

## Avery Homes (Nelson) Limited

# Merlin Court

### Inspection report

The Common  
Marlborough  
Wiltshire  
SN8 1JR

Tel: 01672512454

Date of inspection visit:  
05 October 2016  
06 October 2016

Date of publication:  
20 October 2016

### 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

Merlin Court provides accommodation which includes personal care for up to 62 older people, some of who are living with dementia. At the time of our visit 34 people were living at the service. Since our last inspection the home had ceased providing nursing care and had deregistered from this regulated activity.

People's bedrooms were arranged over two floors with communal lounges and dining areas with satellite kitchens on each floor. There was a central kitchen and laundry located in the basement of the building. The home had undergone an extensive programme of refurbishment since our last inspection in July 2015. People, relatives and staff spoke positively regarding the physical changes to the home. Comments included "The décor is lovely, it's so light in here now", "The changes are lovely and residents have still kept all their personal belongings in their rooms so the rooms are individual" and "We were kept up to date with all the renovations. The changes were done without disturbing the residents. It's lovely here now".

We carried out this inspection over two days on the 05 and 06 October 2016. At a previous inspection which took place in July 2015 we found the provider did not meet the legal requirements for some of the areas we looked at. They wrote to us with an action plan of improvements that would be made. We found on this inspection the provider had taken all the steps to make the necessary improvements in these areas.

The previous registered manager had left the employment of the service in November 2015. A new manager had been recruited and was in the process of submitting their application to become the 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 and their relatives spoke positively about the care and support they or their family member received. During our inspection we observed people appeared happy and relaxed in the company of staff and did not hesitate to seek assistance and support. Staff responded promptly to requests for assistance, seeking permission before undertaking any care tasks.

Staff told us that people were encouraged to be independent as possible and explained how they ensured they maintained people's privacy and dignity when undertaking personal care tasks. People received support from staff who had got to know them well.

People were receiving care which was responsive and tailored to their needs. Care plans were in place which clearly described how each person would like to receive their care and support. Records showed people and their relatives were involved in the planning of their care plans which were regularly reviewed and updated as required.

People were supported to have sufficient to eat and drink. Where people required assistance this was done

at a pace appropriate to them.

Systems were in place for the safe storage, administration and disposal of medicines. Records showed people received their medicines as prescribed and in their preferred manner. People had access to healthcare services to maintain good health.

People were protected from the risk of harm and abuse. Staff had received safeguarding vulnerable adults training and were aware of their responsibility to report any concerns. Policies and procedures were in place to advise staff on what they should do if they had concerns. Risks to people's personal safety had been assessed and plans were in place to minimise these risks.

Safe recruitment practices were followed before new staff were employed to work with people. People received individualised care and support from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff told us they had access to training appropriate to their role. New staff received a comprehensive induction prior to working independently with people.

People, their relatives and staff spoke positively about how the service was managed. Staff felt supported by the management team and were able to raise any issues or concerns they may have. Quality assurance systems were in place to monitor the quality of service being delivered. Plans were in place to ensure improvements to the service were identified and appropriate actions taken. People and their relatives were encouraged to provide feedback on the service and complaints were dealt with in line with the provider's policy.

## 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 ●

This service was safe.

Staff had the knowledge and confidence to identify safeguarding concerns and what actions to take should they suspect abuse was taking place.

There were policies in place to support safe medicines management. People received their medicines when required.

There were enough staff to meet people's needs and safe recruitment practices ensured that all appropriate checks had been completed prior to staff commencing employment.

### Is the service effective?

Good ●

This service was effective.

People were supported to have sufficient to eat and drink. People's care records showed relevant health care professionals were involved with people's care.

People were supported by staff who had access to training to develop the skills and knowledge they needed to meet people's needs.

Management and staff followed legislation designed to protect people's rights and to ensure decisions made were in the person's best interest. People were supported to be able to make decisions and choices about the care they wished to receive.

### Is the service caring?

Good ●

This service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

People were treated with kindness and compassion in their day to day care by staff who had got to know them well.

People and their relatives spoke positively about the care and

support provided by staff. People did not hesitate in seeking assistance from staff.

### **Is the service responsive?**

This service was responsive.

People were receiving care which was responsive and tailored to their needs. Care plans were in place which clearly described how each person would like to receive their care and support.

People were supported to access activities to avoid social isolation. Staff told us they had time to be able to sit and chat with people.

People and/or their relatives said they were able to speak with staff or the manager if they had any concerns or a complaint. They were confident their concerns would be listened to and appropriate action taken.

**Good** ●

### **Is the service well-led?**

This service was well-led.

Staff understood their roles and responsibilities and felt supported by the management team. They were confident their concerns would be listened to and where appropriate actions would be taken.

People benefitted from staff who understood and were confident about using the whistleblowing procedure.

The quality of care and support people received was monitored and action taken to improve the service where required.

**Good** ●

# Merlin Court

## 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.

We carried out this inspection over two days on the 05 and 06 October 2016. The first day of the inspection was unannounced. This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. During our last inspection in July 2015 we found the provider did not meet some of the legal requirements in the areas that we looked at.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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 used a number of different methods to help us understand the experiences of people who use the service. This included talking with 13 people who use the service and five relatives about their views on the quality of the care and support being provided. During the two days of our inspection we observed the interactions between people using the service and staff. We used the Short Observational Framework for Inspection (SOFI). We used this to help us see what people's experiences were. The tool allowed us to spend time observing what was going on in the service and helped us to record whether people had positive experiences.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included six care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the regional manager, the refurbishment project manager, the home manager, deputy

manager, seven care staff, and two activity co-ordinators. We spoke with housekeeping staff and staff from the catering department. We received feedback from a healthcare professional who worked alongside the service.

## Is the service safe?

### Our findings

At our last inspection which took place on 21 July 2015 the provider was not meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that on the first floor there was not always enough staff suitably deployed to meet the needs of people living in the home. The provider wrote to us with a plan of what actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken the necessary improvements required to fully meet people's needs.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. We saw staffing rotas reflected the staffing levels identified by the manager. At all times during the inspection we observed adequate numbers of staff on duty which meant people received the required care and support. Call bells were answered swiftly and staff took time to speak with people. Comments from people we spoke with included "When I press my call bell they come quickly. I have never noticed having to wait a long time". Staff told us that cover was always sought when there were staff absences and that this was normally sourced by the home's staff. They said the service rarely used agency staff and this would only be done as a last resort.

At our last inspection which took place on 21 July 2015 the provider was not meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had not assessed the risk of preventing and controlling the spread of infections in line with the home's policy. The provider wrote to us with a plan of what actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken the necessary improvements required to fully meet people's needs.

Measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which all housekeeping staff followed to ensure all areas of the home were appropriately cleaned. We found bedrooms and communal areas were clean, tidy and free from any unpleasant odours. Equipment was cleaned and well maintained such as hoists and slings. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection. People and their relatives were happy with the standard of cleanliness in the home. One visiting relative told us "It is always clean and tidy. There are never any unpleasant odours". Another relative commented "There are never any smells or odours in the home and it is always clean".

People told us they felt safe living at Merlin Court. Their comments included "I feel safe and well looked after", "Yes I do feel safe. It's the general atmosphere that makes me feel that way" and "Yes I feel safe. I am more than cared for and they ask me very often if I am ok". Visiting relatives told us "We are more than happy with the care mum receives and feel she is safe here. We can always know we are leaving her in capable hands and not worry".

People were kept safe by staff who recognised the signs of potential abuse and knew what to do when safeguarding concerns were raised. Clear policies and procedures were in place to inform staff of the



processes they needed to follow should they suspect abuse had taken place. Staff told us they received training in the safeguarding of vulnerable adults and training records confirmed this. Comments from staff included "My job is to protect the residents living here from abuse, neglect or harm. Any problems and I would report them to a senior carer", "I'm here to ensure people are safe. Risk assessments are in place to keep people safe and also to make sure the environment is safe. I would have no problem raising concerns but I have never seen anything worrying here" and "Some people living on the memory floor don't know how to explain if things are not right. I always check people for bruising when I am giving personal care. We also discuss any concerns at handover". Staff said they would report abuse if they were concerned and were confident the provider and manager would act on their concerns. Records showed the manager had reported safeguarding concerns to the appropriate local authority and had worked with them to ensure action was taken to keep people safe. The memory floor is for people living with dementia.

Risks to people's safety had been assessed and actions taken to mitigate these risks. Care plans contained risk assessments for people for areas such as falls, mobility, and skin integrity. Where risks had been identified, care plans contained guidance for staff on how to manage and minimise the risks. For example, moving and handling risk assessments were linked to plans on how to move the person safely; details of which hoist and sling to use were included. In one person's plan the risks associated with the person leaving the building unsupported were clearly identified, and a risk management plan was in place, including regular checks of their whereabouts being undertaken when the person had chosen to spend time in their room.

When people had accidents, incidents or near misses these were recorded and monitored to look at for developing trends. For example, as a result of one person having experienced several falls their walking aid was changed to maintain their independence whilst reducing the risk of them falling. We noted in one person's care plan that they fallen on the second of August but no incident/accident form had been completed and there was no body map of their injury in place, although a care plan to manage their wound care had been implemented. We discussed this with the manager who said they would look into this immediately. Copies of all incidents and accidents were kept in the manager's office and included details of actions taken as a result of the incident/accident and were signed as being reviewed by the manager. The manager explained they could then have an overview of accidents/incidents as they happened and discuss these during their daily heads of department meeting to make sure all staff were aware of anything that had happened.

People's medicines were managed so they received them safely. Medicine administration records (MAR) were completed in full and we saw no gaps in the MAR charts we looked at. All topical medicine administration charts had been signed and completed in full. People's photographs were attached to their MAR sheets to aid identification and any allergies were recorded.

Medicines were stored safely. Medicines were stored in accordance with requirements and storage temperatures were checked daily and recorded. Processes were in place to ensure medicines that were no longer required were disposed of safely. When medicines were for destruction the items were logged and countersigned. The book had been signed by the person collecting the medicines.

Staff supported people to take their medicines correctly. On the day of the inspection two people were being given their medicines covertly (without their knowledge, mixed with food and/or drink). Assessments had been undertaken and alternatives had been explored. Records showed best interest meetings had taken place involving the person's family and GP. Whilst the records identified who required being given their medicines covertly it did not detail how this was to be done. For example, was it to be given in a certain food or drink? We spoke with the manager who agreed to update this information.

We observed medicines being administered during one of the medicine rounds in a safe and respectful way. The staff member stayed with the person to ensure they had swallowed their medicines and drinks safely. There were PRN (as required) and Homely remedies protocols in place. People's personal preferences in relation to how people preferred to take their medicines were recorded.

We saw safe recruitment and selection processes were in place. We looked at the files for five staff members and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

## Is the service effective?

### Our findings

At our last inspection which took place on 21 July 2015 the provider was not meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People on the first floor did not always receive effective care from staff who had the knowledge and skills they needed to carry out their roles. The provider wrote to us with a plan of what actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken the necessary improvements required to fully meet people's needs.

Since our last inspection the provider had undertaken the recruitment of permanent staffing and decreased the use of agency staff. People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff said they had access to regular core training and refresher training as required by the provider. Core training required by the provider included the safeguarding of vulnerable adults, moving and handling of people, infection control and the mental capacity act. Staff told us that they had the opportunity for further professional development such as completing a national qualification in care. New staff received a comprehensive induction and shadowed an experienced member of staff before working on their own. The staff we spoke with were positive about the training they received and felt it supported them to be able to carry out their duties effectively. Comments from care staff included "I am currently working through my induction workbook and have a mentor in place. I can discuss things with her and feel I am getting the right support" and "There is plenty of training and I can talk about what training I want to do during my supervision meeting".

Staff received supervision sessions four times throughout the year or more frequently if required. They also received a yearly appraisal. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. Staff told us they received regular supervision and staff records confirmed this. Staff said they felt supported by both the manager and deputy manager and could raise concerns or make suggestions for improving the service. Staff said they felt listened to.

People and relatives spoke positively about the food and told us there was sufficient to eat and drink. Comments included "The food is very nice. I like to choose cereal and toast for my breakfast", "We do get a choice of this or that. They vary it each day" and "I have no grumbles about the food. On one occasion I did say I don't care for that and they brought me something else". A visiting relative told us "Mum always eats well and they support her as needed".

We observed the lunchtime meal on the first day of our inspection. Some people were supported to access the dining room whilst others had their meal in their rooms. Those people who required assistance to eat their meal were supported at a pace appropriate to them. However, when we observed lunch in the main dining room of the memory floor on the first day of our inspection one member of staff did not remind people about their food choices when serving them their meal. They did not seek permission before putting a clothes protector on people or explain what it was they were doing. We also observed this person assisting

one person to eat their meal with very little information about the food they were eating. The kitchen assistant attended the dining room to check if people were happy with their food. It was the kitchen assistant who then explained to people what it was they were eating. We discussed this with the manager and deputy manager who said they would address this practice with the staff member. We did not find this was the practice of staff in the other dining areas.

People had access to specialist diets when required for example pureed or fortified food. We spoke with the catering department; they had information of all people's dietary requirements and allergies. This also included people's likes and dislikes. They explained people had a choice of meals. They said if people did not like what was on the menu then they were able to request alternatives. They told us menus were flexible and subject to regular change based on people's requests and preferences.

The kitchen was clean and tidy and had appropriate colour coded equipment and utensils to ensure that food was prepared in line with food safety guidance. The kitchen had been awarded a Food and Hygiene five star rating by the food standards agency. The food standards agency is responsible for protecting public health in relation to food in England, Wales and Northern Ireland.

People had access to healthcare services to support them to maintain good health. Records in people's care plans showed visits from GP's, district nurses, opticians and chiropodists. People's weights were regularly monitored and where appropriate referrals made to dieticians. Where people were at risk of choking they were referred to the speech and language therapy team for support. Where there were concerns about people losing or gaining weight this information was given to the catering department so they could adapt the person's menu accordingly. For example, in the event of someone losing weight, supplements would be added to their diet to help them maintain their weight. One person told us "They will always get the Dr if they think I need a Dr's attention". A visiting relative told us "They tell us if they have needed to call the GP for mum. They keep us up to date".

A health professional told us "I have found the staff to be receptive to what we say and deal with any concerns we have. They treat their patients with dignity and respect and appear to meet individual's health needs".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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).

Consent to care was sought in line with legislation. All of the care plans contained mental capacity assessments and where necessary best interest decisions had been made in conjunction with people's relatives and the care team. During the inspection, the deputy manager explained that where needed they had made applications for DoLS authorisations. Applications had been submitted by the provider to the local authority. More urgent DoLS had been authorised, whilst others were awaiting a response. Where DoLS applications were in place the deputy manager regularly reviewed these to ensure what was in place remained the least restrictive option.

Staff had a good knowledge of the Mental Capacity Act 2005. Training in this subject had been undertaken by staff. During our inspection we observed staff supporting people to make decisions about their daily living and care. For example, people were supported to make choices about what they ate, what activities they wished to be involved in and where they wanted to spend their time. Comments from staff included "It is important to encourage people to make decisions for themselves. People choose what clothes they want to wear and their meals" and "You should always assume people are able to make their own decisions. We have information on people's past preferences to help assist people who may struggle to make some decisions".

## Is the service caring?

### Our findings

People and their relatives spoke positively about the care and support provided by staff. Their comments included "Carers always treat me kindly and with respect", "Staff are all very nice. They are very helpful" and "Staff are all very nice. I couldn't say anything against them". One visiting relative told us "The care is superb. The staff are all very lovely".

Staff were aware of the importance in respecting people's rights to privacy and dignity. People were addressed by staff using their preferred names and staff knocked on people's doors before entering their rooms. When people received intimate care staff ensured this was done behind closed doors and with curtains drawn. They explained "I make sure I have everything ready so I do not have to leave the person. I always cover the person and check they are ok with what I am doing. Some ladies choose not to have a male carer", "I look at this time as bonding time with the person and getting to know them. I make sure the door is closed and I keep the person covered at all times" and "I treat people as I would like to be treated. We cover dignity and what it means during staff's induction training. Doors should always be closed and towels used to keep people covered to maintain their dignity and to also keep them warm".

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to people's requests for assistance quickly. For example, we observed one person who was trying to eat their soup with a fork. Staff sensitively asked them if they would like to use a spoon to eat their soup as they may find this easier. This did not cause the person any embarrassment and did draw any attention to the fact they were using the wrong utensil. Another person requested that they only have a small portion for their lunch and staff changed this immediately.

During the lunch period we observed one person was sleeping and not eating their meal. Staff gently woke the person and reminded them their meal was in front of them. When the person continued to show a lack of interest in their meal the staff member asked if they would like an alternative meal. The person then proceeded to eat their meal.

During our conversations with staff they demonstrated they cared a great deal for the people they supported. Staff told us they felt that people received good standard of care and support. Comments included "I feel the people here are my family and it feels like a happy home which is important", "We encourage people to do as much for themselves as they can. We get time to spend with people and really get to know them" and "We are here for the residents and have the time to make sure people get the care they need".

Staff had received training on equality and diversity and respecting people's human rights and were able to explain how they promoted this within the home. One staff member told us "It's about treating people as individuals. This is their home and they should be able to choose what they want to do. Everyone is different and has different life experiences. It about building trustful relationships and respecting people". They told us about a section in people's care plans which detailed their past lives and how this information was used to support people to engage with daily living skills and activities. They told us "X likes to Hoover and dry up.

We purchased an old carpet sweeper as this was what she used to use and recognises this. This means she is able to Hoover independently to maintain some of her living skills. She also dries the dishes and lays the dining table".

There was a pleasant and friendly atmosphere throughout the home. Even though the building had been extensively renovated people's bedrooms remained personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as books, ornaments and photographs. People told us they could spend time in their room if they did not want to join other people in the communal areas. We observed people moving freely around the home choosing where they wished to spend their time.

Records contained information about what was important to each person living at Merlin Court. People's likes, dislikes and preferences had been recorded. There was a section on people's life history, which detailed previous employment, religious beliefs and important relationships. Staff explained that information helped them to have a better understanding of the people they were supporting and to engage people in conversation. Staff told us they regularly reviewed people's care plans and they were made aware of any changes to care and support during the handover at the beginning of each shift.

On the second day of our inspection an external contractor was present in the home and was assessing people for equipment. We observed that these assessments were carried out in a public place which did not respect people's right to privacy and dignity. People were not always informed about what was happening and permission was not always sought before trying out pieces of equipment. We spoke with the manager who told us that this was unacceptable practice and would be addressed with both staff and the external contractor. They did this immediately after our inspection and fed back to us the actions they had taken to address this situation.

## Is the service responsive?

### Our findings

At our last inspection which took place on 21 July 2015 the provider was not meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered person had not designed care and treatment to reflect people's preferences and ensured that support plans reflected people's care and support needs because accurate and appropriate records were not maintained. The provider wrote to us with a plan of what actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken the necessary improvements required to fully meet people's needs.

People's needs were assessed prior to them moving into the service and care and support plans developed using this information. We looked at the care files of six of the people living at the home. We found a person centred approach to care plans. Care plans detailed people's preferences, likes, dislikes and routines. These provided staff with clear and detailed information to guide them on how to respond to ensure people's care needs were met in their preferred way.

People's care plans contained a section on people's life history. This included information about where the person had grown up, past employment and important people and events. Staff said this helped them to get to know the person and what was important to them.

Care plans included details of the support people required and what they were able to do independently. For example one person's care plan noted they were able to do their own buttons up. Discussions with staff demonstrated they were aware of the needs of people and the support each person required.

People told us they were consulted about their on going care and relatives said they were kept fully informed if there were any changes to relatives care plans. One person told us "They know what I like and they stick to it. They regularly ask me what I want and how I am feeling. A visiting relative said "We can look at mum's care plan anytime. I could go and ask now to have a look at it. We have regular meetings to review it".

A handover between staff took place at the start of each shift and ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People had a range of activities they could be involved in. There were two activities coordinators employed by the service who were responsible for organising activities for people throughout the week. There was a timetable of weekly activities which included yoga, quizzes, music and arts and crafts. The coordinators also organised outside entertainers to attend periodically throughout the year. One coordinator told us they regularly spoke with people about what activities they wished to take part in. People had a copy of the timetable in their rooms and were able to choose the activities they wished to join in with. One person told us "There is always plenty to do. I don't feel left out if I don't want join in".

People were able to take part in reminiscing sessions. The manager explained they used a reminiscence



newspaper which was full of articles, quizzes, old news stories and puzzles with the purpose of stimulating the mind and improving people's memory.

During the two days of our inspection there was a variety of activities available each morning and afternoon which included a visiting choir, arts and crafts and a clothes party where people could purchase clothes.

There was a procedure in place, which outlined how the provider would respond to complaints. We looked at the complaints file and saw that all complaints had been dealt with in line with the provider's procedure. The manager ensured that all complaints had been resolved to people's satisfaction and in a timely manner.

People and their relatives told us that they felt able to raise any concerns or issues. They told us they felt confident they would be listened to and actions would be taken as appropriate to resolve any concerns they may have. Comments included "Yes I suppose I would talk to staff if I was worried. I would also let my family know and they would talk to management". A visiting relative commented "We have no complaints. We feel the service can meet mums needs. I'm sure we would raise any concerns if we had any".

## Is the service well-led?

### Our findings

There was a manager and deputy manager in post who were responsible for the day to day running of the service. The manager was in the process of submitting their application to CQC to become the registered manager for the service. We found the manager and deputy manager were familiar with people's care and support needs. When we discussed people's needs, they showed good knowledge of the people using the service.

The manager explained they attended monthly regional manager meetings with other home managers from within the organisation. This gave them the opportunity to share best practice and to also seek support and guidance from other home managers which they said they found useful. There was an annual manager's conference where new initiatives within the organisation were launched. They explained about a new model of working which the organisation were introducing which would be focusing on people's well-being.

They discussed with us how, now they had recruited permanent staff, they were focusing on the retention of staff to ensure continuity of care for people. They told us how they were supporting staff to access personal development which included training as an advanced carer to support senior care staff to have the confidence to train and mentor other staff.

At our last inspection which took place on 21 July 2015 the provider was not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had not assessed and identified the risks to relating to the health, safety and welfare of people using the service and put plans in place to ensure consistency of care was provided to people on the first floor in the absence of a deputy manager. The provider wrote to us with a plan of what actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken the necessary improvements required to fully meet people's needs.

The provider had effective systems in place to monitor the quality of service being delivered and the running of the home. Audits were carried out periodically throughout the year by the manager, deputy manager and regional manager. The audits included safe medicine administration, infection control, care planning and a whole home audit which looked at all areas within the home. Whenever necessary, action plans were put in place to address the improvements needed.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. Servicing of equipment was carried out to ensure it remained fit for purpose.

Staff members' training was monitored by the manager and two senior care staff to ensure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

People and their relatives were invited to share their views of the service. Residents and relatives meetings

were held periodically throughout the year. These meetings gave people and their relatives the opportunity to express their views about the service and to discuss any concerns they may have and make suggestions for improving the service. The service also undertook regular surveys relating to food quality and choices, asking people about their favourite dishes and suggestions for meals which were then incorporated into the menu. A visiting relative told "We attend the relatives meeting. They were very good at keeping us up-to-date when the renovations were taking place. It was all done so well without disturbing the residents".

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities. Their comments included "I have no problem raising any concerns I had about staff practices if I saw something I didn't like. I am here for the people not the staff" and "It is part of my role to address poor practice and then report it on to the manager or deputy. I have not seen anything that has concerned me".

The service had a clear set of visions and values and staff understood these. They said the values included encouraging people to maintain their independence, promoting well-being and treating people with dignity and respect. . Staff spoke positively about working within the service. Their comments included "There is a real open door culture here and the managers are approachable" and "I like working here. The teamwork is very good".

Staff spoke positively about the improvements since our last inspection. Their comments included "Care has improved. We have a stable staff team and rarely use agency now. Communication is better. It is lovely to see the changes" and "We now have a good team which means people get continuity with their care. Training is fantastic and I feel supported by the managers".

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. There were arrangements in place for staff to be able to seek out of hours management support should they require it.