

Greensleeves Homes Trust

Borovere

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 9 January 2017 and was unannounced. Borovere is registered to provide accommodation and support to 30 people older people some of whom are living with dementia. At the time of the inspection there were 22 people living there.

This was a comprehensive inspection to check on the provider's progress in meeting the requirements required following our inspection of 8 and 9 February 2016. During that inspection breaches of legal requirements were found in relation to medicines, premises and clinical governance. Following the inspection the provider sent us an action plan detailing how and by when they would meet regulatory requirements. At this inspection we found legal requirements had been met.

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 they felt safe and well supported. Staff had undergone safeguarding training and understood their role in relation to safeguarding and the actions they should take to keep people safe from the risk of abuse.

People told us there were always staff available when needed. Records showed sufficient numbers of competent staff were available with the right mix of skills to meet people's needs. People were kept safe because the provider had robust recruitment policies and procedures.

The provider had ensured that the premises were secure and suitable for people. Plans were in place to ensure people were safe in an emergency. People's records demonstrated that risks to them as individuals in relation to their care had been assessed and managed safely.

All of the people we spoke to said they received their medication on time and the provider ensured people received their medicine only from trained, competent staff. Processes were in place to ensure the safe management of medicines. People received their medicines safely.

People told us the staff appeared to be well trained, knew what they were doing and supported them in the way they liked. New staff underwent a relevant induction to prepare them for their role. Staff received regular supervision to support them in their role. Staff were required to undertake a range of training identified by the provider as necessary in order to meet people's needs. Staff were also supported to undertake professional qualifications in social care.

People said the staff always sought their consent. Staff were able to demonstrate how the Mental Capacity Act (MCA) applied to their day to day work with people. Arrangements had been made to ensure staff were

able to complete or refresh their MCA training. Whilst awaiting this training or training update the MCA had been discussed at a staff meeting and MCA pocket reminders of their legal obligations had been provided to staff. Where people were subject to the Deprivation of Liberty Safeguards (DoLS) legal requirements had been met.

People said the food provided was of a good standard. They were offered a choice of nutritious and appetising meals. People had nutrition care plans which provided staff with guidance about their nutritional needs. Risks to people associated with their eating and drinking had been assessed and relevant measures taken to manage these effectively.

People were supported to access a range of healthcare services to ensure they could maintain good health.

People told us the staff were caring and supported them in the way they liked. People experienced positive relationships from staff who received guidance about people's communication needs and how to engage with them effectively. Staff provided people with relevant information to help them make informed decisions. People were observed to make decisions about their care across the course of the inspection. Staff were aware of and respectful of people's rights to self-determination. Staff were mindful of people's need for privacy and ensured people's dignity was upheld in the provision of their care.

People had been consulted about the creation of their care plans and their care had been regularly reviewed with them or their representatives to ensure they continued to meet their needs. Staff had a good knowledge of people's care needs and received training in working with people living with dementia to enable them to support them appropriately. There were two activities co-ordinators employed which enabled people to participate in two activities a day, seven days a week. People's needs for social stimulation were met.

People we spoke to said they knew how to raise a concern. People's complaints were investigated and responded to appropriately. People's views on the service were sought and they were able to provide their input to proposals on how to improve the quality of the service provided.

The service promoted a culture of openness and transparency. There were easy and accessible lines of communication between staff, people and their relatives.

People said that they thought the service was well led and that the registered manager listened to them and acted upon what they said. Staff told us they felt the registered manager was good, supportive, and approachable and felt able to raise any concerns with them. The registered manager demonstrated a good understanding of the challenges for the service, such as recruitment which they were addressing for people.

Audits were used to drive improvements in the service for people. The operation manager's monthly visits were used to identify areas of the service for improvement and these were actioned. People's views on the service were sought through surveys and action taken in response to the feedback received. People's records were accurate, completed in a timely manner and stored securely.

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.

Processes were in place to ensure people were safeguarded from the risk of abuse.

Risks to people had been assessed and staff followed guidance to keep people safe.

Relevant measures had been taken to ensure the environment was suitable and safe for people.

People were safe as there were sufficient numbers of suitable staff available to provide care and robust staff recruitment processes were in place.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who underwent the relevant training and supervision to enable them to carry out their role effectively.

People's consent was sought in line with legislation and guidance and where people lacked the capacity to consent to decisions legal requirements were met.

People were supported by staff to eat and drink sufficient for their needs.

Staff supported people to maintain good health and to access health care services as required.

Is the service caring?

Good ●

The service was caring.

People experienced positive and caring relationships with the staff.

People were supported to express their views and to make decisions about their care.

People's privacy and dignity was maintained in the provision of their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's needs for social stimulation were met.

Processes were in place to enable people to express their concerns, complaints and suggestions; these were acted upon to improve the quality of the service provided for people.

Is the service well-led?

Good ●

The service was well-led.

The service promoted an open and transparent culture based on clear values.

The registered manager led the service well. They were accessible to people and staff.

Processes were in place to enable the provider to assess the quality of the care provided.

Borovere

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.

The inspection took place on 9 January 2017 and was unannounced. The inspection team included two inspectors 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. The expert by experience had experience of caring for older people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with a community psychiatric nurse and received written feedback about the service from a specialist nurse and a Social Services contract monitoring officer. During the inspection we spoke with a GP who regularly visited the service. We spoke with five people, one relative and a volunteer. Not everyone was able to fully share with us their experiences of life at the service; therefore we spent time observing staff interactions with them, and the care that staff provided. We spoke with five care staff, the chef, the maintenance person, an activities co-ordinator and the registered manager. Following the inspection we spoke with the provider's pharmacist.

We reviewed records which included four people's care plans, four staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in February 2016 when three breaches of the regulations were identified.

Is the service safe?

Our findings

At our previous inspection in February 2016 we found the provider had not ensured people's medicines were managed properly and safely. In the providers action plan dated 15 April 2016 they informed us the required actions would be completed by 31 May 2016. At this inspection we found legal requirements had been met.

All of the people we spoke to said they received their medicines on time. The provider's pharmacist told us they had no concerns regarding how medicines were managed. A specialist nurse said following the last inspection the registered manager had addressed the issues identified. A community psychiatric nurse (CPN) informed us staff's focus was on using behavioural interventions for people living with dementia rather than providing additional medicine to manage safely.

Records showed night staff had completed medicines awareness training in case they needed to administer medicines to people at night. Records demonstrated staff who administered medicines had their competency assessed annually. Remaining staff who required an update of the medicines training had been booked to complete this. Processes were in place to ensure people only received their medicines from trained, competent staff.

People's medicines were stored at a safe temperature. Since the last inspection people's medicines had been moved from people's bedrooms to the clinical room to enable staff to monitor the temperature at which they were stored. Staff used labels to record the date when medicines had been opened including boxed medicines which do not actually need to be labelled, we found some boxes were not labelled but brought this to the attention of staff and this was immediately rectified. Processes were in place to ensure staff documented when they had administered both people's regular medicines and those which were taken 'as required.' Controlled medicine records were clear and matched the stock held by the service. Controlled medicines are medicines which require a greater level of security. Medicines were audited both by the provider and by the community pharmacist. Processes were in place to ensure the safe management of medicines.

We observed medicines being given to a person. Staff took the medicines trolley to the person's bedroom and then checked what medicine needed to be administered. Staff asked the person if they wanted their medicines and gave them a glass of water so they could swallow the tablets. People received their medicines safely.

At our previous inspection in February 2016 we found the provider had not ensured the premises were secure and suitable for people. In the providers action plan dated 15 April 2016 they informed us the required actions would be completed by December 2016. At this inspection we found legal requirements had been met.

Keypads were in place so people could not access unauthorised parts of the building. Window restrictors had been fitted in the Coach House, as a precautionary measure although people could not access this area. The sluice doors had been fitted with 'self-closers' so they closed and bolts to ensure unauthorised people

did not access them. Records demonstrated the security of the building was discussed with staff at meetings to maintain their awareness. We did note one incident where a person went out for a walk and left the front door open, which was potentially not safe. We spoke with the maintenance person who made immediate arrangements to fit a 'self-closer' to manage this risk. Improvements had been made to the garden to ensure it was secure and accessible. Fencing had been erected, the paving had been changed, lighting had been installed, tree stumps had been removed and the boiler house had been made secure. Records showed that relevant safety checks had been completed in relation to gas, electrical, water and asbestos. The provider had ensured that the premises were secure and suitable for people.

People had Personal Emergency Evacuation Plans to guide staff about how to safely evacuate people in an emergency. Records showed night staff had completed first aid training in case of a medical emergency. Processes were in place to ensure people were safe in an emergency.

A GP told us they had no concerns about people's safety. People's records documented risks relating to various aspects of their care including for example, falls, pressure ulcers and mobility had been assessed and managed safely. Where risks had been identified people's care plans contained written guidance for staff about what risks to monitor for people, and the action they should take to manage these risks appropriately. Where people had been identified as requiring equipment such as a specialist mattress or a pressure cushion to support their health and wellbeing needs these had been provided. Staff were able to demonstrate their understanding of the risks to people and the measures in place, to keep people safe.

People told us they felt safe and well supported. They said their possessions were safe and nothing had ever gone missing.

Staff were able to describe the purpose of safeguarding, their role and the signs which might indicate a person had been abused. Staff had access to relevant safeguarding guidance and contact numbers if required. The registered manager had not needed to make any safeguarding alerts during 2016, but understood their role and responsibility to report any potential safeguarding incidents. Records showed staff had completed safeguarding training. The registered manager had identified prior to the inspection that eight staff needed to update their safeguarding training and this had been booked for them to attend on 2 March 2017. People were safeguarded as relevant processes were in place.

People told us there were always staff available when needed and that staff had the time to support them in the way they liked. One person commented "The staff never seem rushed when they support us." We observed that staff were supportive and available for people as required.

A CPN and a specialist nurse told us there were sufficient staff available to meet people's needs and people's call bells were responded to promptly. Staff told us they had no concerns about staffing levels and that the registered manager was very supportive and would assist if necessary.

There was a senior carer on-site from 07:30-22:00. There were four care staff from 08:00-14:00 and three care staff from 14:00 -21:00. In addition there were catering, domestic and maintenance staff. Overnight there were two care staff on-site and an on-call senior. The registered manager told us there were currently vacancies for night staff and these were being recruited. If there were any gaps on the staffing roster which they could not fill with their own bank staff then they used regular agency staff from two agencies to ensure consistency for people which rosters confirmed.

The registered manager told us that on a monthly basis a sample of people were re-assessed to determine if their dependency levels remained the same. If their level of care requirements had changed then the head

office reviewed staffing hours to see if they remained sufficient. They were also able to request additional staff as required if changes were noted to people's level of care needs. Processes were in place to monitor whether staffing levels were sufficient for people's needs.

Staff told us and records confirmed they had undergone recruitment checks as part of their application for their post and these were documented in their records. These included a full employment history, the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

Is the service effective?

Our findings

All of the people we spoke with said the staff appeared to be well trained, knew what they were doing and supported them in the way they liked.

The registered manager told us staff completed the Care Certificate, which is the industry standard induction for staff who are new to care. Records showed staff had undertaken an induction to their role, which staff confirmed. New staff were paired up with a 'buddy' during their induction period to support and guide them. New staff underwent a relevant induction to prepare them for their role.

The registered manager told us they supervised the senior care staff who then supervised the care staff, which records and staff confirmed. Records showed staff were undertaking regular supervision including those new in post, although three staff were overdue their supervision. We spoke with the registered manager about this and they made arrangements for these to be completed.

Staff told us and records confirmed they were required to undertake a range of training to ensure they had the skills to undertake their role. Additional training was available for staff to enable them to meet people's needs such as in continence care and personal care. The registered manager had themselves identified prior to the inspection that not all staff were up to date with all their required training and refresher training. As a result they had organised for these staff to update their training in areas such as health and safety, moving and handling, first aid and food hygiene. Records showed staff had achieved professional qualifications in social care. Nine of the care staff had achieved a National Vocational Qualification (NVQ) level three or its replacement the Qualifications and Credit Framework (QCF), and 15 care staff held a level two. Processes were in place to ensure staff underwent training and professional development relevant to their role.

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.

People said staff always sought their consent before they provided their care, medication or support. People's records instructed staff to seek their consent before they provided their care, which staff followed. People's records contained a MCA 2005 decision making assessment. This was a screening tool to enable staff to identify specific areas of people's lives which they may lack the capacity to make decisions about. The use of this tool enabled staff to determine if people were likely to require a full assessment in relation to particular decisions and to ensure legal requirements were met. This was to ensure that any action taken was in peoples' best interest and met all their needs.

Some people had appointed a power of attorney for health and welfare in the event they lacked the capacity to make decisions in these areas. The provider had documented this and obtained a copy to enable them to check what decisions the attorney was authorised to make. Therefore they were able to demonstrate how they had satisfied themselves that the attorney had the legal authority to sign their consent to the provision of care and treatment for people.

Staff told us they had undertaken MCA training and were able to demonstrate how it applied to their day to day work with people. A staff member told us "You always have to assume capacity even if people have dementia. Give people choices." Records showed 12 of the 36 staff needed to either undertake or refresh their training in relation to the MCA and DoLS. The registered manager had already identified this need prior to the inspection and training was booked for 23 January 2017. In addition to training, records demonstrated that the MCA was discussed at the staff meeting on 11 October 2016; staff were also issued with 'pocket guides' to provide them with key MCA facts. Staff were provided with relevant information and training in relation to the MCA.

Two people living at the service were subject to a DoLS; records demonstrated how the decision to make the application had been reached and that their relatives or relevant parties had been involved. Staff spoken to were not aware of whom was subject to DoLS. Although these people were not able to leave the service independently, staff should be aware of who is subject DoLS. We brought this to the attention of the registered manager, who advised staff had been informed and that they would reiterate this with staff at the shift handover. The registered manager was unaware that they were required to notify the Care Quality Commission once DoLS applications to the supervisory body had been approved. We discussed this with them and they immediately submitted the required notifications to ensure legal requirements were met. All other types of notifications had been submitted as required for people.

People said the food was good, they has a choice of menu and if they did not like what was on offer, an alternative was agreed and provided.

People had nutrition care plans that provided staff with guidance about the person's nutritional needs. People had been weighed regularly and their Malnutrition Universal Screening Tool (MUST) score calculated. MUST is a screening tool to identify adults who are at risk from either malnourishment or being overweight. Staff had taken the correct actions where they had concerns about peoples' weight loss. Where people had been identified as at risk from malnutrition staff implemented a food chart which staff completed to accurately monitor what people had consumed. If people required their food to be fortified which is a way of increasing their calorie intake this was recorded and provided. The chef was aware of people's individual dietary needs and preferences.

If people had been identified as at risk from choking, professional guidance had been sought and reflected in their care plan. Where people required soft, pureed foods or thickened drinks these were provided. The chef used food 'moulds' such as a broccoli mould to present people's pureed meals in a more recognisable and appetising manner. The needs of people at identified as at risk from choking had been identified and met.

Staff were observed to offer people drinks regularly throughout the day and these were placed in easy reach for people. If people asked for drinks staff were prompt to respond.

People experienced a pleasant lunchtime. The tables were laid, music played gently and people were asked if they would like a glass of sherry. Lunch was not rushed for people and was a pleasing social experience for them. People who required support to eat their meal were assisted by staff. If people required items such as

a plate guard to promote their independence these were provided. The meals looked appetising and the vegetables and gravy were served separately so that people could determine what and how much they wanted.

A community psychiatric nurse told us "They are good at raising any healthcare issues." This was also confirmed by a GP. People's records demonstrated they had been supported to see a range of healthcare professionals such as GP's, district nurses, physiotherapists, chiropodists, podiatrists, speech and language therapist, dentists and opticians, for example. Staff were knowledgeable about people's general presentation and observant to changes. They promptly arranged a GP visit for a person who was not presenting as their usual self.

Is the service caring?

Our findings

People told us the staff were caring and supported them in the way they liked. A community psychiatric nurse told us "Staff are caring and kind."

Staff told us that in order to build relationships with people they listened to what people had to say, asked questions, referred to people's life histories in the care plans and got to know what they liked and disliked for example, how they liked their tea or coffee. People's records guided staff about how to form positive relationships with people. A person's records stated about them 'Responds favourably to terms of endearment and hugs from the staff.' We observed staff had a good rapport with people. Staff were seen to use physical touch appropriately with people whilst interacting with them. For example, carers were seen to be sat with a person living with dementia doing a game with their arms linked with them. The person was smiling and was happy with this interaction.

People's records documented their communication needs and how staff should ensure these were met. A person's records guided staff to speak to a person with a hearing impairment slowly and clearly. Staff were observed to ensure they positioned themselves at the person's height when speaking with them.

One person was colouring in a calendar they had received from staff at the service for Christmas. They told us that colouring was one of their favourite pastimes. This demonstrated that there was thought put into the presents staff purchased for people. The person went on to point out two pictures hung on the wall and with pride, told us that they had made them. This demonstrated that staff valued people's work and validated people's individual achievements.

People were supported to express their views and to make decisions about their care. Staff told us they supported people to make choices by encouraging people to choose what they liked to wear, offering them a choice of different foods and times of getting up and going to bed. People's preferences about their daily routine were recorded in their care plans, such as their night-time routine. People were observed to spend their time how and where they wished. People had their breakfast at a time and place of their choosing and also chose where to have their lunch. The registered manager told us that as bedrooms were re-furnished people were consulted about their wishes in relation to the colour of the walls and what furniture they wished to have in their bedroom. We noted that people's bedrooms were personalised to their taste.

Staff provided people with relevant information to help them to make decisions, for example, staff explained to a person why they should use their hearing aid. Staff brought another person a selection of yoghurts from which to make their preferred choice. Staff told us how they talked through the menus with people to help them choose, which they were seen to do. There was good clear signage about the service to ensure people were able to orientate themselves.

People were encouraged to join in activities but staff respected their wishes if they did not want to. At the staff shift handover staff discussed the need to remind a person to do their exercises, but to also be mindful of their right to choose whether to do them. Staff were aware of and respectful of people's right to self-

determination, which is the individual's right to determine what they wish.

People said they were treated with respect, their dignity was protected and they were encouraged to be as independent as possible. A specialist nurse told us 'All staff seen were polite, friendly and mindful of the need for privacy.'

Staff told us they always respected people's wishes. People's records documented how staff were to maintain peoples' privacy and dignity, for example, whilst bathing. Records showed 15 of the staff had undertaken dignity in care training. Staff were observed to knock on people's bedroom doors and wait for a response before they entered. Staff were able to tell us about how they upheld peoples' privacy and dignity whilst managing risks to them for example, when bathing. Staff were mindful of peoples' need for privacy.

Is the service responsive?

Our findings

Four people said that they were involved in creating their care plans. A person said how they loved that they were supported to practice their faith with weekly services in the TV lounge. People told us they were able to participate in activities they enjoyed.

People had an initial assessment of the care they required to enable the provider to assure themselves that they could meet the person's care needs. Once peoples' initial assessment had been completed this information was shared with staff at the staff shift handover and through the daily heads of department meeting. This ensured staff were informed of the needs of new people.

Records demonstrated people had been consulted about their care plans where they were able to be or a relevant person had been involved on their behalf. People's records were reviewed monthly by their keyworker. This was a senior member of the care staff who was responsible for ensuring their care plans were up to date. People or their relatives were regularly involved in reviewing their plans of care as documented in their records. In between reviews' records demonstrated staff regularly updated people's relatives about their care. People's care was planned with them or their representative and regularly reviewed to ensure it still met their needs.

People's care plans included details of their personal history and their specific interests prior to moving into the service. It also noted who was important to the person in terms of their family and visitors. Staff used the shift handover to have a 'Resident in the spotlight' session. This was an opportunity for staff to share information about people to ensure they had a shared understanding of people and their background. The registered manager told us they had also just introduced the Alzheimer's Society 'This is me.' This is a tool for people with dementia or their relatives to complete that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes. Information about people was sought to influence their care planning and staff's understanding of them as individuals.

A GP told us that staff knew people well. Staff were able to tell us about people's care needs and how they preferred to have their care provided. They were able to tell us about how they worked with people whose behaviours could be more challenging to staff.

People's records documented what they could do for themselves. A drinks area had been installed on the first floor for people or their relatives to use at will, and to promote peoples' independence. The registered manager told us one person liked to make their own hot drinks. Where people spent a lot of time in bed, staff regularly checked upon their welfare across the course of the day and this was confirmed in their records. Staff understood and met the needs of both people who more independent and those who required closer monitoring.

Some people were living with dementia. There was guidance in their care plans for staff about how to interact and support them. In one person's records it stated what aspects of personal care the person enjoyed to ensure staff were aware and guided staff to offer the person reassurance with other aspects that

they were not so keen on. Records show that the majority of the 36 staff had undertaken training in caring for people living with dementia. A staff member told us the dementia care training had helped them to understand peoples' behaviours. Staff had received relevant training to enable them to meet the needs of people living with dementia.

Some people had a diagnosis of diabetes. These people's records contained guidance so staff would know how to recognise if the person's blood glucose levels became dangerously low or high and the action they needed to take to ensure the person's safety.

There were two activities co-ordinators employed at the service. Records showed activities were planned for people a seven days of the week, with two activities available per day. The activities co-ordinators ran a diverse range of activities for people including: art, craft, music, games, films, outings, church services, exercises and gardening. In addition they provided one to one sessions for those who could not or did not want to join in group activities. They documented people's attendance at each activity and their level of enjoyment. They then used this information to assist them in planning the next schedule of activities. Records showed that in addition to the activities schedule a number of other events were held for people, such as a Christmas Panto and a Christmas party.

Staff were observed to play a floor board game with people using a large soft dice. This made it much easier for people to participate and to hold the dice due to its size and they were seen to enjoy this activity. People were encouraged to have visitors; we saw visitors felt comfortable enough to join in activities with people if they so wished. People's needs for social stimulation were met.

The registered manager told us that currently three staff had been trained to drive the service's minibus and a fourth member of staff was due to undertake their training. People were taken to the library on a weekly basis when the weather was reasonable and they had been taken on a day trip to Southsea. The registered manager had taken action to increase the number of staff qualified to drive the minibus for people to enable staff to take people out.

People we spoke to said they knew how to raise a concern. Four said that they had not needed to raise a concern; one said they had raised a concern and were happy with how it had been handled and resolved.

People were provided with a copy of the complaints procedure in the information guide they were provided with in their bedrooms, there was also a copy in the provider's statement of purpose. Two complaints had been received during 2016; both of these had been investigated and responded to appropriately. Staff told us they referred any complaints to the registered manager and that complaints had been discussed in team meetings to prevent them from happening again. The operations manager also reviewed any complaints as part of their monthly visit. People's complaints were investigated and responded to appropriately.

People's views on the service were sought through regular relatives and residents meetings, the last of which took place on 29 October 2016. At this meeting the registered manager sought people's and relatives feedback on proposals to introduce door covers to make people's bedroom door look like a front door and refurbishment plans for the building. There was also a discussion about proposed new lighting in terms of what type would be best.

People were also encouraged to submit any suggestions through the provision of a suggestions box in the foyer and suggestion forms placed in people's bedrooms. The registered manager told us a suggestion had been received requesting the provision of a lightweight wheelchair in the foyer, which we saw had been provided to enable relatives to take people out more easily. People's views on the service were sought and

they were able to provide their input to proposals for the service.

Is the service well-led?

Our findings

At our previous inspection in February 2016 we found the provider had not operated effective systems in order to regularly assess and improve the quality of the care provided, mitigate risks to people or to securely maintain accurate records. In the providers action plan dated 15 April 2016 they informed us the required actions would be completed by 31 July 2016. At this inspection we found legal requirements had been met.

Records showed there was an audit schedule encompassing health and safety which was audited twice in 2016, infection control and medicines which were audited monthly. At the November and December 2016 infection control audits the service was 100% compliant. The medicines audit assessed the service in relation to staff training in medicines, ordering, storage, administration, adverse events, medicine records, disposal of medicines and controlled drugs for example. The audits demonstrated that where issues were identified these were highlighted and the registered manager told us these were then added to the service's overall improvement plan to be addressed. Once addressed the issue was marked as complete. Review of the improvement plan demonstrated a number of issues had been addressed as a result, such as the replenishment of the first aid boxes and regular checks of their contents. As a result of feedback from the May 2016 food survey, teatime had been put back as per people's request. The registered manager had identified themselves prior to the inspection that some staff needed to complete or re-refresh their training and this had been arranged. The registered manager provided evidence of a new audit tool the provider was in the process of introducing to support registered managers in measuring the quality of the service against the Care Quality Commissions (CQC) key lines of enquiry. Audits were used to drive improvements in the service for people.

The issues identified in the external health and safety audit completed on 24 March 2015 had since been addressed in relation to checks on the safety of asbestos found in the guttering of the Coach House and a padlock had been fitted as required to prevent external access to the cellar plant room for people's safety. The issues from this external report had been addressed for people.

The registered manager completed a monthly analysis of all incidents that occurred. They analysed what had happened, the cause and the measures implemented to reduce the risks of re-occurrence. Records showed that following incidents relevant measures had been taken for people such as the provision of equipment or a change in the number of care staff required for a person. Measures were in place to monitor incidents people experienced and to ensure appropriate actions had been taken for people.

The operations manager completed a monthly visit to the service and they last visited on 15 December 2016. There was evidence that as part of their visit they spoke with people and staff about their experience of the service. They also reviewed records relating to the provision of the service. Where issues were identified such as a programme of refurbishment of bedrooms as they became available, this was in the process of being addressed for people. Any issues to be resolved from the previous month were documented and it was recorded whether or not they had been addressed. The operations manager had identified work was required in relation to the three care plans they reviewed; the registered manager confirmed this work had been completed as required. The operation managers monthly visits were used to identify areas of the

service for improvement and these were actioned.

As a result of feedback from the service's 'Your care rating' survey 2015 results, carpets in the communal areas had been replaced in July 2016. The registered manager told us the last 'Your care rating' survey had been circulated on 31 October 2016 and the results were awaited. 'Your Care Rating' enables people to have the opportunity to provide their views and feedback on the service via an independent, confidential and standardised survey. The chef also completed food surveys with people to gain their views on the meals provided. People's views on the service were sought through surveys and action taken in response to the feedback received.

Where people needed to be re-positioned regularly to prevent the risk of them developing pressure ulcers. Their care records instructed staff about how often they should be re-positioned. We saw staff had completed these records fully for people to ensure there was an accurate record of the care provided to them. Processes were now in place to ensure staff updated peoples' records regularly across their shift to ensure they were completed contemporaneously rather than waiting until the end of their shift. Systems were now in place to ensure people's records were stored securely and were not at risk from being accessed by unauthorised people. People's records were accurate, completed in a timely manner and stored securely.

People said there was open communication with staff and the registered manager in the home and they were kept informed about what was going on. People told us there was 'A good atmosphere.' We saw the previous CQC report was displayed for people as required. In addition the provider had produced a report for people and their relatives to inform them of what actions they had taken to address the issues previously identified. This ensured there was open and transparent communication with people and their relatives.

Regular meetings were held with both the day staff and the night staff to enable them to express their views on the service and to be informed of updates. At the staff meetings staff were reminded of the core values of the service which were respect, openness and responsibility. Staff were observed to uphold the provider's values across the course of the inspection in the provision of people's care. Staff were aware of whistle blowing procedure and understood how to report any concerns.

People said that they thought the service was well led and that the manager listened to them and acted on what was said. People thought the staff were happy and had a good relationship with each other and the management. A community psychiatric nurse told us "The registered manager is good at responding to any issues."

The registered manager demonstrated a good understanding of the challenges for the service. Recruitment was one of the challenges and there was an on-going recruitment programme. The deputy manager had resigned and the registered manager was in the process of recruiting to this post. They were keen to ensure they recruited the 'right' person for the role and in the interim were covering the work of the deputy between themselves and senior staff.

The registered manager told us they had an 'open door' policy and that people or their relatives were welcome to drop in and speak with them at will. They said they led by example and earned staff's respect which had a positive impact on staffs willing to express any concerns or ideas for service improvement. As a result staff were willing to help out for example by covering additional shifts if required. Staff told us they felt the registered manager was good, supportive, and approachable and felt able to raise any concerns with them.

Staff rosters demonstrated that the registered manager often worked on a day at the weekends, this

ensured they had oversight of the service across the entire week and were available to relatives if required. They also told us and records confirmed that they completed some shifts on the floor to enable them to work alongside staff, to monitor the service people received.

The registered manager told us they were required to attend an annual management and organisational development course, which records confirmed. As part of this process senior care staff were asked to provide their feedback on the registered manager's performance, to contribute to the programme. People's care was provided by a registered manager who was supported in their development as a manager.

The registered manager had introduced a brief daily meeting in order for the Heads of Department to meet and share key information for the day. Such as changes in people's dietary requirements and works being completed within the service. This ensured essential information was shared on a daily basis and promoted good working relationships between staff.