Dr Z M & Mrs N Dabir

Chapel Lodge

Inspection report

11 Chapel Street
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Burnley
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out a comprehensive inspection of Chapel Lodge on 25 and 26 October 2016. The first day of the inspection was unannounced.

Chapel Lodge provides care and accommodation for up to 23 older people. It is a converted chapel located in the village of Worsthorne, about two miles from Burnley town centre in East Lancashire. Accommodation is provided over two floors and all bedrooms are single. Six bedrooms have ensuite facilities and there are suitable bathroom and toilet facilities on both floors. There are inter-connecting lounges and a dining area. At the time of this inspection there were 21 people living at the home.

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission (CQC) since 2010. 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.

The service was last inspected on 30 July 2013 and was found compliant in all areas inspected.

Some people we spoke with were happy with staffing levels at the service. However, most people felt that more staff were needed to meet their needs. Staff also felt that more staff were needed to avoid delays in responding to people's needs. The service provider took action to address this issue.

People living at the home told us they received safe care. Relatives also felt that people were kept safe at the home.

There were appropriate policies and procedures in place for managing medicines and we observed staff administering people's medicines safely.

Records showed that staff had been recruited safely. The staff we spoke with understood the importance of safeguarding people from abusive practice and were aware of the service's whistle blowing (reporting poor practice) policy.

People told us staff at the home had the skills to meet their needs. We found that staff received an appropriate induction and effective training.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service had taken appropriate action where people needed to be deprived of their liberty to keep them safe. Where people lacked the capacity to make decisions about their care, their relatives had been consulted.

Most people living at the home and their relatives were happy with quality of the food provided. They told us

they had lots of choice and could have something to eat or drink when they wanted to.

We received positive feedback about standards of care at the home from community healthcare professionals who were involved with the service.

People told us they could make day to day decisions, such as what they wore, what they had at mealtimes and what time they got up and went to bed.

We observed staff communicating with people in a kind and affectionate way. People told us staff respected their privacy and dignity and encouraged them to be independent.

People were supported by staff to access a variety of activities at the home and most people were happy with the activities available.

Regular residents meetings took place and people were asked for their feedback about the service they received. We saw evidence that the registered manager acted on the feedback received and any suggestions made for improvement.

The registered manager requested annual feedback about the home from people there and their relatives. A high level of satisfaction was expressed about standards of care at the home.

People told us they thought the home was well managed and the registered manager was approachable.

The registered manager carried out regular checks to ensure that appropriate standards of care and safety were maintained at the home.

We found that recent improvements had been made to the home environment and the service provider told us that further improvements were planned.

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.

The registered manager followed safe recruitment practices when employing new staff, to ensure that staff were suitable to support the people living at the home.

We received varied feedback about staffing levels at the home. Some people and relatives were happy with staffing levels. However, most people told us there were not always enough staff on duty to meet their needs. The registered manager took action to address this.

Appropriate medicines policies and procedures were in place and we observed that people received their medicines as and when they should.

Is the service effective?

Good

The service was effective.

Staff received an appropriate induction and effective training. People felt that the staff who supported them had the knowledge and skills to meet their needs.

People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. Where people needed to be deprived of their liberty to keep them safe, appropriate applications were submitted to the local authority.

People were supported appropriately with nutrition and hydration and their healthcare needs were met. We received positive feedback from community healthcare professionals about standards of care at the home.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were caring. We observed staff supporting people in a friendly and respectful way.

People told us staff respected their privacy and dignity and we saw examples of this during our inspection.

People told us they were encouraged to be as independent as possible and staff provided support to them when they needed it. Equipment was available which supported people to be independent.

Is the service responsive?

Good

The service was responsive.

We saw evidence that people's needs and any risks to their health and wellbeing were reviewed regularly.

There was a policy in place for the management of complaints and people living at the home told us they knew how to make a complaint about the service. People told us they would raise concerns if they had any.

People were supported by staff to access a variety of activities at the home and most people were happy with the activities available.

The service provider sought feedback from people living at the home and their relatives through annual satisfaction questionnaires. A high level of satisfaction was expressed about standards of care at the home.

Is the service well-led?

Good

The service was well-led.

People living at the home and their relatives felt the home was well managed and organised. They found the management team approachable.

Staff found the registered manager approachable and supportive. Regular staff meetings took place and staff told us they felt able to raise any concerns.

We found evidence that the registered manager completed regular checks to ensure that appropriate levels of care and safety were maintained at the home.

Chapel Lodge

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

The inspection took place on 25 and 26 October 2016. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector 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.

Prior to the inspection we reviewed information we held about the service including concerns, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports. We spoke with a visiting district nurse during our inspection and contacted a further two community healthcare agencies for their comments following our inspection, including a speech and language therapy service and specialist nurse practitioner. We also contacted Lancashire County Council contracts team for information. We did not receive any negative feedback about the service from the agencies we contacted.

During the inspection we spoke with ten people who lived at the home and three visitors. We also spoke with four care staff and the registered manager. We observed staff providing care and support to people over the two days of the inspection and we reviewed the care records of three people who lived at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits of quality and safety completed and fire safety and environmental health records.

Good

Is the service safe?

Our findings

Everyone we spoke with who lived at the home told us they felt safe. One person commented, "The door's always locked and people can't just walk in". Another person told us, "There are lots of people around you. You feel more confident". Relatives also felt that people were kept safe. One relative told us, "I've not had any concerns".

We looked at the staffing arrangements at the home. The registered manager informed us that from 8am to 10pm daily there were two care assistants and one senior carer on duty. At night from 10pm to 8am there was one care assistant and one senior carer on duty. The registered manager told us that agency staff were not used at the home, as any periods of staff leave or sickness were covered by other staff.

We asked five people living at the home about staffing levels. One person felt that there were enough staff at the service. However, four people expressed concerns about staffing levels. They told us, "There's not always enough staff in the evenings. I like a drink of tea before I go to bed and I have to wait for it" and "There are a lot of long delays". Another person said, "They do their best. They're a bit short at the moment. They're always willing and try to be there". We asked two relatives about staffing levels. One relative felt there were usually enough staff on duty. However, another relative told us, "I think sometimes there aren't enough staff".

Three of the four staff we spoke with felt that an extra member of staff was needed during the day to meet people's needs in a timely way and to give staff time to speak with people without feeling rushed. They told us that a number of people living at the home required support from two staff to meet their needs and this meant it was difficult for staff to always provide support when people needed it. They told us that concerns about staffing levels at the home had been raised with the registered manager and the owner previously but no action had been taken. During our inspection visits we saw that staff were very busy and we noted little interaction between staff and people living at the home, other than when providing support with specific tasks.

We discussed with the registered manager and the service provider our concerns about staffing levels and the feedback we had received from people living at the home and staff. Both confirmed that staff had raised concerns with them previously and acknowledged that an additional member of staff was needed during the day to meet people's needs in a timely way. They told us they planned to address this issue and would contact us shortly after our inspection with an update.

Following our inspection the registered manager contacted us as agreed. She advised that a new member of staff had recently been recruited and further recruitment was planned in the new year to ensure that the service had a small pool of bank staff to cover any periods of leave or sickness. She advised that the service had enrolled with the health and social care apprenticeship scheme at Burnley College and planned to take on an apprentice at the home. She informed us that there were four less people living at the home and as a result dependency levels had decreased. She felt that as a result, the staffing levels in place at the time of our inspection were appropriate and additional staff were not needed, as staff were able to meet the needs

of the people living at the home.

We discussed the importance of regularly reviewing staffing levels and the registered manager offered assurance that the dependency levels of people living at the home would continue to be monitored to ensure that staffing levels remained appropriate. She advised that any new admissions would prompt a review of staffing levels and staff feedback about staffing levels would also be sought as part of this process.

We looked at whether people's medicines were managed safely. The home had a detailed medicines policy which included information for staff about ordering, storage, administration, disposal, and recording. We noted that there were effective processes in place for the ordering, receipt and storage of medicines. Records showed that the temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised.

We watched staff administering medicines and saw that people received their medicines safely and were not rushed. We looked at the medicines administration records (MARs) for four people living at the home and found they had been completed appropriately by staff. MARs included prescribed creams, inhalers and 'as required' medicines. Records showed that the registered manager reviewed MARs monthly to ensure that they had been completed appropriately by staff. Staff who administered medicines had completed up to date medicines administration training and records showed that their competence to administer medicines safely was assessed regularly.

The people we spoke with told us they received their medicines when they should. One person said, "I get my medicines when I should and they [staff] usually tell you what it's for before you have it". The relatives we spoke with told us that people received their medicines on time.

We looked at how the service safeguarded people living at the home from abuse. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. This was displayed on the wall in the office. The contact details for the local authority safeguarding vulnerable adults' team were included. Records showed that staff had completed training in safeguarding vulnerable adults and the staff we spoke with confirmed this. They understood how to recognise abuse and the importance of reporting abuse. Not all staff were aware that they could report a safeguarding concern direct to the local authority. We discussed this with the registered manager who told us she would ensure that all staff were reminded of this.

We looked at how risks to people's health and wellbeing were managed. We found detailed risk assessments in place including those relating to falls, nutrition, moving and handling and pressure sores. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were reviewed monthly or sooner if there was a change in the level of risk. During our visits we saw that staff were aware of people's risks. We observed staff encouraging people to seek support when they tried to get up from a chair or move around the home unaided.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. The records were completed appropriately and were signed and dated by staff. Information included the action taken by staff at the time of the accident and any future actions identified as necessary.

Records showed that 88% of staff had completed up to date moving and handling training. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two written references had been obtained. These checks helped to ensure the service provider recruited staff who were suitable to provide care and support to people living at the home.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty during our inspection visits and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We found the standard of hygiene at the home to be high and people told us the home was always clean. One person commented, "I think they only miss cleaning my bedroom one day a week". Another said, "Everyday they come in and clean and change your bedding". Relatives told us the home was kept clean.

Infection control policies and procedures were available, including those related to personal protective equipment, effective hand washing and managing outbreaks of infection. Protective clothing, including gloves and aprons were available and were used by staff appropriately. We found that paper towels and liquid soap were available in communal bathrooms and toilets and in people's rooms. This ensured that people living at the home had access to appropriate facilities and that staff were able to wash their hands before and after delivering care to help prevent the spread of infection.

Records showed that a number staff had received training in food hygiene and we noted that in June 2016 the Food Standards Agency had awarded the service a food hygiene rating of 5 (very good).This meant that processes were in place to ensure that people's meals were prepared safely.

Environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. Records showed that equipment at the service was safe and had been serviced and gas and electrical appliances were also tested regularly. This helped to ensure that people received care in a safe environment.

We noted that most staff had completed up to date fire safety and first aid training. Fire risk assessments had been completed and there were personal emergency evacuation plans in place for people living at the home. There was evidence that the fire alarm, fire extinguishers and emergency lighting were tested regularly. Records showed that fire drills were carried out monthly. This helped to ensure that people living at the service would be kept safe in an emergency.

Good

Is the service effective?

Our findings

Everyone we spoke with told us they liked the staff who supported them They felt staff were clear about their responsibilities and were able to meet their needs. One person said, "The staff are great. It doesn't matter what's going on, they sort it out without shouting". Another said, "They're quite friendly, cheerful and considerate. I've no complaints about the staff at all". Relatives were also happy with staff at the home.

Records showed that staff completed a variety of training as part of their an induction programme when they joined the service. The staff we spoke with told us that as part of their induction they had been able to observe staff and become familiar with people's needs before becoming responsible for providing their care. When staff joined the service they received a staff handbook which included information about confidentiality, health and safety, whistle blowing (reporting poor practice) and standards of dress. This helped to ensure staff provided safe care and were able to meet people's needs.

Training records identified training that had been completed by staff and showed when further training was scheduled or due. In addition to the training mentioned previously, most staff had completed training in pressure ulcer prevention and death, dying and bereavement.

Records showed that staff received regular supervision. The staff we spoke with confirmed this to be the case and told us they felt able to raise any concerns during supervision sessions. Records showed that staff competence to administer medicines safely was checked regularly.

Staff told us that verbal and written information was handed over between staff prior to shift changes. We reviewed handover records and noted they included information about people's personal care, food and fluids, mood, pressure care, activities and any visits from relatives or healthcare professionals. In addition, any concerns identified were clearly recorded. A communication book was also used by the registered manager, deputy manager and senior carers to record any significant information or concerns. This helped to ensure all staff were aware of any changes in people's risks or needs. The staff members we spoke with told us that handovers were effective and communication between staff at the service was good.

We looked at how the service addressed people's mental capacity. 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to keep them safe. We saw evidence that where people lacked the capacity to make decisions about their care, their

relatives had been consulted and decisions had been made in their best interests.

The staff we spoke with understood the main principles of the MCA, including the importance of gaining people's consent when providing support and respecting people's decisions to refuse care.
During our visits we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with moving around the home. We observed staff supporting people sensitively and offering reassurance when they were upset or confused.

We looked at how people living at the service were supported with eating and drinking. Four people we asked were happy with the meals provided at the home and told us there was plenty of choice. One person told us, "It's good, we have a choice for breakfast and the main meal at teatime. I can take my time, they're not stood over you". Another said, "I like the food. I don't like a lot, I like a small plate and they know that. If you don't like what they're having, they'll make you something else". However, one person was not happy with meals at the home. They told us, "It's not the kind of food I eat and you only get a small portion. It's more convenience food than home cooked food". One relative told us, "The food's good. They get some good meals".

We observed people having snacks at other times of the day and drinks throughout the day. People told us they could have something to eat or drink when they wanted to. One person said, "We're never hungry and if we ask for a drink they make you one. It's as near as home as you can get".

We observed lunch and saw that dining tables were set with table cloths and condiments. The meals looked appetising and hot and the portions served were ample. We saw that people were given the time they needed to eat their meal and noted that people were able to have their meal in in their room if they preferred to. Staff supported people with their meals where this was needed and encouraged people sensitively when they were reluctant to eat.

People's care plans included any dietary requirements, including when people needed soft or pureed meals. Records showed that appropriate professional advice and support, such as referral to a dietician, had been sought when there were concerns about people's weight loss or nutrition.

We looked at how people were supported with their health. People told us they could see a doctor or nurse if they needed to. We noted that a specialist nurse practitioner visited the home twice each week to address people's healthcare needs. We found that care plans and risk assessments included detailed information about people's health needs and how they should be met.

We saw evidence of referrals to a variety of health care agencies including GPs, specialist nurse practitioner, dieticians, district nurses and community mental health teams. We found healthcare appointments and visits were documented. This helped to ensure people were supported appropriately with their health.

We received positive comments from the community healthcare agencies we contacted for feedback about the service. One health professional told us, "The home always refers to us appropriately and follows any instructions given. I can't praise the manager enough. I don't have any concerns about the home. It's a pleasure to visit them". Another professional told us "The staff follow any advice and guidance they're given about managing people's health. Standards of care and safety at the home are fine. When we've raised minor issues, they've been addressed by the staff straight away".

Good

Is the service caring?

Our findings

Everyone we spoke with felt that the staff at the home were caring. Comments we received from people living at the home included, "They're kind and caring, cheerful, patient and helpful" and "They're pleasant, kind and caring". The relatives we spoke with felt that staff were caring towards their family members.

During the inspection we observed staff supporting people at various times and in various places around the home. We saw that staff communicated with people in a kind and caring way and were patient and respectful. Where people had mobility issues, staff ensured they were given the time they needed to move around the home safely and were not rushed. Where people needed prompts or encouragement, for example with their meals, staff provided this sensitively.

The atmosphere in the home was generally relaxed and interaction between staff and the people living there was often light hearted and friendly. It was clear that staff knew people's needs, risks and preferences. The registered manager told us that there was no restriction on visiting times and we saw visitors attending the home at a variety of times and chatting with their family members in the lounges or the dining room.

People told us they were involved in decisions about their care and could make choices about their everyday lives, such as where they ate their meals and when they got up in the morning and went to bed at night. Comments included, "They let me get up when I want and I can go outside with somebody" and "It's very relaxed and friendly. You're not pressured into doing anything you don't want to do". Another said, "I like the freedom. It's not regimented".

People told us they received as much support as they needed and were encouraged to be as independent as possible. We noted that appropriate equipment was available to support people to maintain their mobility and independence, such as walking aids and adapted cutlery and crockery.

People living at the home told us staff respected their dignity and privacy. They told us staff knocked before entering their rooms and where appropriate, left people while they attended to their personal care. One person told us, "If I want to, I can go to my room and lock the door". We observed staff knocking on bedroom doors before entering and explaining what they were doing when they were providing care or support, such as administering medicines or helping people to move around the home.

People told us they received support with personal care when they needed it. One person commented, "I can have as many baths as I want". The staff we spoke with told us that people received regular support with personal care and we noted during our inspection that people looked clean and comfortable in what they were wearing. We noted that people's care plans included information about their appearance and the support they required to maintain it.

We saw that information about local advocacy services was included on the notice board in the office. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members.

The registered manager told us that people were given a service user guide when they came to live at the home. We noted that the guide included the aims and objectives of the service, action to be taken in the event of a fire, information about laundry and how to make a complaint. The contact details of CQC were also included.

Good

Is the service responsive?

Our findings

The people we spoke with felt that their needs were being met at the home and told us they received personalised care. One person told us, "The staff are nice. If you ask them for something, they'll always do it". Another said, "It's very good. I think it's one of the best homes I've seen".

Records showed that pre-admission assessments had been completed by the registered manager and the service provider prior to people coming to live at the home, to ensure that the service could meet their needs. The assessments we reviewed included information about people's preferences as well as their needs and any risks to their health and wellbeing.

There were care plans and risk assessments in place for each person living at the home. They were individual to the person and explained people's likes and dislikes as well as their needs and how they should be met. Information about people's interests and hobbies was included. We found evidence that people's care needs were reviewed regularly and noted that relatives had been consulted where people lacked the capacity to make decisions about their care.

During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment. They could spend time in their room or move around the home freely and choose where they sat in the lounges and at mealtimes.

During our inspection we saw that staff were able to communicate effectively with the people living at the home. Staff spoke clearly and repeated information when necessary and people were given the time they needed to make decisions. When people were upset or confused staff reassured them sensitively and gave them the information they needed to make decisions. Conversation between staff and people living at the home was often light hearted and affectionate.

We looked at the availability of activities at the home. The staff we spoke with told us that one member of care staff was generally responsible for organising activities and the other staff helped to facilitate them. They told us staff tried to offer an activity each afternoon and activities offered included games, drafts, jigsaws and crafts. One staff member told us, "A singing group visit about every six weeks and the residents love it". We noted that staff had supported people on a recent trip to Blackpool Illuminations. Staff told us it was often difficult to engage people in the activities as they were often not interested. During our inspection we saw people passing the time by reading, watching television, knitting and chatting. We saw one person playing the piano of the second day of our inspection and noted that staff accompanied one person on a walk on both days.

We asked people for their views about activities at the home. Most of the people we spoke with told us they were happy with what was available. Comments included, "I do crosswords, puzzles and read the daily paper. Sometimes they do crayoning but I don't bother with the activities. I go out quite a bit", "We talk a lot,

watch the telly and go for walks if it's nice. I'm not bored" and "I like knitting and I invent games we can play. I plan the programmes for the visits to Townley Gardens (garden centre)". One person told us, "There's nothing to do. I look outside and see what's going on". We asked two relatives about activities at the home and they told us that their family members did not want to get involved. We noted that activities had been discussed at residents meetings and notes from the meetings showed that people had been encouraged to share their views and make suggestions. During the meetings people had expressed a high level of satisfaction with activities at the home including exercise, glass painting, painting sessions, wine afternoons, crafts and card making. We saw evidence that people's suggestions had been listened to and acted upon.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for CQC were included. Information about how to make a complaint was included in the service user guide.

The registered manager told us that no formal complaints had been received about the service in the previous 12 months. We noted that the home did not have a process in place for the management of minor concerns. We discussed this with the registered manager who informed us that this would be introduced following our inspection.

We asked people living at the home if they were encouraged to provide feedback about their care. Comments included, "Yes but I'm quite happy about everything" and "Yes, they were very concerned about me being happy". The people we spoke with told us knew how to make a complaint and would feel able to raise concerns if they had any. They told us they would speak to the senior staff or the registered manager if they were unhappy about anything. One person told us, "They told me to raise any concerns and believe me, I'll tell them if I'm not happy". None of the people living at the home that we spoke with had made a formal complaint. Some people told us they had raised minor concerns, for example about their laundry, and these had been resolved quickly.

We looked at how the service sought formal feedback about the care being provided. The registered manager informed us that satisfaction questionnaires were given to people and their relatives yearly to gain their views about the care being provided. We reviewed the results of the questionnaires issued to people living at the home in May 2016 and saw that 12 people had responded. We noted that a high level of satisfaction had been expressed about all issues including the quality, choice and times of meals, residents meetings and understanding of how to complain. No suggestions for improvement had been made. However, one person had commented that they felt a lot of the food was overcooked.

We reviewed the results of the questionnaires issued to relatives in April 2016 and again noted that a high level of satisfaction was expressed about all issues including the quality of care, the cleanliness of the home, meals and the laundry service.

We reviewed the results of the relatives questionnaire issued in 2015 and again noted a high level of satisfaction with standards of care at the home. No concerns were expressed or suggestions made for improvement. The registered manager told us that this year's satisfaction questionnaires had just been issued to people and their relatives.

The registered manager told us that residents meetings took place regularly and we reviewed the notes of the three meetings held in 2016. Issues addressed included the home environment, meals, activities and outings and satisfaction with the staff. We noted that people were actively encouraged to raise any concerns and make suggestions for improvement.

Good

Is the service well-led?

Our findings

The people we spoke with felt the home was well managed and the registered manager was approachable. They told us, "On the whole the home is well managed" and "You can go and see the manager anytime you like".

During our visits we found that staff were clear about their roles and responsibilities and supported people in a professional and patient way. A list of tasks for staff to complete during each shift was available.

Most of the staff we spoke with felt that the service was well managed and told us that the registered manager was approachable and supportive. They told us they felt able to raise any concerns and their concerns were usually addressed. However, some staff felt that concerns raised about staffing levels at the home had been ignored. One staff member told us, "The manager's very busy but I could go to her if anything was wrong". People living at the home felt that the registered manager was approachable. One person said, "You can go and see the manager anytime you like".

The registered manager informed us that staff meetings usually took place every three months. We reviewed the notes from two previous staff meetings and noted that issues addressed included standards of care, infection control, care documentation, staff responsibilities and performance and activities. Staff confirmed that staff meetings took place regularly and told us they were able to raise any concerns at the meetings.

A whistleblowing (reporting poor practice) policy was in place and details of how to whistle blow were included in the staff handbook. Staff told us they felt confident about using the policy if they had concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring the standard of care provided at the service remained high.

During our inspection we observed that people and their visitors were able to approach the registered manager directly and she communicated with them in a friendly and caring way. We observed staff approaching the registered manager for advice or assistance and noted that she was friendly and supportive towards them.

We noted that the registered manager audited medicines administration records (MARs) monthly to ensure that they were completed appropriately by staff. Details of any improvements identified as necessary and actions taken were clearly documented. Quantities of medicines in stock for each person living at the home were also checked. Records of falls were audited regularly to ensure that people experiencing repeated falls were easily identified and appropriate action was taken to reduce the risk of them falling in the future. Records of people's baths and showers were also kept and we saw evidence that the registered manager checked these regularly to ensure that people received appropriate support with personal care. We found that the checks being completed were effective in ensuring that appropriate levels of care and safety were maintained at the home.

We noted that contact details for local utility services and tradesman were kept on the noticeboard in the

office, for staff to access in the event that the service experienced a loss of such as gas, electricity or water. This helped to ensure people were kept safe if the service experienced difficulties.

We noted that the service had achieved Investors in People accreditation in October 2013. Investors in People provide a best practice people management standard, offering accreditation to organisations which adhere to the Investors in People framework.

Our records showed that the registered manager had submitted statutory notifications to CQC about people living at the service, in line with the current regulations. A notification is information about important events which the service is required to send us by law.

The service provider told us that a number of improvements had taken place since our last inspection including a new call bell system, a new alarm system and new flooring in the lounges and dining areas. She told us further improvements were planned. These included the extension of the office, refurbishment of all communal bathroom and toilet facilities and redecoration of the lounges and dining area. She told us that new blinds had been ordered for the lounge and dining areas and would be fitted shortly.