Monarch Consultants Limited

Parkside Nursing Home

Inspection report

Olive Grove
Forest Town
Mansfield
Nottinghamshire
NG19 0AR

Tel: 01623655341

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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

The inspection took place on 26 and 27 April 2017 and was unannounced. The service is registered to provide accommodation with personal care for up to 50 older people with varying support needs, including nursing and people living with dementia. On the day of our inspection there were 35 people living at the service.

Parkside Nursing Home is required to have 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 home is run. At the time of our inspection a new manager was in place who had submitted their application with the Care Quality Commission to become the registered manager which was being processed.

People and their relatives told us that they felt staff provided safe care and support. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and reviewed to ensure they continued to reflect people's needs. Risk plans informed staff of the action required to reduce any associated risks to people's needs. Accidents and incidents were recorded and reported by staff. The management team analysed these to ensure appropriate action had been taken to protect people, and to consider if there were any themes or patterns that required further action. Contingency plans were in place to support staff to provide a safe service in the event of an untoward incident affecting the service.

There were sufficient staff to keep people safe and meet their needs. Safe recruitment procedures were in place and followed. Medicines were given to people on time and as prescribed, they were also managed and stored safely following best practice guidance. People were supported effectively by staff that had received an induction, ongoing training and support.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had received appropriate training and understood the processes in place for ensuring decisions were made in people's best interests. People and or their representative where appropriate, had given consent to their care and treatment.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People were appropriately supported with their eating and drinking needs if required, choices were offered and respected, and independence encouraged as fully as possible.

The service worked well with visiting healthcare professionals to ensure they provided effective care and

support. When concerns were identified about people's healthcare needs, appropriate action was taken to support people's health and well-being.

Staff were kind and caring, they knew people well, and they supported people in a dignified and respectful way. Staff acknowledged and promoted people's privacy. People felt that staff were understanding of their needs and that they had developed positive relationships with them. Information about an independent advocacy service was available for people should this support have been required.

People and or their representatives where appropriate, were involved in the assessment and review of their needs. Care plans informed staff how to support people and were on the whole personalised to people's needs, routines and preferences. Activity staff provided a range of one to one and social activities and opportunities, to support people with any interest's hobbies and pastimes. People and staff knew how to raise concerns and these were dealt with appropriately.

People who used the service and relatives or representatives, were given opportunities to share their experience of the service. Quality assurance systems were in place to regularly review the quality and safety of the service provided. Since our last inspection the service had improved in all areas and there was a clear plan in place to continually drive forward improvements and to sustain those already made.

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.

People were protected from abuse and avoidable harm because staff understood what action they needed to take to keep people safe. Staff had received appropriate safeguarding training.

Risks associated to people's needs including the environment were assessed and regularly reviewed.

There were sufficient staff available who were skilled and experienced to ensure people's needs and safety were met. New staff completed detailed recruitment checks before they started work.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that received an appropriate induction and ongoing training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People received support with any associated healthcare need they had and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

People were supported to access independent advocates to represent their views when needed.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good

The service was responsive.

On the whole information available to staff to provide a personalised and responsive service was in place. People received opportunities to participate in a variety of activities.

People and or their representatives, were involved as fully as possible in reviews and discussions about the care and treatment provided.

People received opportunities to share their views and there was a complaints procedure available should they wish to complain about the service.

Is the service well-led?

Good

The service was well-led.

Improvements had been made to all areas of the service and a plan was in place to continually drive forward further improvements.

People received opportunities to share their experience about the service.
There were quality assurance processes in place for checking and auditing safety and the service provision.

The registration and regulatory requirements were understood and met by the provider and manager.

Parkside 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 April 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor who was a registered nurse 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.

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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service, and Healthwatch to obtain their views about the service provided.

On the days of the inspection visit we spoke with ten people who used the service and seven visiting relatives for their feedback about the service provided. Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk
with us.

We spoke with the registered manager, deputy manager, provider's representative, the cook and kitchen assistant, two activity coordinators, two agency staff, two nurses, three care staff and a senior care worker. We looked at all or parts of the care records of eight people along with other records relevant to the running of the service. These included policies and procedures, records of staff training, the management of medicines and records of quality assurance processes.

Good

Is the service safe?

Our findings

People were protected from avoidable harm. People told us they felt safe living at Parkside Nursing Home or that the home was a safe environment for their family member. A relative told us, "We now feel totally confident in the level of care. We can go away knowing that if anything happens it will be dealt with properly."

Staff we spoke with showed a good understanding of their role in regard to safeguarding people in their care. They were able to describe the different types of abuse people could be exposed to and the action they would take if a concern was identified. Staff told us they would use the provider's whistleblowing policy if concerns were not acted upon. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

The provider's information return (PIR) told us about the systems in place that ensured people were protected from avoidable harm. This included staff receiving safeguarding refresher training, a robust staff handover procedure that informed staff of any safeguarding information and people's daily records included additional information to support staff. Records confirmed what we were told.

Accident and incident records showed where a safeguarding concern had been identified action had been taken to reduce further risks. This included reviewing care plans and risk assessments to ensure staff had information available on how to manage any potential harm to people. We saw examples where external healthcare professionals had been involved such as the dementia outreach team to provide support and guidance. We also saw how the provider had worked with the local authority safeguarding team who had responsibility for reviewing allegations and concerns. This told us that people could be assured that appropriate action was taken to safeguard them and keep them as safe as possible.

Risks associated to people's needs and the environment had been assessed and planned for. Relatives felt involved in discussions and decisions about how risks were managed. Feedback from an external healthcare professional was positive about how risks were managed for a particular person. They said that risks had been assessed and appropriate care had been implemented to manage these adequately.

Staff gave examples of how they managed known risks. For example, they told us that some people had high dependency needs associated with either their mobility or due to living with dementia they had associated behaviours that put them at greater risk. Staff said that some people had additional staff support and we saw this was in place as described to us. Staff told us that they found the information available to them about how to manage people's risks to be detailed and informative.

We found individual risk assessments had been completed to identify people's risk of falls, developing pressure ulcers, and nutritional risk using recognised risk tools, along with risk assessments for the use of transfer equipment. Risk plans were regularly reviewed to ensure staff were kept up to date with people's needs.

Where people had specific risk plans in place to manage risks associated with their skin, we found equipment such as pressure relieving mattresses were in place and being used correctly. Where people required repositioning as an additional method to protect their skin from becoming damaged, records confirmed this was being completed in accordance with the person's risk plan. Some people were at risk of falls and preventive measures had been put in place to reduce risks. This included the use of assisted technology such as a sensor mat to alert staff of when a person was moving around independently. This told us that risks associated with people's health and well-being had been assessed and were being appropriately managed.

Staff had information available of the action to take should there be an event that affected the safe running of the service. This included a business continuity plan and personal evacuation plans for people. Clinical equipment was found to be available and in working order and we reviewed moving and handling equipment that was available. One mobile hoist was found not to be in use and the manager arranged for this to be repaired. Staff had received health and safety training and were aware of their responsibility to ensure the environment was kept safe at all times. There were audits and checks completed regularly of the environment and the manager completed a daily walk around of the service that included a visual check of safety.

Some relatives were positive about the staffing levels and said, "In the past residents have been left on their own, that doesn't happen now." Whilst some relatives felt staffing levels could be better. One relative told us, "I think they could do with more [staff] so that there's always someone in here [lounge], generally there is but not always." A reoccurring theme expressed by relatives was the time staff spent completing electronic care records that they felt impacted on the time staff had available to spend with people.

Staff were positive about the staffing levels and raised no concerns. One staff member that was new to the service was complementary about the staffing levels saying, "The staffing level is very good here." Another staff member described the staffing levels as, "Adequate." Staff said since our last inspection staffing levels had increased and the duration of a shift had reduced which they felt was beneficial.

We spoke with the manager about staffing levels, what they told us reflected the staff rota. Whilst staff told us that a staff member was meant to be present at all times in communal areas, our observations concluded that this was not always the case. We discussed this with the management team who agreed to speak with staff. However, where people requested support we found staff were quick to respond and staff worked well together, showing good communication and that they were organised. We concluded on the day of our inspection visit there were sufficient staff available to meet people's needs and safety. The provider's representative told us they were aware that relatives had some concerns with the time staff spent competing records. They told us of the action they had taken to address this, which included different electronic recording devises that were being introduced that would be easier for staff to use.

Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitably to work with people. This included criminal records check and employment history.

People who used the service and visiting relatives did not raise any concerns about the management of medicines. We observed a nurse administering people their prescribed medicines. They did this safely and stayed with people ensuring they had taken their medicines before moving away. They were unrushed and gave people an explanation of their medicines where required.

We found the management of medicines, including storage, monitoring, ordering and disposal followed good practice guidance. We reviewed people's medicines administration records. We found these had been

completed appropriately. Additionally, the way people preferred to take their medicines had been recorded along with any important information the staff required. Detailed information was available to staff with respect to medicines that were prescribed as and when required. This information provided guidance of the administration of this medicine to protect people's safety. We did a sample stock check of medicines and found these to be correct.

Records confirmed that staff had received appropriate training and had received observational competency assessments to ensure they were administering medicines safely. The provider had regular audits and checks in place. The recommendations made by a community visiting pharmacist during an audit visit in 2016 had been actioned or were near to completion.

Good

Is the service effective?

Our findings

Staff were knowledgeable and skilled and provided effective care and treatment. People who used the service and visiting relatives were positive about how health and well-being needs were looked after. They said staff did this very well and that the level of nursing care at the home was good. One relative said, "The nursing staff here are excellent. Two months ago we thought we had lost [family member].If it wasn't for the nursing staff here they wouldn't be here. They were having to be fed and everything, they've supported them, cared for them and they've picked up". Another relative told us, "[Family member] was considered at the end of their life at one stage and wouldn't be here if not for the care they [staff] gave them."

Staff received an appropriate induction and ongoing training and support. Staff were positive about the support they received. One staff member said, "During the induction I completed shadow shifts of more experienced staff and this was very helpful." As part of the provider's induction staff were required to complete the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff told us they felt well supported by the management team and received regular opportunities to meet with their line manager to discuss their work and review their performance. Staff also told us about the ongoing training they received that enabled them to keep themselves up to date with best practice guidance. Staff said they felt they had the knowledge and skills required for their role.

Training records showed that staff attended a wide range of training which included awareness of mental health, dementia and equality and diversity. Systems were in place to ensure that staff remained up to date with their training and received regular supervision. This told us that people could be assured that they were supported by staff that received effective support to meet their needs.

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 DoLS. We checked whether the service was working within the principles of the MCA.

People and visiting relatives told us that staff provided explanation and gave people choices before providing care and treatment and that decisions were respected and acted upon. We found staff were knowledgeable about the principles of the MCA and showed what this meant for people and what their responsibility was. We observed that people were involved as fully as possible in their day to day care, this included, what they wanted to eat, drink, spend their time and activities they wanted to do.

Where people lacked mental capacity to make specific decisions about their care and treatment, MCA assessments had been completed and records confirmed that where best interest decisions took place, these were the safest and least restrictive method, and was accompanied by a risk assessment for the person. Some people had an authorisation in place that allowed staff to place some restrictions on their freedom and liberty. For some people this meant they had additional staff that continually supervised them and for others, the door was locked to prevent them from leaving the building independently. We saw the service was adhering to any conditions placed on authorisations. This meant that people's human rights were appropriately protected.

Some people experienced periods of high anxiety that affected their mood and behaviour. Staff were knowledgeable about people's individual needs and we saw examples of how staff supported people to manage their anxiety and behaviour. This involved providing comfort and reassurance and for other's distraction techniques were used. Care records provided guidance for staff in how to support people during these times. However, we found that records lacked specific personalised information about the person which may have provided a better outcome for the person. We discussed this with the management team who agreed with us. They said that they were in the process of updating and reviewing people's care plans and would ensure they were made more personalised.

We saw some care records for people who had a decision not to attempt resuscitation order (DNACPR) in place and found these to have been completed appropriately. Where people had lasting power of attorney that gave another person legal authority to make decisions on their behalf or if an advanced decision had been made, this information was recorded and staff informed. This meant that people's wishes were known and decisions planned for and staff had access to this information.

People told us the food at the home was good, that they had a choice and they got enough to eat and drink. One person said, "The food's not bad, we get enough and a choice." Relatives told us that any specific diets or needs their family member had was understood and met. A relative told us, "If we find [family member] is struggling with various foods we discuss it [with staff] and they change the menu, they accommodate them very well."

Some people required assistance from staff with their meals and drinks. We observed staff to support people appropriately, giving choices, explanation and encouragement. Staff were unhurried and respected peoples choice of where and how they chose to eat.

We were told by the cook that people picked their meal choice during the morning but there was sufficient prepared so that if people forgot their choice or changed their minds then they could have an alternative. The cook also told us that if someone did not want either of the choices offered they would try and provide something the person did like. We saw how a person was provided with an alternative as discussed with us. Food stocks were found to be managed and stored appropriately. Kitchen staff had information about people's preferences including dietary and nutritional needs.

Nutritional risk assessments had been completed and nutrition care plans were in place providing information on people's support requirements when eating and drinking and their individual preferences. Food and fluid charts had been completed when required to record people's intake and these indicated an adequate intake in the records we reviewed.

People told us they were supported with their health care needs. Relatives were positive and complementary about how staff managed and responded when their family member was unwell. Examples were given of staff having good communication, alerting them immediately of any health related concerns.

Relatives also said that staff supported people when they needed to be admitted to hospital which was a great support.

Feedback from an external health care professional was positive about how people's healthcare needs were met. Comments included, "Throughout assessment and contacts the care home staff have been able to provide me with up to date weight charts and food and fluid charts when they have been asked for, they have generally acted on the advice I have offered."

We found people's care records showed referrals to external health care professionals were completed appropriately and in a timely manner. Recommendations made by external health care professionals were included in people's care plans. For example, where a speech and language therapist had advised about the consistency of a person's food and that a thickener was required due to risks around choking, this information was included in the care plan to guide staff.

The environment appropriately supported the needs of people living with dementia. We saw that thought had been given to helping people with orientation and movement about the service such as clear signage and symbols.

Good

Is the service caring?

Our findings

People who used the service and visiting relatives spoke positively about the level of care provided at the service which they described as good. One relative said, "The care is very good. [Family member] trusts the girls [staff] and knows them. I've a lot of faith in them." A second relative told us, "They [staff] do look after [family member] very well, they seems a lot happier, more content, more relaxed than at a previous home." A third relative added, "The care staff are first class, very nice people. As you can see they do need patience."

We received positive feedback from an external healthcare professional. They told us, "I find on visiting Parkside staff are friendly, welcoming and happy to help." An observation during a visit to the service they said, "I observed the resident to be relaxed, cheerful and observed a very good rapport between themselves and the nurse."

Staff were very familiar with the people using the service and had a good knowledge of their preferences, routines, health conditions and nursing needs. A staff member was able to tell us of the actions which had been taken when people had shown signs of ill health, the plans for their care, and the other professionals who had been consulted and involved.

We observed on both days of our inspection visit, staff to show great care, compassion and warmth towards the people in their care. People looked relaxed with the company of staff and positive, social interactions were observed where staff were seen to be kind, patient and had a non-patronising manner. Staff took time to stop and chat with people and offered encouragement and reassurance where necessary. We saw that even if staff were undertaking tasks they would stop to respond to, and engage with people. We saw how staff provided comfort with the use of appropriate touching and hand holding. Staff used good communication and listening skills, for example they crouched down to eye level to communicate with people and picked up quickly on non- verbal communication.

We saw examples of how staff gave people choices and how they respected and acted upon people's responses. For example, we saw a member of staff ask a person if they wanted to move into another room after their breakfast. It was clear that the person preferred to remain where they were. The staff member acknowledged and accepted this and moved the person nearer the table, placed their drink within reach and ensured they were comfortable before leaving. We noted a person was sitting with his trouser legs rolled up, a staff member picked up on this and asked them if they were cold and then fetched a blanket to make them comfortable.

Staff provided people with a choice of drinks and snacks throughout our inspection visit, staff were seen to be attentive to people's needs ensuring people had sufficient to dink, provided support where required and promoted people's independence. For example, we saw a staff member kneel down in front of a person sitting and asked them if they were alright and if they wanted a drink. We saw the staff member take a drink to another person and tell them they had brought them a drink. We saw that they ensured the person had the drink firmly in their hand before leaving. We saw another staff member giving the person a drink of thickened juice with a spoon. We saw they were doing this in a kindly, gentle manner constantly talking to

the person and offering praise and reassurance.

We also observed many examples where staff responded quickly to people's comfort needs or heightened anxiety. For example we saw a staff member serving drinks from a trolley. We saw that a person was wandering about the corridor and appeared agitated and distressed. We saw that the staff member stopped what they were doing and took time to speak gently to the person using a calm manner and encouraged the person to take a seat in the lounge so they could have a cup of tea. We saw that this staff member did this in a gentle, kindly manner offering reassurance and with appropriate touching, putting arms around the person. The person responded well and soon relaxed.

People told us that staff encouraged people to be independent and to do as much for themselves as they could. One visiting relative said, "The staff are aware of the changing needs [of family member] over the day, they can do more for themselves in the mornings and they are aware of that."

We saw how staff supported people with their independence. For example a person was dozing at a table after breakfast; a staff member gently woke them and explained that they were going to move them into another room. They explained that they would need the person to put their feet on the foot rest of the wheelchair and asked if the person wanted help with doing this.

Visiting relatives told us that the care provided by the staff extended to themselves. One visiting relative said, "I had difficulty accepting that [family member] was close to their end of life and they [staff] spoke to our GP who then spoke to me. It's those little extra touches that make the difference."

People had access to information about independent advocacy services should they have required this support. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There was no person who used the service that was currently being supported by an advocate.

People who used the service and visiting relatives told us that staff treated people with dignity and respect. One visiting relative said, "Personal care is always done in the bedroom and the doors closed and people do knock before going in." Another relative told us, "They [staff] are very respectful with them [family member] very understanding of them."

Staff were able to explain to us the principles of good care, and the impact it could have on people if they did not adhere to this. Staff told us they were dignity champions and that this meant they all had a commitment in ensuring people were treated with dignity and respect all times. We saw that the provider's dignity champion certificate was on display. This meant that the provider had pledged their commitment and people who used the service and visitors knew what to expect from staff.

People told us their friends and relatives were able to visit them whenever they wanted to. We saw relatives visiting people throughout the inspection visit. Staff told us people's relatives and friends were able to visit them without any unnecessary restriction. Information on visiting was in the guide for people who used the service. We found people's personal information was respected, for example it was managed and stored securely and appropriately.

Good

Is the service responsive?

Our findings

Before people moved to Parkside Nursing Home they received a visit from a member of the management team who completed an assessment of their needs. This information is important to ensure the service can meet people's individual needs and is a time to consider if additional resources or staff training is required. This information was then used to develop care plans that informed staff of the person's needs and wishes. We saw examples of pre-admission assessments which had been completed with the person and or their relative or representative. All visiting relatives told us they were aware of, and had been involved in, the care planning process including ongoing reviews. The manager told us the person and or their relatives where appropriate, were invited to participate in a meeting to review the care and treatment provided. Records confirmed what we were told.

Included in the assessment was a consideration of people's diverse needs for example people's religious and cultural needs. This information was recorded to inform staff of what was important to people and what support they required. Staff gave examples of how people's spiritual or cultural needs were met. This included an external religious group that regularly visited the service to support people with their individual spiritual needs. Staff also said that if required, they would support people with any dietary needs associated with any religious or cultural preferences.

We asked staff how they met the needs of people who identified themselves from the lesbian, gay, bisexual and transgender community [LGBT]. Staff told us that they provided care and support that was based on a person's individual needs and preferences. The provider's representative told us of the action they were taking to support people from the LGBT community. This included a review of their pre-assessment documentation to ensure they asked the most appropriate questions. They also showed us literature they had sourced and were making available for people living with dementia and end of life care needs for LGBT communities. This information provided best practice guidance in this area of care. This told us how the provider was supporting people with different identities and developing a culture that was open and transparent and where barriers prejudice and discrimination were challenged.

People told us they had a choice of how they received their care and treatment, and routines were respected and responded to. A relative we spoke with told us their family member had been asked if they preferred a male or female care staff to provide personal care. We saw that this information was also recorded.

Staff were clear in their response that people's preferences were respected. One staff member said, "People's routines and choices are fully respected. If people want a lie in then we respect this, every person is different and treated so. Some people like to go to bed after tea, again this is respected."

People who used the service and visiting relatives were positive about the activities offered by the activity coordinators. One relative said, "They [staff] do things with them, it depends on their abilities, bingo, exercises but a lot of time is spent with individuals for individual moments, butterfly moments they call them. [Family member]) is less able to talk so a lot of the time, staff sit with them getting them to talk." Another relative told us, "I know they [staff] do like to go round and they do sit with them, I see that. [Family

member] can't communicate but they do sit with them. They do organise other things for others, physio by exercises, ball games, and painting. I've seen them take people out for walks. I'm pretty happy with the activity side of things."

We spoke with the activity coordinators who told us about the activities that they provided which were based on people's interests, hobbies and pastimes. A weekly activity planner was on the notice board outlining activities planned for the week but an activity coordinator said this could change if people wanted to do something else. Activates included quizzes, bingo, chair based exercises, arts and crafts, baking, cinema, music and movement and reminiscence work, sensory activity and newspapers. The activity co-ordinators told us that during the summer some people participated in gardening. Additionally an outside entertainer came in once a month. Some people were cared for in bed and the activity coordinators told us, "We go in and talk at least once a day, use memory boxes, newspapers."

Throughout both days of our inspection visit we saw staff engage in activities with people. We saw a staff member sitting with a person colouring who was constantly chatting with the person who appeared to be enjoying themselves. Another staff member was seen sitting with people talking about family members and football teams; they then began an informal quiz session. We saw that people were laughing and appeared to be enjoying the contact. On another occasion we observed a staff member sitting with a group of people chatting and reminiscing. We saw that people were laughing and appeared to be enjoying this. On the second day of our inspection visit we saw a staff member was supporting a group of people with a sensory baking session. They involved every person asking about their baking experience and people were encouraged to participate in mixing the cake mixture.

Some people told us that they had raised issues with staff and management and that these had been dealt with to their satisfaction. People told us they felt they could and would approach staff if they had concerns. One visiting relative said, "If we've had a complaint we always go to the manager and they've always dealt with it very well and informed us what they've done. Management say if you have a concern don't take it away, talk to us about it. I've always been satisfied with that." Another relative told us, "Staff are approachable. If there's something wrong that I'm not happy with I'm quite confident in taking it up with staff in the first instance."

The provider's complaints procedure was available for people. Staff were aware of their role and responsibility in responding to concerns and complaints. We reviewed the complaints log and found that all complaints had been responded to in a timely manner and in accordance to the complaint procedure having been thoroughly investigated and resolved.

Good

Is the service well-led?

Our findings

The service had an open, transparent and person centred approach. People told us about the staff changes since our last inspection and were positive that the service had made improvements. One visiting relative said of the manager, "They're very good, well respected, staff respect them and what they says goes. That has been a problem in the past with staff manipulating management." Additional comments included, "The manager has an open door policy, if you are here they're available, but all staff talk to you and let you know how [family member] is getting on."A second relative said, "Staff seem a lot happier [with new manager in place] and that means care is better, there's a good atmosphere amongst staff. They are making real improvements, for example the morale of staff, they now have all the staff doing all shifts at some stage so that they know what each other does, sampling each other's jobs and I've not heard one member of staff complain about that."

Staff were equally complementary about the new manager who had been in post since January 2017. All staff said the manager was a good leader and told us they were approachable and supportive. One staff member said, "It's the best the service has ever been. I feel very well supported, the manager is strong, will give constructive criticism, works with us and is always at the end of the phone when they are off duty." Another staff member said, "Staff morale is better, communication and team work has improved, for the first time I feel really happy about coming into work."

The provider had a clear set of values and vision for the service and this was available for people in the service user guide that informed them of what they could expect from the service. We found staff to be clear about their roles and responsibilities. One staff member said, "We ensure people's dignity and choice is upheld at all times. We strive to provide good quality of life for people where independence is encouraged." The manager completed a daily walk around of the service to check on quality and safety. The manager told us they constantly kept under review how staff adhered to the values to ensure people received care that was personalised, respectful and dignity was maintained. The manager told us they had an open door policy where they encouraged staff to discuss any issues or concerns. Staff confirmed this to be correct.

People who used the service, visitors and staff said the manager was visible and available for people. The manager had submitted their application to be the registered with the Care Quality Commission and this was being processed.

The service had submitted notifications to the Care Quality Commission that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety. Upon reviewing some care records we found some notifications in December 2016 had not been sent to us and after discussion with the provider's representative, we concluded this was due to a communication error. The new manager had sent notifications correctly.

The service had improved since our last inspection and had plans in place to continually drive forward improvements. An example of this was a dementia strategy that had been developed; we saw an action plan was in the process of being implemented to show how the strategy was going to be achieved. The manager

had a clear vision of improvements and plans were also in place to refurbish the service which had already begun.

As part of the provider's internal quality monitoring processes, people who used the service, relatives, staff and external professionals received opportunities to share their experience of the service. We reviewed the feedback received since January 2017 and saw what action the manager had taken in response to comments made. This included the manager talking with staff in one to one meetings about areas that required improvement or where a specific learning need had been identified.

Relatives confirmed they were asked to complete surveys and told us they also attended resident meetings. One visiting relative said, "There's a resident meeting tomorrow night, we've always had them. We get minutes. I think we get listened to but that wasn't always the case. They do ask for our opinions and advice." Another visiting relative told us, "There's one this week. We come every time, they are useful. They tell us what's happening, how they hope to develop. They give you time to raise any issues." This told us how the service was open and transparent and showed a commitment to involve people in the development of the service.

There were regular team meetings in place and staff said they found these useful and informative. They felt supported through these, as well as their supervisions, to carry out their role to the best of their ability. This meant that staff got sufficient support from the management team and time to discuss their roles. We also saw there were annual appraisals recorded to look at the overall performance of staff and discuss what they still needed to work towards.

There was a system of audits and processes in place that continually checked on quality and safety. These were completed daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and care plans to ensure the service complied with legislative requirements and promoted best practice. The registered manager was required to submit regular audits to senior managers within the organisation to enable them to have continued overview of the service. The provider's representative also completed additional audits. This told us that the provider had procedures and systems in place that demonstrated the service was continually driving forward improvements to the service people received.