Uniquehelp Limited

Haydon-Mayer

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out this inspection on the 5, 7 and 8 April 2016, it was unannounced.

Haydon-Mayer is a nursing home providing accommodation for up 32 older people who may have mental and physical difficulties and require nursing care. At the time of the inspection, 25 people lived at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Nursing staff managed and administered medicines for people. Medicines were not always administered, stored, and disposed of safely. People had not always received their medicines as prescribed.

Staff were recruited using procedures designed to protect people from unsuitable staff. However, robust recruitment checks were not always being carried out.

Person centred care planning records showed inconsistencies therefore; people may not have received care and support that met their needs.

Staff were trained to meet people's needs. They met with management and discussed their work performance at one to one meetings and during annual appraisal, so they were supported to carry out their roles.

There were sufficient numbers of staff to meet people's needs. Staff were available throughout the day, and responded quickly to people's requests for help. Staff had the knowledge and skills to meet people's needs, and attended regular training courses. Staff were supported by the registered manager and felt able to raise any concerns they had or to make suggestions to improve the service for people.

People demonstrated that they were happy at the service by smiling and chatting with staff who were supporting them and greeting the manager warmly. Staff interacted well with people, and supported them when they needed it.

People were protected against the risk of abuse. People told us they felt safe. Staff recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a

deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Nursing staff carried out on-going checks of people's health needs, and contacted other health and social care professionals for support and advice.

People were provided with a diet that met their needs and wishes. Menus offered variety and choice. People said they liked the food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

The providers and the registered manager investigated and responded to people's complaints. People knew how to raise any concerns and relatives were confident that the registered manager dealt with them appropriately and resolved them where possible.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with the registered manager and staff.

The providers and registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The providers and registered manager understood the requirements of their registration with the Commission.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Nurses were not always following the provider's medicine's policy to ensure the safe administration, recording and disposal of medicines.

Staff were not always recruited using a robust recruitment procedure.

People told us that they felt safe living in the service, and that staff cared for them well.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Is the service effective?

Good

The service was effective.

People said that staff understood their individual needs and staff were trained to meet those needs.

The menus offered variety and choice and provided people with enough to eat and drink to maintain their health and wellbeing.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Person centred care planning records showed inconsistent information and people may not have received care and support that met their needs.

People were given information on how to make a complaint in a format that they would understand.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People were supported to maintain their own interests and hobbies. Visitors were always made welcome.

Is the service well-led?

Good

The service was well-led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and felt able to have open and honest discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

Haydon-Mayer

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 5, 7, and 8 April 2016, was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with six people and four relatives about their experience of the service. We spoke with the registered manager, the service manager, the area manager, three nurses, five care staff, one of the cooks and a kitchen assistant. We asked four health and social care professionals for their views of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, seven staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 21 and 22 May 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living in the service. People commented, "I have settled in here and I feel safe", "I am well looked after by staff", and "It is pleasant and safe here". Relatives felt that their loved ones were safe, one said, "I visit all the time, it is always safe. I am always made to feel welcome, and the staff provide good support and care for Mum".

People were not always protected from the risks associated with the management of medicines. A policy was in place to guide staff from the point of ordering, administering, storing and disposal. Nurses had not always followed the policy. For example, repeated ordering of a medicine when records showed the person had not taken the medicine for several months. We found that medicines were kept safe and secure at all times, but medicines were not always disposed of in a timely manner and the home had excess stocks of people's medicines.

A number of checks were conducted by both the registered manager and the nurses to audit the medicines held in stock. However, we found that the daily audit of medicines that were not in a monitored dosage blister pack had not always been kept up to date. We saw gaps in the auditing of the records and in one case the number on the record and the tablets held in stock were not the same. Therefore, the audit was not providing an accurate check on the medicines held in stock. During the three day inspection visit, the area manager and registered manager implemented a new medicine auditing form.

Medicines were not always given safely. We observed nurses administering people's medicines. The nurses checked each person's medicines administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. When we checked one person's MAR records and the medicines held in stock for this person, it was found that one of the medicines being administered had another person's name on the box. This highlighted that when the person was admitted to the home, the medicines had not been checked in accurately. The person was however, on the medicine and action was taken to contact the doctor and get a new prescription made up.

People were given their medicines by nurses who ensured they were administered on time and as prescribed. Appropriate assessments had been undertaken for people around their ability to take their medicines and whether they had the capacity. Nurses who administered medicines received regular training and yearly updates.

Daily checks were made of the medicine room to ensure the temperature did not exceed normal room temperatures. The medicines fridge was also checked daily and records maintained to ensure the medicines remained within normal temperature range.

The examples above showed that medicines had not been properly managed. This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected by safe recruitment practices. The provider had a recruitment policy in place but this was not followed by staff. All staff were checked against the Disclosure and Barring Service (DBS) records before they started work at the service and records were kept of these checks. The DBS checks helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nursing staff registration with the Nursing and Midwifery Council (NMC) had been checked and monitored to ensure that only registered nurses were employed.

Staff records showed that not all staff had appropriate references. One file had only one reference from a friend, another file had two references that the person had brought in with them. Application forms did not show a full employment history including any gaps in employment. Interview notes seen showed there was no evidence that questions in relation to a full employment history had been asked. There was no interview record in one of the staff files. Four of the seven staff files did not contain a contract of employment. The registered manager addressed this issue during the three day inspection visit. This meant that people may not be not protected and kept safe from potential abuse.

All of the above issues are evidence of a breach of Regulation 19 (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to care for people safely and meet their needs. People said, "There are always staff around", "I get the help I need when I need it", and "Staff always come when I ring the bell". The registered manager showed us the staff duty rotas and explained how nurses and care staff were allocated to each shift. The staff rotas showed there were sufficient staff on shift at all times. The registered manager told us if a member of staff telephones in sick, the person in charge would ring around the other members of staff to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. People told us that the registered manager also worked 'hands on' as part of the team and would when necessary step in and cover a shift. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Staff were aware that people living with dementia may not always be able to recognise risk or communicate their needs. Staff told us that they had received safeguarding training at induction and records showed that staff had completed safeguarding training. One member of staff said, "Training is always being updated and they let you know when yearly updates are due". Any concerns raised were recorded and the registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

The risk involved in delivering people's care had been assessed to keep people safe. Risks were minimised and safe working practices were followed by staff. Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, skin integrity risk and falls risk assessments were in place for staff to refer to and act on. In relation to maintaining people's safety, the slips, trips and falls assessments instructed staff to make sure that the person used their walking aid, and to ensure that there were no hazards in their way. We

observed staff using appropriate moving and handling equipment to transfer a person into an armchair. The staff interacted well with the person explaining what they were doing whilst carrying out the transfer, but they did not put the brakes on the wheelchair before starting the transfer. This issue was discussed with the registered manager.

Incidents and accidents were checked and investigated by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. We saw there were risk assessments and guidelines for the use of bedrails which were reviewed on a regular basis.

People were cared for in a safe environment. The premises had been maintained and suited people's individual needs, as they included communal rooms and bedrooms. These were personalised to people's tastes. Equipment was serviced and staff were trained how to use it. The premises were designed for people's needs, with signage that was easy to understand. The premises were maintained to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people falling or tripping. There was also wheelchair access from outside the premises to inside. Equipment was provided for those who could not weight bear so that they could be moved safely. Change of position records were in place which demonstrated people were receiving regular checks and having their position changed if nursed in bed.

The registered manager had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People told us that staff looked after them well. People said, "I get on well with the staff, they are all good", "The food is good and there is always a choice". I get plenty to eat and drink". Relatives told us that staff were good with people and the food was good as alternatives were always available. One relative said, "They (the staff) go the extra mile. The staff are always welcoming, and I can call at any time, the staff are supportive and helpful and nothing is too much trouble".

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved. Staff had received training in relation to the Mental Capacity Act and DoLs.

The registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

People confirmed that staff sought their consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or assisting them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. There were consent forms in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

All new staff completed an induction when they started in their role. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people. Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. The registered manager said that any new staff would complete an induction programme and shadow experienced staff, and not work on their own until

assessed as competent to do so. We saw one induction record that had not been fully completed and some components had been signed by the staff member only. Nursing staff received a twelve week induction programme that included working shadow shifts. They were signed off by the registered managed when assessed as competent.

All care staff had or were completing vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. One member of staff said, "I have nearly completed my qualification, it has been hard going but I am nearly there now". Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness. This training helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia. One member of staff spoken with was happy with the training that she had received and felt that it was sufficient to both do her job and meet people's needs. Nurses also undertook additional training relevant to their nursing role for example, catheterisation training, syringe driver training, principles of end of life care, and accountability and documentation. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they were supported through individual supervision and appraisal. Nurses received clinical supervision and support from the registered manager. They were responsible for keeping up to date with their professional development. One to one meetings and appraisals provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. Staff were aware that the registered manager was available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concerns within this system. All of the staff we talked to told us, "Staff worked well as a team", and this was evident in the way the staff related to each other and to people they were caring for.

People were supported to have a balanced diet. People's dietary needs were discussed before admission and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. There was a menu in place that gave people a variety of food they could choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. People were offered choices of what they wanted to eat and records showed what they had chosen. One relative said, "They always provide an alternative, and would cook an omelette if that is what Mum wanted". We observed people eating their meal in the dining room. The atmosphere was convivial. People were smiling and chatting and eating their food. The food looked and smelled appetising. Plate guards were seen in use to aid people to maintain their independence. Comments received by the registered manager about the standard of the meals included, 'Yet another delicious lunch. The lamb, tender as ever when you roast it, and fresh vegetables', and 'The sweet and sour pork was just perfect'.

Care plans included eating and drinking assessments and gave clear instructions to staff on how to assist people with eating. People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed that as necessary, food and fluid intake was monitored and recorded. Some people needed to have their food fortified to increase their calorie intake if they had low weights. People were weighed regularly and their weight was recorded in their care plan. Staff informed the registered manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. All people

spoken with felt that there was enough to drink. Everyone seen in their rooms and most of the others had drinks within reach, often both hot and cold. This meant that people were less likely to get infections because they were receiving appropriate fluids.

People were involved in the regular monitoring of their health. This meant that the registered manager had procedures in place to monitor people's health. Nursing staff carried out on-going checks for people's health needs, and contacted other health and social care professionals, such as GP's for support and advice. Blood glucose testing was performed as required for people who were diet or tablet controlled, and more frequently if required for anyone who was on insulin. Nurses held responsibility for different areas of health care, such as wound care, medicines and continence care. This enabled them to concentrate on specific aspects of the work and to inform other nurses of updates and changes in their given subjects. Referrals were made to health professionals including doctors and dentists as needed. People told us that the doctor regularly visited and if they wanted to see the doctor the staff would make an appointment. Nurses were able to monitor people vital signs should they become unwell and report appropriately to emergency services or GP as required.

People's health and well-being was protected by prompt referrals to other health and social care professionals. Where necessary the nurses referred people to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. A health care professional told us that people were always referred in an appropriate and timely manner. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

The premises were purpose built to care for people who use wheelchairs or have difficulty moving around. Some adaptations to the environment had been made to meet people's physical needs. For example, a range of equipment for transferring people, from their bed to a chair. Toilets had raised toilet seats as necessary, and grab bars which provided support for people to enable them to retain their independence.

Good

Is the service caring?

Our findings

People told us that staff are all very good. People said, "I am treated with dignity and respect when staff provide personal care", and "Staff are very kind and thoughtful". Relatives commented, "Staff do the best they can for Mum", and "The staff are friendly and kind".

People and their relatives had been involved in discussions and planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People said that staff knew them well and that they made choices throughout the day regarding the time they got up went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible.

Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. We observed the staff knocking on the doors before entering rooms. We overheard staff comments over the meal time and these included, 'Have you finished your lunch', 'Did you enjoy that', and 'Would like a drink'. We also observed a staff member putting a pillow behind a person sitting in their chair to help support them whilst they were eating their dinner. This showed that staff had developed positive relationships with people.

People said they were always treated with respect and dignity and valued their relationships with the staff team. They spoke highly of individual staff members. Staff listened to people and respected their wishes. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. Staff gave people time to answer questions and respected their decisions. Staff spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff

authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Requires Improvement

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. None of the people we spoke with had made a complaint about their care, but told us if they had a problem they would speak with the registered manager. One person said, "I would speak to the manager, her door is always open". Relatives told us that if anything changed with the care of their relative they were always informed and kept up to date. One relative told us, "The manager looks after us relatives as well as the people that live here. She has supported me when things have been difficult".

The management team carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in these assessments. This was an important part of encouraging people to maintain their independence. People's needs were assessed by the nursing staff and care and treatment was planned and recorded in people's individual care plan.

There was an 'At a glance' care plan and a comprehensive care plan. These care plans did not always contain clear instructions for the staff to follow to meet individual care needs. For example, in one section of the care plan there was nothing written in relation to dentures, it had been left blank. When asked, the nurse said the person had dentures. Another section in the care plan stated the person had their own teeth. The nurse went to check and reported that the person had dentures; therefore the information contained in the care plan was not consistent.

Another example involved moving and handling transfers. The instruction to staff was that, 'I require a stand-aid hoist with one staff for all transfers'. Whereas, the daily records showed that on one occasion two staff tried with difficulty to transfer the person from the bed to the chair with the use of a walking frame. The staff recorded the care and support given to each person. However, for one person who we had heard being verbally very loud for a period of time on the first day of the visit, we found on the second day of the inspection that this had not been recorded. The daily record for that day made no mention of the person shouting out and no behavioural incident form had been completed, although behavioural incident forms were seen for some previous incidents.

All of the above issues are evidence of a breach of Regulation 9(1)(a)(b)(c) (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs.

Each person was involved in regular reviews of their care plan, which included updating their assessments as needed. The records of their care and support showed that the care people received was not always

consistent with the plans that they had been involved in reviewing. Staff were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff knew the needs and personalities of the people they cared for.

Staff were responsive to people's needs. People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs.

There was a Company Activities Ethos that stated, 'We are dedicated to enabling and encouraging the people to lead an activity based lifestyle'. Staff encouraged people to follow their individual interests and hobbies within the limits of their nursing needs. Some people remained in their bedrooms due to their medical conditions or as a preference. There were activities, both from outside companies, from the activities person and a volunteer who spent time at the service on most days of the week. For example, music motivation, films, bingo and nail care. There were links with local services for example, local churches and local entertainers. People's family and friends were able to visit at any time.

Information about making a complaint was available on the information board at the entrance of the service. People were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at regular reviews to raise any concerns they may have. All people spoken with said they would be confident about raising any concerns. Relatives and people who lived at the service knew the manager and felt that they could talk to the manager with any problems they had. The provider and the registered manager investigated and responded to people's complaints. The registered manager confirmed that complaints were investigated appropriately and reported on. The provider said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately within a set timescale.

Good

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. People said, "Staff all work as a team", "The manager is always around, and I can talk to her when I need to", and "I can talk to any of the staff, they are all approachable and helpful". Relatives told us, "The manager keeps us up to date informs us of any changes", and "All of the staff are welcoming when we visit, the staff are good and work well together".

Comments received by the registered manager from people about the service included, 'I would like to express my gratitude and thanks to the manager and all of her team for their dedication and kindness in looking after my dear Mum', 'I am very pleased with the care and support given to my husband. I could not ask for better care. He seems very happy there and the staff are all very good and caring. Nothing is too much trouble. I would recommend them', and 'This is a well-run home and the staff are professional'.

Comments seen in completed staff surveys included, 'I feel very supported by my manager', 'The staff are working as a team, and we all respect each other', 'I enjoy working at Haydon-Mayer, I am supported by the manager and all the staff', and 'Senior staff are very helpful if I need any advice'.

The provider and registered manager had a clear set of vision and values. The management team demonstrated their commitment to implementing these aims and objectives by putting people at the centre of the planning, delivery, maintaining and improvement of the service provided. From our observations and what people told us, it was indicated that these values were cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs.

The management team at Haydon-Mayer included the provider, the service manager, the area manager, the registered manager, and registered nurses. The area manager provided support to the registered manager, and the registered manager supported the nursing staff, care staff and ancillary staff. Staff understood the management structure of the service, who they were accountable to and their roles and responsibilities in providing care for people. The registered manager carried out clinical supervision with the nursing team. Each nurse had set up a re-validation folder and the registered manager said nurses would be attending training in readiness for re-validation.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the registered manager and staff. People and relatives spoke highly of the registered manager and staff. We heard positive comments about how the service was run. They said the registered manager had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views. Comments from completed relative surveys included, 'Very pleased with how my father is looked after and pleased all round with his treatment. He seems to have settled in well', 'My mother was made to feel at home immediately, everyone is extremely friendly and there are plenty of activities', and 'The staff have been very helpful and caring and friendly'.

Compliments from people that had written to the service included, 'I would like to thank you and your staff for your patience in looking after him with kindness and compassion', 'Your kindness in making her comfortable and engaging with her is much appreciated', 'I could not wish for better care than you gave him. You have helped me when down, as well as dad when he was having a bad day', and 'Everyone was so friendly and kind'.

There were systems in place to review the quality of all aspects of the service. Nurses conducted infection control audits to make sure they were following current best practice. Monthly and weekly audits were carried out to monitor areas such as health and safety, accidents and incidents, and care planning. We were told by the provider that an electronic care planning system was to be implemented in the near future.

Communication within the service was facilitated through regular team meetings. Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team. The registered manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

The registered manager was aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas, electrical systems, hoists and the adapted baths to make sure people were protected from harm.

The service had been awarded a food hygiene rating 5 following a visit from the Food Agency Standards.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment of people did not always meet their needs Regulation 9 (1)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not established proper and safe management of medicines. Regulation 12 (1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not established and operated effective recruitment procedures. Regulation 19 (2)(a)(3)(a)