Mauricare Limited

Mauricare

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?	Requires improvement

Overall summary

This inspection took place on the 16 December 2015 and was unannounced.

Mauricare provides residential care for up to 17 people, who are living with dementia and or require support because of their mental health. At the time of our inspection there were 15 people in residence. Accommodation is provided over two floors with access via a stairwell or passenger lift. Communal living areas are located on the ground floor. The service provides both single and shared bedrooms, with some having en-suite facilities. There is a courtyard garden which is accessible and provides areas of interest to the rear of the service.

Mauricare had a registered manager in post at the service at the time of our inspection. 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.

Summary of findings

People told us they felt safe in the home; however they were unaware of external agencies they could contact if they had any concerns about their safety. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service.

Where risks to people's health had been identified, staff had the information they needed to help keep them safe, however additional information as to how people should be supported when they became anxious or distressed would further promote people's safety. We found there to be sufficient staff to keep people safe through meeting their needs.

People's safety was not consistently promoted by systems and processes that audited and monitored the maintenance of the building and its equipment. Recent audits carried out had not identified potential risks to people's safety with regards to equipment used to move people. An inspection carried out by Leicestershire fire and rescue service had identified areas for improvement, which the provider was in the process of addressing.

People's plans of care contained information about the medicine they were prescribed. We found people were administered their medication which was stored safely. However we found there was potential for people not to have medicine that was prescribed 'to be taken as and when required' administered consistently. This was because there were no protocols in place for its use to provide staff with clear guidance to follow.

People said they thought the staff were well-trained. Records showed staff had an induction and received on-going training. However, we found staff had not received training in the area of dementia care which may impact on the care some people living with dementia receive.

Staff were supported to provide effective care though on-going supervision which was provided by the registered manager. People told us staff were caring and kind and that they had confidence in them to provide the care and support they needed.

We found that appropriate referrals had been made to supervisory bodies where people were thought to not have capacity to make decisions themselves with regards to receiving personal care and treatment. We found that best interest decisions had been recorded as required by the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA 2005 DoLS). Where someone lacked the capacity to make an informed decision. However we found mental capacity assessments in some instances which had been carried out by the registered manager were not sufficiently reflective of the MCA 2005 DoLS as they did provide a clear understanding as to the decision reached.

People we spoke with were in the main complimentary about the meals provided at the service. Records showed people's views about menus were discussed.

People were supported to attend health care appointments and medical attention was sought on behalf of people where it was required. Representatives of people using the service told us they were kept informed about any changes to their relative's health by staff of Mauricare.

People told us they made decisions as to their day to day lives, deciding what time they got up or went to bed and that staff respected their decisions.

People told us that staff supported them to access the wider community and to take part in activities within Mauricare, which included sing a long and playing games. However we found the opportunities for people to engage in individual activities reflective of their abilities or needs was limited. People told us they made decisions as to their day to day lives, deciding what time they got up or went to bed and that staff respected their decisions.

People's needs were assessed prior to them moving into the service and the information gathered was used in the development of plans of care. However people we spoke with had limited involvement within the development and reviewing of their plans of care.

People using the service and relatives said that if they had any concerns or complaints they would tell the registered manager or the staff.

We found people's views about the level of consultation within the service to be mixed and did not fully recognise the support required by people with complex needs. Where people were able and confident to share their views these were recorded within minutes of meetings.

Summary of findings

We found audits were carried out by the registered manager; however shortfalls were not always identified. The provider needs to ensure systems are effective to ensure improvements are identified ensuring the service is well-led.

The Provider Information Return (PIR) identified areas for planned improvement over the next 12 months. It was stated that the involvement of people and their families were a priority in the provision of individual care along with the need for increased opportunities being made available to enable people to comment on the overall service provided.

Summary of findings

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 were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns. However people using the service were not aware of external agencies they could contact if they were concerned about their own or others safety.

Risks to people's health and wellbeing had been assessed and some measures were in place to enable staff supported people safely. However audits did not always identify potential risks to people.

There were sufficient numbers of staff available to keep people safe. Staff had been appropriately recruited to ensure they were suitable to work with people who used the service.

People received their medicines at the right time. However, improvements were needed to ensure clear protocols were in place for staff to follow to support people who were prescribed medicine to be administered as and when needed.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff were trained and supported to enable them to care for people safely. However additional training for staff in dementia care would improve the effectiveness of people's care for those living with dementia.

People's consent to care and treatment was sought in line with legislation and guidance; however the principles as outlined within the MCA DoLS 2005 guidance was not always fully adopted.

People were served food and drinks regularly and specialist diets and needs were catered for.

Staff understood people's health care needs and referred them to health care professionals when necessary and provided on-going monitoring and support.

Is the service caring?

Good

The service was caring.

People we spoke with were happy with the care and support they received and said that staff had a kind and caring approach.

People's plans of care included their preferences with regards to their care but their awareness of their plans of care was limited.

People's wishes were listened to and respected by staff.

Summary of findings

Is the service responsive?

Requires improvement 

The service was not consistently responsive.

People's needs were assessed prior to then moving into the service. Staff knew how to support people, however people's plans of care were not sufficiently reflective to support person centred care.

People's ability to take part in activities within the wider community and within the service were largely dependent upon their own abilities. People who had complex needs did not have the social aspect of their care sufficiently assessed or plans of care in place to fully promote social inclusion.

People told us they would have no hesitation in raising concerns if they had any. Records showed complaints were investigated and responded to.

Is the service well-led?

Requires improvement 

The service was not consistently well-led.

The service had an open and friendly culture and people found staff were approachable and helpful. However people's understanding of their opportunities to develop and comment upon the service were mixed.

The service had a registered manager in post that had a good understanding as to their role and responsibilities and worked well with the provider and staff.

The registered manager undertook a range of audits to check the quality and safety of the service. However, audits did not always identify areas of improvement. The provider should ensure monitoring systems are used effectively bring about changes in a timely manner.

Mauricare

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 16 December 2015 and was unannounced.

The inspection was carried out by 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. Our expert by experience for this inspection had experience of people living with dementia and mental health needs.

Before the inspection, we asked the provider to complete 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. The PIR was completed and returned to the Care Quality Commission.

We also contacted commissioners for social care, responsible for funding some of the people that live at the service, and asked them for their views about the service. We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with five people who used the service and two visiting relatives. We spoke with the registered manager, one senior care staff and three care staff. We looked at the records of five people, which included their plans of care and risk assessments. We looked at the medication records of three people. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records for equipment and the building, quality assurance audits and the minutes of meetings.

Requires improvement

Is the service safe?

Our findings

People who use the service told us they felt safe in the service. One person said "I feel safe here because it is a happy atmosphere, it is cosy". Whilst another person commented, "I'm as safe as houses here, the managers are good as gold here, I've nothing against them." The person was positive about the registered and deputy manager.

People's relatives told us that they were confident that the staff kept their family member safe and when we asked why they felt they were safe, one relative told us "I think she's [person using the service] safe here and I can't see the outlook being bad."

Although people told us they felt safe, they were not aware as to whom they could contact external to the service if they believed they or others were experiencing abuse. The provision and sharing of this information with people would help promote their safety as people would be able to report concerns independent of staff's support or awareness.

Staff were trained in safeguarding and knew what to do if they had concerns about the welfare of any of the people who used the service. One staff member told us "I have had safeguarding training. This has helped me and the people I care for as I am more aware of abuse and what to do if I had any concerns". Another staff member told us "We have a good level of understanding in how to safeguard people living here. I make sure I record any bruising, change of mood, etc." The staff member was able to give us an example where they had observed a change in mood in a person who used the service and had recorded this is in the person's care plan and observed for triggers or factors that could have brought about a change in mood. (A change in a person's mood can be a sign of potential abuse). They told us that they were able to identify the reason for the change of mood. They felt confident that they would be able to identify signs of abuse and respond quickly to keep people safe.

People's care records included risk assessments. These were regularly reviewed and covered areas of activities related to people's health, safety, care and welfare. Risk assessments identified the potential risk and the action staff were to take to minimise these to promote people's safety.

People where appropriate, had been assessed as being at risk of falling when walking around, or moving from place to place. Risk assessments had been completed and information provided within the person's plan of care detailing how people's health, safety and welfare was to be promoted. For instance, the use of equipment to manage risks, and through staff monitoring and observing people. Staff were trained to use equipment correctly and safely. During our inspection we observed two members of staff safely transfer a person from an armchair to a wheelchair using a standing hoist.

People in some instances displayed behaviour which challenged the staff. Risk assessments had been put into place, however the guidance for staff was limited and advised staff to withdraw, which could the increase risks to the person and others. We spoke with the registered manager about the further development of people's plans of care to reduce people's anxiety and promote their safety and well-being. The registered manager told us they would look at people's records and review them to provide greater guidance for staff.

We saw that although audits of equipment were recorded, they were not always effective, which had the potential to impact on people's safety. For example, staff carried out visual checks on hoisting aids three times a day and signed to confirm they were safe to use and in good working order. However, we saw that a recent routine service by an external contractor on all hoists and slings found a number of faults including bare wires and worn slings. The registered manager told us that new slings had been ordered and were being used to ensure people's safety.

There were systems in place to ensure that the building and the equipment was safe. We looked at safety test certificates and records which confirmed this. The registered manager carried out risk assessments on the premises which included the use of window restrictors and working practices. However, further development of risk assessments were required to include high risk areas such as kitchen, laundry and the use of stair gates. We spoke with the registered manager about the development of effective quality assurance systems to support risk and they told us they would act upon our findings.

We spoke with the registered manager about an enforcement notice which had been issued by Leicestershire fire and rescue service. A majority of the work had been undertaken and a date in the near future had

Requires improvement

Is the service safe?

been identified for other works which would improve people's safety. The registered manager told us that representatives of the fire service would be returning to inspect the changes made.

We found there were sufficient staff on duty to meet people's needs and keep them safe. During our inspection we observed that staff had time to provide support for people and no one was kept waiting for support if they needed it. We saw one staff member spending one-to-one time with a person who was anxious. They spent time providing verbal reassurance and physical contact which helped to reduce the person's anxiety. We also observed staff helping people with their drinks and meals and sat in the communal areas talking with them. Staff confirmed that they felt there were enough staff on duty and that if they were short staffed; the registered manager and deputy step in to work alongside staff.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that all employees were checked through a robust recruitment process which included two references, confirming people's identity and right to work in the UK and making checks through the Disclosure and Barring Service prior to employment. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

The registered manager advised us that there were four members of care staff on duty throughout the day who were supported by laundry and catering staff in the morning. Whilst at night there were three care staff on duty. People who have been assessed as requiring additional support receive one to one staffing during the day. The registered manager told us that the staffing numbers were agreed with the provider and increased where necessary.

Medicines were stored safely in a designated locked room. The deputy manager or senior carer on shift was responsible for the administration of medicines. Records of the medicines given were kept and those we saw had been completed accurately and consistently.

We found the policy and procedure for the management of PRN (medicine that is taken as and when needed) was not being followed. The policy and procedure stated that to ensure PRN medicine was given as intended, specific plans for its administration were to be recorded within the person's plan of care and kept with their MAR (medication administration record) sheet. We found that there were no protocols in place for the use of PRN medicine. This meant there was potential for people not to receive their medicine in a consistent manner as there was no guidance for staff to follow. We spoke with the registered manager who advised they would liaise with health care professionals where appropriate and would put into place PRN protocols.

The deputy manager undertook weekly audits of medicines to ensure the management system was working safely and well.

Requires improvement

Is the service effective?

Our findings

People using the service told us that in their view the staff met their needs. One person told us "They all look after me so well." This person went onto say that staff always offered to support them to visit the local shop.

We found that staff had received the training to enable them to meet the needs of people who used the service; however staff had received limited training on supporting people living with dementia. The registered manager told us this had been identified as an area for improvement and that training would be accessed to support staff in the caring of people living with dementia.

Staff told us that they undertook a range of training topics related to health and social care and also health and safety. We spoke with one of the newest member of staff. They told us that they had completed an initial induction into the service and worked through the staff handbook which had the key policies and codes of conduct. Thereafter, they completed a 12-week induction which included mandatory training and shadow shifts (working alongside experienced members of staff). This enabled the member of staff to spend time getting to know people who used the service and understand how to provide effective care and support.

Staff told us that they felt supported in their roles, which had a positive impact on their care and support they provided as they had the opportunity to develop their practices. One staff member told us that "The registered manager and seniors are very good. They help me if I am having a bad day". Another staff member told us that "The manager is very supportive and approachable. I feel I can ask them anything and they will always dip in to help if we are short staffed for any reason". Staff records showed that staff received regular supervision from the registered manager. These included formal one-to-one supervisions reflecting on development needs, impact of training, values and working practices.

We also saw that the registered manager carried out spot checks and observations on staff's working practices in areas of personal care support, communication, time keeping and health and safety. This showed that the registered manager ensured that staff were trained, knowledgeable and effective in their roles through consistent supervision and evaluation of working practices.

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 particularly decisions, any made on their behalf must in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes 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 found that the provider had submitted an application to deprive somebody of their liberty and records showed this was currently being processed by the 'supervisory body'. The person's records showed that a member of the 'supervisory body' had met with the person and the staff at the service as part of the assessment process.

We found within people's records that assessments as to people's capacity to make informed decisions about specific areas of their care had been carried out where appropriate. However these were not fully reflective of the principles of the MCA, which requires a two stage assessment to be carried out which records the rationale as to the findings of the assessment, as per the MCA guidance. We spoke with the registered manager who told us they would review their practices and had identified additional training they would be accessing to improve their understanding.

We spoke with a member of staff about the needs of one person who used the service with regards to their capacity to make decisions about their diet. They told us that the person did not always choose to follow the advice of health care professionals and had been assessed as having fluctuating capacity. They told us that the person's family representative, along with health care professionals and the person's social worker had agreed that in the person's best interest they should be supported to follow the diet of their choosing as this had a positive impact on their mental health.

Requires improvement

Is the service effective?

People received effective support which was tailored to their needs. We found that someone who became anxious prior to receiving planned hospital treatment was administered medicine to help them manage their anxiety prior to an appointment. This meant the person was able to attend the appointment and receive the treatment they needed; however there was not a written protocol in place. Records showed that health care professionals, a family member and the registered manager had agreed that in the person's best interest that medicine should be prescribed.

Some people's care records showed they had made an advanced decision about their care with regards to emergency treatment and resuscitation. This had been done with the involvement of the person's relatives and health care professionals. This showed that people's choices and decisions were supported and would be acted upon when needed.

We saw the cook asking everyone during the morning what they wanted for their lunchtime meal. Where people did not want what was on the menu, then an alternative meal was offered. When the lunchtime meal was served, people were asked if they wanted to eat in the dining room or in the lounge. This showed people's views were sought and acted upon. People who used the service were encouraged to eat their meals and were provided with support where required by staff. People's views about menus were sought within meetings and people's individual preferences were recorded within their plans of care.

We asked people about their access to health care. One person told us, "The staff get the doctor for me if I need one. I know when I'm alright and when I am not." During the day we saw that the registered manager sought medical attention for people. One person became unwell and an ambulance was called, the person was checked over by the paramedics and the outcome of their findings were shared with the registered manager. A family member was contacted and they arrived at Mauricare to see their relative. They told us that since their relative had been at the service they had found staff had responded well to health care concerns and that they had always been kept informed.

A visiting family member told us "They're very attentive medically when she [person using the service] was unwell they [staff] got her to the hospital." They went onto say that the staff always contacted them if they had any concerns about the person's health.

We found the service had a positive relationship with external health care professionals, which promoted people's health and welfare. A health care professional told us that the staff were pro-active in contacting them where they had concerns about people's well-being. They said staff always followed their instructions about people's treatment and care, such as the need for bed rest and pressure area care. They told us that staff regularly 'turned' people who were cared for in bed to promote their well-being and to reduce the potential for people to develop pressure ulcers. They said staff kept good and accurate records of the care they provided.

People had access to a range of health care professionals, who worked with staff to provide ongoing health care support. Records showed people had visited opticians, chiropody and had attended specialist health care appointments and undergone tests within a hospital setting. The outcome of people's health care appointments were recorded along with any action that was required to be implemented by staff, such as the monitoring of people's health, application of topical creams or administration of medicine, so that people's ongoing health was monitored.

Good

Is the service caring?

Our findings

People told us that they liked the staff that supported them. One person who used the service talked to us about a member of staff and told us "That's [staff's name] she helps me and other people, she's my keyworker and makes sure everything is alright."

Comments received from people using the service included, "I like all the staff here. They let me do what I want to do. All the staff here are very good". "I like all the staff here, they make me happy". "They don't treat me any differently to anyone else they're nice to me and I'm nice back."

When we asked one person about their care they told us, "I like it here, because they are good to you. You get no arguing, you can sit down for a quiet afternoon and watch television. I like the staff because they're helpful. If you want anything they get it for you, they never say no. I don't want to go anywhere else. I've been very happy here."

We spoke with a family member who told us that they or another member of the family visited each day to provide support to their relative in communicating with staff as the person's first language was not English. They told us that staff had worked well with them and their relative to develop a relationship that enabled the person to receive the care they needed.

A family member told us, "I think the staff are very friendly and efficient. I've always been welcomed. They're always polite to my [relative using the service]. They went onto say, "It's very very good, I'm satisfied with the care here." Whilst a second family said, "When they [staff] come to take her anywhere they are very gentle with her."

Staff encouraged people to make decisions about how they were supported on a day to day basis. We observed a staff member verbally discussing the approaching lunch with a person who used the service. The staff member supported the person to make a decision about when and where they ate their lunch and we saw that the person was supported to eat their lunch in their room in line with the choice they had made.

During our inspection, one person who used the service became ill. Staff were quick to respond and summon medical assistance. We saw that staff consulted with the person and checked that they were happy with the nature of medical assistance and stayed with the person throughout to explain what was happening. Staff supported the person to be moved from the communal area where they received medical assistance in the privacy of their own room.

One person told us about their health and told us they had to attend hospital to receive treatment, they were aware of the treatment that they had and said staff supported them when they attended the hospital.

A health care professional told us that the staff always explained to people at the service as to what was happening with regards to their health. This ensures people understand and are involved in decisions about their care and why treatment is being provided. The health care professional told us that when they visited Mauricare they found the staff to be, "Very good and helpful, always very friendly and knowledge about people's care needs."

A family member when asked whether their relative's privacy and dignity was promoted and respected told us, "Care is excellent, they keep her tidy and clean."

We observed that staff spoke in a respectful way to people and addressed them in the way their care plan said they preferred. Staff explained to people what they were doing. When supporting people to move around the building, they reminded them where they were going. Staff were discreet when offering to provide personal care to people.

We sought the views of a health care professional who provides support to people at Mauricare and asked them for their views as to whether staff promote and respect people's privacy and dignity. They told us that staff always ensure that the person is seen by them [health care professional] in the privacy of their own room.

Requires improvement

Is the service responsive?

Our findings

People told us they were encouraged to make decisions about how they spent their time and who they spent it with. One person told us "I don't go out much. I like to watch television. That's my choice and staff let me do what I want to do". Other people's comments included, "Yes, I get up when I'm ready to get up." A family member who was visiting told us that in their view their relative would not be able to offer an opinion about their needs due to their health and were confident that they would express discomfort by being vocal.

We saw that activities in some instances were based on personal preferences and that staff used a variety of methods to stimulate and engage people. We observed one staff member engaging with a person living with dementia by using prompt cards. The person was encouraged to identify objects of reference and reminisce with the staff member. We saw that the person enjoyed this activity. However we saw in some instances people had minimal interaction with staff and did not have independent access to things which may stimulate or provide entertainment and were reliant on the television. This had greater impact for people who could not move without staff assistance as this increased their potential isolation from a stimulating environment.

We were told that staff recorded activities that had taken place each day for every person using the service as part of daily handover. We looked at daily activity charts for each person and saw that they had been completed with a variety of activities which people had taken part in, however the range of activities people had taken part in was limited and did not recognise the needs of people living with dementia. We found plans of care did not fully support people's individual lifestyle choices with regards to activities and accessing the wider community where people had complex and varied needs. For example one person who remained within their bedroom and had regular support from family did not have a plan of care to ensure that they were not socially isolated and the role of staff in ensuring this.

Activities were regularly discussed at the resident meetings. In the minutes of one meeting we saw that people using the service were recorded as being happy with activities and that they felt they got to do what they wanted to do. A suggestion was made by one person that there should be more outdoor activities and the registered manager agreed to arrange this. We saw that this had been followed up through subsequent minutes of resident meetings where people who used the service had gone to the local park, gone on regular walks and shopping.

People had an assessment of their needs carried out prior to admission by a social worker in some instances and the registered manager, which formed the basis for their plans of care. This included information about people's health and social care needs, likes and dislikes and any cultural needs. People's preferences, for example getting up and going to bed times and whether they preferred a bath or a shower, were included. This helped staff to provide care in the way people wanted it and we observed this in practice.

A family member told us their relative had recently moved into the service and that in their view it was "very nice." They told us that the person's move into the service had been managed by a social worker and that staff had asked them about their relatives likes and dislikes with regards to meals. The registered manager told us they had a meeting planned to discuss the person's personal care needs with the family member to further develop the person's plan of care.

People we spoke with told us they had not been involved in the development or reviewing of their plans of care. People's plans of care did not always include their views or record that they had been involved in their development. We spoke with the registered manager who told us they did seek the views of people using the service and told us they would ensure people's views and involvement would be recorded within their plans of care. The PIR submitted by the provider to us prior to the inspection had identified that an area for improvement over the next 12 months was the involvement of people and their families in the development of their plans of care.

People's plans of care contained information about things which were important to them or that they enjoyed. An example being that one person liked to help with cleaning and enjoyed speaking with staff. Whilst another person enjoyed visiting their relatives and shopping, which included buying clothes. By speaking with people who used the service and reading their care records we found people were supported to take part in things that were important to them.

Requires improvement

Is the service responsive?

One person told us, "I like to go shopping for sweets; [staff's name] takes me." A member of staff told us they would be supporting the person that evening to go into town to view the Christmas lights as this was something they had asked to do.

People's plans of care focused on the promotion of people's independence with regards to their personal care and mobility and advised staff what assistance was needed and their role in encouraging people's independence.

People's plans of care identified how staff should communicate with people to enable people to understand what was being said and to support them in providing a response. Guidelines included the need for staff to have 'short' conversations, using key words and detailed how staff needed to give time for people to respond, this was useful for people who had memory loss or dementia as it promoted their ability to vocalise their wishes and views.

People told us they were supported with regards to their independence, by saying "Yes, staff help me to remain independent." And "Yes they do support as far as they can, it's not very nice to live on your own." A family representative who was visiting told us how staff provided support telling us that their relative had been really frightened being on their own, and that they'd been anxious. They told us that staff sat with them and held their hand as this provided reassurance and reduced their anxiety.

One person's plan of care identified that they may shout out on occasions due to their mental health and how this was impacting on them. The plan of care only advised staff to withdraw and no other information was provided as to how staff should provide support. This had the potential that the person was not being supported to manage their health needs. We spoke with the registered manager about developing people's plans of care to reflect what action staff could take to support people and reduce their distress or anxiety by staff supporting them in a meaningful way based on their knowledge of the person through distraction. For example talking with a person about a subject they enjoyed, reading with them or holding their hand or offering an activity to take part in. The registered manager told us they would look to develop people's plans of care with the involvement of staff.

The registered manager had the responsibility for completing people's plans of care. Plans of care were reviewed monthly and in addition the registered manager wrote a monthly overall report as to the person's health and well-being drawing upon all aspects of their care and support together.

We asked people if they knew what they would do if they were unhappy about something, people told us, "I would speak to the staff, they would sort it out" "I would speak to the manager, I'd talk to someone if I was worried" and "I can talk to them [staff] I have no problems what so ever with the staff."

We spoke with family members who were visiting and asked them if they were aware of how to raise concerns. One person told us, "Never made a complaint, but if I had to I would speak to the manager."

The registered manager had made the complaints procedure available to people who used the service and people who visited the service. We saw that people who used the service were reminded of their right to make a complaint and how they could do this through minutes of resident meetings. We saw that the registered manager logged complaints in an audit file which detailed the nature of the complaint and the action taken. Records also recorded an outcome for each complaint which showed if the person making the complaint was satisfied with the outcome and what changes had been made as a result of the complaint. We saw that people's concerns and complaints were responded to in good time in line with the complaints procedure.

Requires improvement

Is the service well-led?

Our findings

We found the opportunity for people to comment on the service to be mixed. People we spoke with told us that their views were not sought and one person told us, "No, not given any opportunity to give an opinion about the home and how it is run." Whilst a visiting family told us, "No, not given or made aware of how to make opinions about the service and running of the home be known."

We found meetings involving people who used the service were held every two months. We looked at minutes of meetings for 2015 and found that there was a good attendance and that people had been asked if they were happy and if they wanted to raise any concerns. There was evidence that people who used the service had been consulted and involved in changes such as menus, audits and inspections.

People's comments were recorded in minutes as part of discussions. For example, people who used the service were asked for their opinion on the quality of care they received. One person is noted as stating 'staff members are very caring, they look after me well'. Another person is noted as stating 'staff are very friendly and I can approach them with issues – they look into them quickly'.

The PIR submitted by the provider to us prior to the inspection had identified that an area for improvement over the next 12 months was to facilitate the involvement of people using the service with the recruitment of staff to shape the service that people received. They had also included their intention to further develop relationships between people's family members, through additional and focused meetings. At the time of our inspection this had still to be implemented

The service carried out annual surveys of people's views. These were done in the form of a questionnaire asking people to rate areas such as quality of care, staffing, management, privacy and dignity, access to healthcare and cleanliness of the service. Surveys had been sent out and completed by people who used the service, their families and friends and professionals involved in the service. The responses were overwhelmingly positive showing that people were satisfied with the care the service provided.

One professional commented that 'staff are always helpful and have a good knowledge of clients with mental health issues'. Another professional commented that 'the staff and manager seem to know the residents very well'.

The registered manager circulated a monthly newsletter to people who used their service and made this available to visitors to the home. This provided a range of information such as forth coming activities and social events, key celebrations and updates to the service. However people we spoke with made no reference to the newsletter.

The registered manager understood the key risks and challenges facing the service. They had developed a business continuity plan to mitigate the risks and respond to the challenges. This included responding to emergencies and crisis and regular audits of staff working practices and equipment. The registered manager told us about plans to improve and develop the service that including advanced training for staff in dementia awareness and training staff as accredited trainers to enable them to deliver training to other staff.

Quality audits were carried out at least monthly by the registered manager with staffs' involvement. The provider visited on a daily basis and during our inspection we observed positive interaction between the provider and the people who used the service. The registered manager told us that they felt supported by the provider. They said that the provider was open to discussions about the resources needed to run the service.

We saw that although audits of equipment were recorded, they were not always effective. For example, staff carried out visual checks on hoisting aids three times a day and signed to confirm they were safe to use and in good working order. However, we saw that a recent routine service by an external contractor on all hoists and slings found a number of faults including bare wires and worn slings. This meant that audits were not as robust or effective as they could be to keep people safe. We spoke with the registered manager about the effectiveness of audits and they told us they would develop audits further to ensure they were effective by identifying potential issues. The registered manager had the opportunity to speak with the provider about the outcome of audits as they regularly visited the service.

The registered manager provided clear and confident leadership for the service. Staff told us that the registered

Requires improvement

Is the service well-led?

manager was helpful and approachable and supported staff to develop their skills and knowledge. One member of staff gave us an example how the registered manager had started to involve them in pre-placement assessments to utilise their skills and experience and provide them with new opportunities to develop themselves.

Staff meetings were held every two months. Minutes showed that issues like mental capacity updates, review of training undertaken, policy and procedures and feedback from inspections and audits were discussed. This helped to ensure that staff were kept up to date with their skills and their responsibilities within the service.