a newsletter about what was happening at the home once. I was also invited to a relatives meeting but I couldn’t attend. It’s nice to know they happen though and people are included”.

The service encouraged feedback from the people who lived there and their relatives. We saw copies of the resident’s questionnaire analysis from 2014. The registered manager told us that the feedback happened on a yearly basis and was collected via a central point at the organisation’s head office. One person who lived at the service told us “I get asked what I think and I tell them, the staff are friendly, courteous and helpful, the place is spotlessly clean and I’d recommend it to anyone”.

Services that provide health and social care to people are, as part of their registration, required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The service had appropriately notified the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken within the service.

Records showed us that the service worked closely with other professionals from outside agencies and sought interventions when required. Professionals currently supporting the people who used the service came from social work teams, district nursing services, GP’s and occupational therapy. One of the professionals who visited the service told us “I will always ask for assistance if required and staff always respond in positive manner and give support if and when needed. Staff interact with myself, residents and visitors in a positive, relaxed and happy manner”.