Rushcliffe Care Limited

Beaumanor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 15 March 2016 and was unannounced.

Beaumanor Nursing Home provides care and nursing support for up to 53 people who are aged over 65 and who may also have a physical disability or a sensory impairment. The home is located on two floors, with lift access to both floors. The home has a variety of communal rooms and areas where people can relax. At the time of the inspection 46 people were using 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.'

People told us that they felt safe when staff supported them and that they enjoyed living at Beaumanor Nursing Home.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

People told us that they had to wait for assistance when they needed this. We saw that staffing levels had been assessed based on the needs of the people who used the service. We found a lack of presence of staff in some of the communal areas, people were left unsupervised for long periods and we saw that there were limited call bells in the communal areas.

The premises required some maintenance to make sure that it was safe. We found that radiator covers were lose or not always secured to the walls, shelves in bathrooms were loose and some wardrobes were not secured to the walls.

The provider carried out pre-employment checks before staff started to work at the service.

People received their medicines safely and at the right time from staff who were trained and deemed competent to administer medicines.

Staff were supported through training and supervision to be able to meet the needs of the people they were supporting. They undertook an induction programme when they started to work at the service.

Staff had an understanding of the Mental Capacity Act. We saw that appropriate assessments of people's capacity to make decisions had taken place.

People were supported to maintain a balanced diet. People did not always receive support from staff with eating when they needed this. People were supported to access healthcare services.

People told us that staff were caring. Staff we spoke with had a good understanding of how to promote people's dignity. Staff understood people's needs and preferences.

People were involved in decisions about their care. They told us that staff treated them with respect.

People were involved in the assessment and review of their needs.

Some people were supported to take part in group activities that they enjoyed. Where people did not enjoy the group activities they told us that they did not participate in many activities.

People's preferences were recorded however these were not always respected.

People told us they knew how to make a complaint. The service had a complaints procedure in place.

The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

People were asked for their feedback on the service that they received. The provider carried out monitoring of the quality of the service.

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 consistently safe.

People told us that they felt safe. Staff knew how to recognise and respond to abuse. The provider had effective recruitment procedures.

Risks related to people's care had been assessed and identified as part of the care planning process. Staff managed the identified risks safely.

There were times when there were no staff present in the communal areas. People had to wait for assistance when they needed this.

The premises were not maintained properly and we saw areas of the property were not clean.

People received their medicines safely and at the right times.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received training which enabled them to develop their knowledge and skills to support people effectively.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. Staff completed assessments of people's capacity to make decisions.

People were supported to maintain a balanced diet. People did not always receive the support that they needed at meal times.

People had access to the services of healthcare professionals as required.

Is the service caring?

Good

The service was caring.

Staff were kind and treated people with respect and dignity. Staff

knew people's likes and dislikes.

People's privacy was respected. Their relatives and friends were encouraged to visit regularly.

Is the service responsive?

Requires Improvement

The service was not always responsive

People's care plans were developed around their needs and were kept up to date and reflected people's preferences and choices. However people's preferences were not always respected.

People were able to participate in group activities that they enjoyed. Where people chose not to attend the group activities they felt they had limited activities.

People knew how to complain and felt confident to raise any concerns.

Is the service well-led?

Good

The service was well-led.

People knew who the manager was and felt they were approachable and supportive.

There were quality assurance procedures in place to monitor the quality of the service.

People had been asked for their opinion on the service that had been provided.

Beaumanor 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 15 March 2016 and was unannounced. The inspection was carried out by two inspectors, a specialist nursing advisor 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 we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We met people who used the service and we spoke with twelve people who used the service on a one to one basis and seven relatives who were visiting the home. We observed staff communicating with people who used the service and supporting them throughout the day. 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, the activities co-ordinator, one nurse, two members of care staff and the cook.

We looked at the care records of five people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes. We looked at four staff recruitment files to assess the recruitment process.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us, "Being safe means being able to do what I want without having to worry." Another person told us, "I feel very safe. They look after me well." All relatives who we spoke with told us that they felt that the service was safe. One relative told us, "Being safe means peace of mind to me, I know [person's name] is well looked after."

Staff we spoke with had a good understanding of how to recognise and protect people from types of harm and abuse. They understood their responsibilities to report any safeguarding concerns to a senior staff member or the registered manager. The registered manager were aware of their responsibilities to report any safeguarding concerns to the local authority. Staff told us they were confident that any concerns they raised would be taken seriously by the registered manager. Staff training records confirmed that staff had received appropriate safeguarding training.

Staff managed the risks related to people's care. Each care plan had information about the risks associated with people's care and how staff should support the person to minimise risk. For example, one person had a risk assessment in place for the use of the call bell system. This had been completed as the person was not able to use the call bell system. Measures were put in place to make sure that the person had regular checks which ensured that if they needed help a member of staff was aware of this. The risk assessment covered areas such as the person physically being able to use the call bell as well as understanding what it could be used for. Risk assessments were reviewed monthly, or when a person's needs changed. This was important to make sure that information was current and was based on people's actual needs.

People told us that they had to wait for assistance when they asked for this. One person told us, "I did use the call bell once at night and it took a long time for them to come." Another person told us, "The staff are very busy with so many people to look after. I can be ringing my help call bell for half an hour before someone comes." A relative told us, "I know they do have staff shortages sometimes but they always seem to be busy doing things." A visiting health professional told us, "It is safe but there is not enough staff. You have to wander up and down and there is no one to challenge you or help you." Staff told us that they felt there were enough staff to meet people's needs. The registered manager told us that staffing levels were assessed based on the needs of people who used the service. They told us that the provider was in the process of developing a new tool to help determine staff levels. The registered manager told us that they had stopped accepting new people into the home while they had recruited more staff to make sure that the staffing levels were at the assessed level. We found that a number of people chose to remain in their rooms for the whole day. This meant that staff needed to be able to support these people in their rooms as well as people who chose to be in the communal areas which had an impact on the availability of staff.

We completed observations through the day in different parts of the home. We found a lack of presence of staff in some of the communal areas, people were left unsupervised for long periods and we saw that there were limited call bells in the communal areas. We saw one person who wanted to go to the toilet who was in the communal area. There was no call bell. The inspector had to find a member of staff and ask them to assist. The member of staff did assist the person as soon as they were made aware of the person's request.

We saw that the staff appeared to be busy but when people requested help staff would assist them as soon as they could. The rota showed that the assessed staffing levels were in place however this was affected by sickness, including one person who was off work unwell on the day of the inspection. The registered manager told us that when a member of staff was unwell they tried to cover with other staff from the service. The service also had bank members of staff who provided additional cover. The registered manager told us that they had not used agency staff in the service for the last three years.

Staff maintained records of accidents and incidents. These were monitored by the registered manager and actions that had been taken were recorded on each form. We found that two accidents had not been recorded. We discussed this with the registered manager who was aware of one of the accidents and told us that this had been reported as a safeguarding concern and had been identified. They told us they would speak to a staff member in relation to the second incident as the registered manager was not aware that this had happened. We saw that accidents were audited each month and that changes were made to people's care to try and reduce the likelihood of a reoccurrence. For example one person had been referred to a healthcare professional to assess their mobility when they had more than one fall.

The premises had some areas that required cleaning. During our inspection we found toilets in vacant rooms that had been used and not cleaned, floor coverings had a build-up of dirt around the thresholds and there were bins without covers in areas around the home. Cleaning schedules were in place and domestic staff were employed. Records showed that not all cleaning that had been required had been completed each night, or each week. We found that there were some areas that required maintenance. We found that a number of the radiator covers were loose and not secured to the walls, shelves in people's bathrooms were loose and wardrobes were not secured to walls. The registered manager told us that they would ask the maintenance person to look at these areas. The registered manager told us that there was a plan of works to be completed and these were being carried out. The maintenance person worked one day a week at the service but could work additional days when works were required.

Staff told us that fire drills and system tests were carried out regularly. We saw that regular testing of fire equipment and evacuation procedures had taken place. The registered manager advised that where people may need additional support in the event of an evacuation they had a personal emergency evacuations plan in place. Where people had specialist equipment, for example a hoist, we saw that this had been regularly serviced. We found that showerhead and tap descaling had not taken place. The last recorded example of this was 2014. Records confirmed that tests had taken place to check the water for legionnaires disease however the tap and showerhead descaling is something that should be done regularly as a way to reduce the risk of legionnaires disease being present. The registered manager told us that they would look into these checks being completed.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We looked at the staff records for four people who currently worked at the service; the files contained relevant information including a record of a Disclosure and Barring (DBS) check, and references. These checks help to make sure that staff were suitable to work at the service.

People received their medicines as prescribed by their doctor or pharmacist. We saw that medicines, including controlled drugs, were administered and disposed of correctly and there were policies and procedures in place to support this. Staff had received training in medicines management and they were assessed to ensure that they were competent to administer medicines. People's medicines were mainly managed using a blister pack system. This system provided doses of peoples medicines in individual containers. This reduced the risks of medicine administration errors. We saw that where people were prescribed medicines as PRN (as required), protocols were in place to help ensure that people received

them when they were needed. Audits had been carried out weekly and these identified any areas for improvement that were carried out.

Requires Improvement

Is the service effective?

Our findings

People were cared for by staff that had the relevant experience and skills to meet their needs. One person told us, "I don't have to worry about anything now. They do it all for me. It is great." A relative told us, "The staff seem to know what [person's name] needs now." Another relative told us, "The staff are great. I couldn't do what they do."

We spoke with the staff who told us that they felt that they had done sufficient training to do their job well. We reviewed the training matrix that was used to monitor the training needs of the staff team. This showed that staff had completed training in a range of subjects including training that was specific to the needs of the people who used the service. For example care staff had completed training in tissue viability and nursing staff had completed training in catheterisation. We saw that staff were assessed as being competent to carry out these tasks and this was reviewed annually. The registered manager confirmed that the Care Certificate was being used as an induction programme for new staff. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. Records we saw confirmed that staff had completed an induction process and that new staff were working towards achieving the Care Certificate.

Staff told us that they had supervision meetings with the registered manager. However staff told us that they had these at different frequencies. One staff member told us, "I had supervision last year. If I ask for one they will arrange it." Another staff member told us, "Care staff have supervision every six months." The registered managed told us that all staff had received a supervision in 2016. Staff received face to face supervision meetings with their manager, as well as observations of the care they provided and an annual appraisal. We saw that an additional group supervision had been held to discuss areas for improvement that had been found at a recent inspection in another home that was owned by the provider. We saw that staff meetings had been held monthly and the minutes of these demonstrated that good practice and ways to improve practice were discussed with the staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people may have been deprived of their liberty the registered manager had made applications to the 'Supervisory body' for authority to do so.

Staff told us that they had received training in MCA and DoLS. Records we saw confirmed that this training had taken place. Staff had an understanding of MCA and DoLS and gave us some good examples of how they asked for consent before they provided care and treatment. One staff member told us, "I always ask to make sure that the person is happy before I help them with anything." We found that care plans included capacity assessments for people to ascertain their capacity to make a decision about their care. For example we saw that one person had a capacity assessment in place for taking their medicines as they may refuse to take them. The registered manager told us that the paperwork for the capacity assessments was being reviewed and that this was a work in progress. We found that some care plans had been signed by people who did not have a legal right to sign the plan on behalf of someone else. The registered manager advised that she would make sure that people signed their own plan and where required that only people who had the legal powers did so on a person's behalf. We saw that each person had completed a care planning consent form. This recorded how people wanted to be involved in their care planning.

Most people told us that they enjoyed the food and there were choices at mealtimes. One person told us, "The food here is pretty good, if I don't like something they will always find me something else." Another person told us, "The meals are lovely we can choose what we have." One person told us, "The food is about five out of ten at the moment. It was better when I first came here." A relative told us, "The meals here are fantastic." People told us that the portion sizes were quite large. Comments included, "I don't need snacks, the portions are quite big," and "I have put on a bit of weight since being here. The portions are quite large and the food is cold by the time I get to the end of it."

Some people were supported by staff at mealtimes. We observed that people were checked on but not encouraged to eat. We saw that where one person had assistance the member of staff did not rush them. We observed that three relatives were assisting people to eat. One relative told us, "I come here every day to help with lunch. That lady over there is helping [person's name] too." This relative was unsure if the person would receive support with their meal if they were not there but agreed that they would speak with staff to clarify this. We discussed this with the manager who told us that this person's needs were being reviewed and their needs could change. They told us that the person was sometimes independent but other times required assistance and this was given. We saw that one person required their food to be cut into smaller portions however this was not done until part way through their meal. Where people required their meal to be pureed or had a soft diet we saw that this was provided. We saw that some people ate in the dining room however most people remained in the chairs they had been sitting in throughout the morning. People were not asked if they wanted to eat at the table. We found that other people had chosen to have their meals in their rooms.

There was a menu displayed on a whiteboard. The cook told us that they used pictures to help people decide what they wanted to eat however these were not used for the daily menu. They told us that people were involved with developing the menus and had asked for certain meals to be added to the menu. The cook told us, "I go to the residents meetings to talk about the food. I also talk with people every month and talk to their family about their past likes and dislikes." Records we saw confirmed that these conversations had taken place. Throughout the day people were offered drinks and biscuits. People had care plans which included information on dietary needs and support that was required. Staff we spoke with were able to tell us about people's dietary needs. We saw that they cook had information about people's dietary needs, recommendations from dieticians and any allergies that people had.

People's healthcare was monitored and where a need was identified they were referred to the relevant healthcare professional. Records showed that people were supported to attend most routine appointments to maintain their wellbeing, such as the dentist and opticians. We found that some people saw a chiropodist however this had not always been recorded. The registered manager agreed to implement a form to make

sure that this was recorded. Following the inspection they sent us a form that recorded visits by the chiropodist. We saw that staff monitored any change in people's needs, sought advice from health professionals and recorded what actions they had taken. We spoke with a district nurse who visited the home on the day of the inspection. She told us, "Some staff do what we ask them to but not all." We had feedback from a community nurse who had visited the home. They told us, "They have just referred someone to us. I have no concerns"

Good

Is the service caring?

Our findings

People spoke highly of the care they received from staff. One person told us, "I know the carers and they sort things out for me." Another person told us, "The staff are kind." One person told us, "The staff look after me well. We have fun. I like banter." Relatives told us that they were happy with the care and the staff. Comments included, "The staff here are caring and very good to him," "The staff are very kind to him," "I know [person's name] is looked after," and "The staff here are all really obliging, whatever you ask them to do." A health care professional told us, "The two staff who helped me today were excellent. They knew the patient, great approach and they were helpful to me. Most of the staff are kind and caring."

Staff knew the people they cared for, they were able to tell us about what people liked, and disliked and how they used this information to support and care for people. One staff member told us that they asked people how they wanted to be cared for. We saw that staff communicated with people effectively. They ensured that they were at eye level with the person they were talking to and altered the tone of their voice appropriately. We observed that when a person asked for a staff member to help them, the staff supported the person as soon as they had finished the task that they were completing. They did tell the person they would be with them as soon as they had finished helping another person and we saw that staff did come back to support the person.

Some people and their relatives told us that they had been involved in planning their own care plans. One person told us, "I do have choices. I can do whatever I want to." Another person told us, "I don't remember them asking me how I want to be cared for." A relative told us, "We went through the care plan together and signed it all." We saw that care plans included information about what the person wanted, their preferences and their history. This showed that people were involved in planning their care and how they wanted to be cared for.

People told us that staff were respectful to them. One person told us, "The staff are very kind and respectful." Staff told us how they protected people's privacy and dignity, examples of this included knocking on doors, using people's preferred names and getting people to do as much for themselves as possible through encouragement and prompting. We saw that staff provided reassurance and explanations to people when they supported them and that they knocked on doors and asked if they could enter before doing so. We observed that people had notices on their doors that said what the person wanted to happen with their door when they were in their room, and when they were not. For example one person said they wanted their door open when they were in their room and when they were out of their room. We saw that people's wishes were respected.

We saw that Beaumanor Nursing Home had received the Dignity in Care Award from Leicestershire County Council. This meant that they had been assessed as demonstrating an on-going commitment to promoting and delivering dignified care services. Records showed that staff had been trained as dignity champions. This meant that staff were committed to promoting dignity and equality in the home.

People told us that their family could visit them when they wanted to. One person told us, "My family can

come at any time. In fact my daughter comes to see me after work. She really appreciates that." Relatives told us that they could visit when they wanted to and were made to feel welcome. One relative told us, "I can come at any time and I am always made welcome. They all know my name and that feels nice." Another relative told us, "I always feel really welcome here." We saw that relatives and friends visited throughout the day of the inspection.

People were encouraged to personalise their own private space to make them feel at home. We were invited to see four bedrooms and people had brought their own items to make them feel at home. One person told us, "It's all nice here. I sit and watch the canal out of my window." Another person told us, "I love my room here. I can watch the swans, the boats and people walking along the canal. I sit for ages." The communal areas had been decorated in a homely manner. For example, in the lounges there were pictures, ornaments and pets. There were fish in two of the communal areas and a parrot. The registered manager told us that they parrot had belonged to someone who used to live at the home. There were areas where books, CD's and newspapers were available so that people could use these.

People had access to advocacy information should they require independent advocacy support. Information leaflets were available in the reception area. Advocacy is a process of support and enabling people to express their views and concerns. The registered manager told us that no one had an advocate at the time of the inspection but that people had used the advocacy services previously.

Requires Improvement

Is the service responsive?

Our findings

People told us that staff looked after their care and health needs. One person told us, "I like being here. The staff know what I like." Relatives told us that they felt that the service met peoples' needs. One relative told us, "The staff know what [person's name] needs. Even better than me now." Another relative told us, "The staff know what is going on in [person's name] mind."

People had contributed to their assessment of care when they started to use the service. A relative told us, "When we sorted the care plan, they spoke to us both at the same time and it all went smoothly." Records confirmed that people and their families had been assessed before they started to use the service. We found that people had been asked about their needs and what was important to them. A form called 'getting to know you' had been completed with people. This included information about likes, dislikes, hobbies, interests, routines, religion and cultural needs. We found that this information was not included in the care plans. This meant that the care plans did not include all of the information about what was important to the person.

We saw that care plans had information about each person, their needs, how to support them and recorded any changes to their needs. However we found that not all needs had been recorded fully in the care plans. For example one person was living with diabetes. This had been included in the care plan there was no advice about what this meant for the person, no information about potential health implications or checks that should be in place. This meant that staff may not understand the needs of the person in relation to their diabetes. The care plans had been updated monthly to help ensure the information was accurate. We saw that reviews were held that involved people and their families.

People told us that their preferences were not always respected. One person told us, "I have been told by the night staff and the GP that I have to use my pad if I want the toilet and not bother with bell. It is not natural is it? It is certainly not what I am used to." Another person told us, "Sometimes they get me up at 6am. It depends on what they have got to do. It is rather early, but then they get me ready for bed after tea sometimes." Another person told us, "I was shocked at first [when I had a male carer]. I have got used to it." One person told us, "I have never been asked if I would like a bath. I didn't know they had one. What are they like?" Another person told us, "The night staff wake me up at 6am with my meds. It's like being in hospital. I don't appreciate being woken up then." We saw that where people had expressed preferences about their care this had been recorded in the care plans, including information about what time people liked to get up, their preferred routines and preferences for the gender of carers. However the was not always put into practice when people were supported. The registered manager told us that some people had to have their medicine early to allow them to take effect. For example one person could be in extreme pain if their medicine had not been given early enough and then they tried to get up. They told us that they would make sure that people were aware of the reasons why staff may give them medicine or get them up early. The registered manager told us that one person now chooses to use a wheelchair instead of walking. They told us that they would discuss these issues with the staff and the residents.

Information about people was shared effectively between staff. A staff handover was held between senior

staff and the information was then passed to the care staff that were on duty. We saw that staff shared information about any changes to care needs, or any incidents that occurred. This meant that staff received up to date information before the beginning of their shift. The handover was not recorded. We discussed this with the registered manager who told us that they had developed a new form to record handover and this was going to be implemented in the next two weeks.

Some people told us that they took part in activities that they enjoyed. One person told us, "I do some of the activities but my favourite is Boom Beats." Another person told us, "I really enjoy the pizza cooking we did. It was a laugh." One person told us, "I like the bible reading class that we have." Another person told us, "I like the canal trips." We saw that people were supported to take part in group activities and there were planned activities each day. The service employed a part time activity co-ordinator. The activity co-ordinator told us, "I am finding out about the residents and I speak to them all and go through what they like and what they would like." During the inspection we saw that a singer came in and a number of people participated in this activity. Staff told us that people were encouraged to participate in activities. We saw that staff and the activity co-ordinator did encourage people to take part in the activities.

We found that some people felt that they were not encouraged to participate in activities or pastimes aside from the group activities. One person told us, "I don't want to do much. The carers have given up trying because I am happy in my room." Another person told us, "They never ask me if I want to go on a trip out. I might not qualify for them." One person told us, "I don't like the activities much. No one has encouraged me or reminded me to listen to my own music. I need encouragement to do everything here." A relative told us, "[Person's name] really needs stimulation and is not getting any here. He has gone downhill since he came." Another relative told us, "I would like them to spend more time with my husband encouraging him to walk. They don't have time and his mobility has suffered." However one relative told us, "[Person's name] can only manage a little bit of food. But it is more often than three times a day. He gets little meals regularly and this seems to be working for him."

People and relatives told us that they had access to residents and family meetings. One relative told us, "I have never been to a meeting. I know they happen, but I see the manager when I come so there is really no need to come again for them." The registered manager told us that attendance had been poor at relatives meetings however they had tried other forms of communicating with relatives such as email. We saw the minutes from the last two residents meetings. These had not been well attended. We saw that activities, outings, and food were discussed. People were encouraged to give their views on what was working for them, and what they wanted to improve. This meant that people were encouraged to express their views. We saw that the menus had been changed as a result of feedback from people.

All of the people we spoke with told us they could raise any concerns with the manager. One person told us, "I really wouldn't mind complaining if I felt I had to. I would complain to the manager." A relative told us, "I would talk to the manager if I had a complaint. If she wasn't around I would speak to a carer." All relatives we spoke with told us they knew how to make a complaint and were confident to do so. We saw a complaints policy was in place and was available in the main entrance to the home. This included timescales for when a complaint would be responded to. The registered manager told us that each person had their own copy of this. We saw that one complaint had been received and this had been responded to within the agreed timescales. The registered manager told us that they had also supported people to make complaints when they were unhappy with a service that they had received from the NHS.

Good

Is the service well-led?

Our findings

People and their relatives told us that the management were approachable and open. One relative told us, "The manager is approachable, and the staff are, I can inform them of any concerns." Staff told us that they felt they could approach the manager. One staff member told us, "I feel confident to approach the manager if I had any concerns." The registered manager told us, "I have an open door policy. I lead by example."

At the time of our inspection the registered manager had been in their role for a number of years. They told us that they expected high standards from themselves and from their staff. They told us, "The organisation has a philosophy of love to care, which as the manager I echo. My day is about promoting professional and individual care." The registered manager told us that they worked a variety of shifts so that they were aware of the day to day culture in the home and the needs of the people who used the service. We saw from the rota that the registered manager worked on shifts alongside the staff. On the day of the inspection we found that that the registered manager spent time walking around the home and talking to people who used the service.

Staff told us that they felt supported and valued by the manager. One staff member told us, "The manager tells us about any training and I enjoy working here." Another staff member told us how the manager had supported them to change roles when their circumstances had changed. They told us, "It was a real step in the right direction for me and I was supported by the manager. It made me feel valued." Another staff member told us, "We all work well together."

People were involved in developing the service. We saw that the main communal areas were to be redecorated and a range of wall paper options had been put on the wall so that people could pick which wall paper they wanted to have. People had marked which wall paper they wanted to choose. People were also asked for their feedback about the menus and what they wanted to eat. This meant that people were being asked for feedback and were involved in what happened in their home.

The management structure in the home provided clear lines of responsibility and accountability. The registered manager was supported by the Senior Management Team, the Audit and Compliance Officer and other home managers within the organisation. Staff told us that the senior managers visited weekly and that they were supportive. We saw that an audit has been carried out by the Audit and Compliance Officer in March 2016. This had identified areas for improvement within the home. The registered manager told us that an action plan was to be developed from the report. We saw that a contract compliance visit had been carried out by Leicestershire County Council who fund the placements for some people who used the service. This had been completed in February 2015 and had found that the service was compliant with the contract. The provider's aims and objectives for the service had been shared with everyone. Staff we spoke with showed an understanding of the values and aims. One staff member told us, "The service promotes and provides good care."

The registered manager told us that they carried out audits to ensure that they provided a high quality service. This included audits on medication, falls, the environment and accidents and incidents. The audits

had not picked up on areas such as maintenance that required updating that had been identified during our inspection however the environmental audit was completed three monthly and the areas for improvement could have happened since the last audit. We saw that all audits had been completed and actions identified with timescales for completion.

People were encouraged to provide feedback and their views were actively sought by managers. A newsletter was produced that was available to people who used the service and their relatives. We saw that this included stories about what had happened at the home. This offered people a way to keep up to date with what was happening. We found that there was a suggestion box for people to use if they wanted to make any suggestions. We saw that people who used the service and relatives had received surveys to seek their feedback on the service and to listen to any comments that they had. A relative told us, "I remember filling in a questionnaire a while ago. I haven't heard anything more since then." Following the survey the registered manager told us that they would analyse the results and discuss any feedback with the residents and their relatives.

The registered manager understood their responsibilities to report events that they were required to report to CQC. They had reported events to CQC appropriately.