Leopold Nursing Home Limited

Saint Mary's Nursing Home

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

Saint Mary's Nursing Home provides accommodation, nursing and personal care for up to 40 older people, some people are living with dementia.

There were 28 people living in the service when we inspected on 14 August 2017. This was an unannounced inspection.

We carried out an unannounced comprehensive inspection of this service on 28 September 2015, we found breaches of regulation that affected the well-being of people using the service, this included safety, staffing and how the provider monitored the service that people received. The overall rating for the service was 'Inadequate'. At a further comprehensive inspection of 27 June 2016 we found that there had been improvements made and the service was rated 'Requires improvement' overall. These improvements needed to be embedded in practice and sustained. The registered manager sent us reports on a monthly basis which kept us informed of the improvements they were making.

You can read the report from our last inspection, by selecting the 'all reports' link for Saint Mary's Nursing Home on our website at www.cqc.org.uk.

At this comprehensive inspection of 14 August 2017 we found that the improvements previously made had been sustained and further improvements had been implemented.

There was a registered manager in post. 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.

There were robust systems in place which supported the registered manager to monitor and assess the service provided to people. These systems allowed the provider and registered manager to effectively address shortfalls, take action to address them and put measures in place to minimise the risks of similar issues arising in the future.

Staff were provided with the training and support that they needed to meet people's needs. There was a training plan in place to ensure that the staff's knowledge was kept up to date. People had good relationships with the people using the service. People were treated with care and their independence, privacy and dignity was promoted and respected.

Systems were in place to minimise the risks to people and to keep them safe. This included risk assessments to identify how assessed risks were minimised and processes designed to keep people safe from abuse.

There was a system in place to assess how many staff were needed to meet people's assessed and changing

needs. This was kept under review to ensure that staffing numbers were increased if people required more care and support or if more people used the service. There were safe staff recruitment processes in place.

People's care records had been reviewed and updated, they were more person centred and included the input from people and their representatives. Improvements had been made in the social activities provided for people to participate in to reduce the risks of isolation. There were plans in place to develop these further.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Improvements had been made in the infection control and environment. Systems were in place to monitor the cleanliness of the service. There was an ongoing refurbishment plan in place.

People were provided with their prescribed medicines safely and when they needed them.

People's dietary needs were assessed and actions were taken when there were concerns about people's wellbeing relating to their nutrition and hydration. People were supported to see, when needed, health and social care professionals.

There was a complaints procedure in place and systems to respond and address to people's comments, concerns and complaints.

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.

Staff knew how to keep people safe from abuse. There were systems in place designed to keep people safe from harm.

There were systems in place to assess the numbers of staff required to meet people's needs. The recruitment of staff was undertaken safely.

People were provided with their medicines when they needed them and safely.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of people who used the service.

The service worked in line with the requirements of the Mental Capacity Act 2015.

People's nutritional needs were assessed and met. People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a caring manner. People's independence, privacy and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's wellbeing was assessed, planned and delivered to meet

people's needs.

People were provided with the opportunity to participate in activities that interested them.

Complaints were addressed and acted on.

Is the service well-led?

Good

The service was well-led.

There were quality assurance systems in place. These helped the provider and registered manager to identify shortfalls and address them. As a result the service continued to improve.

Saint Mary's Nursing Home

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection was undertaken on 14 August 2017. The inspection team consisted of one inspector, a specialist in dementia/mental health nursing care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our 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 previous inspection reports to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including notifications they had made to us about important events. We also reviewed all information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 18 people who used the service and two people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to six people's care. We spoke with the registered manager, the quality manager and seven members of staff, including catering, maintenance, nursing and care staff. We looked at records relating to the management of the service, training, three staff recruitment files and the systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection of 27 June 2016, we found improvements were needed, including how the use of bed rails were assessed to ensure people were safe and the ongoing refurbishment of the service to ensure people were provided with a safe environment to live in. The registered manager sent us weekly reports which identified how the improvements in the service were being made. During this inspection of 14 August 2017 we found improvements had been implemented and now the rating is Good.

People told us that they felt safe in the service. One person's relative said, "I feel that [person] is safe, supported well." They added that they usually visited daily but felt confident that the person was safe in the service, "I can miss a day if I want to…I can rest easier now at home."

Staff were trained in safeguarding adults from abuse and understood the service and local procedures for reporting potential and actual abuse. One person told us, "I have never witnessed any abuse of any sort, some [staff] are really patient, it has a really good atmosphere."

People's records included risk assessments which provided guidance to staff about how these risks were minimised. The records included risk assessments in areas including mobility, falls, diet and the use of bed rails.

There were systems in place to monitor people's wellbeing associated with the development of pressure ulcers. These systems assisted the staff to identify where there was a risk of a person's skin breaking down and how to support people from the development and the deterioration of pressure ulcers. This included pressure relief equipment, including mattresses, the application of barrier creams, and regular programmes of assisting people to reposition. One person told us, "They [staff] put moisturiser on where it is necessary. They keep moving me in the bed so I don't get a sore bottom, they are very aware of bed sores, they come regularly during the day."

People were provided with a safe environment to live in where risks to their wellbeing were monitored and assessed. Improvements had been made in the environment to ensure it was safe and hygienic. There was an ongoing programme of redecoration and we saw that furniture and some carpets had been replaced. There were plans in place for all of the carpets to be replaced throughout. The registered manager told us that three beds were being reviewed each quarter of the year and replaced if required. There continued to be two radiators on the first floor which did not have covers. However, the registered manager told us that these were not used and therefore there was no risk of burns if people touched them.

The service was clean and there were no offensive odours throughout. There was a system in place to monitor the hygiene and infection control in the service. This assisted the registered manager to identify where improvements were needed to ensure that people were safeguarded by the service's infection control procedures.

The security in the home maintained people's safety. The main entrance was secured by a locked entry

system and there was CCTV camera in the manager's office where they could view who was at the door. In addition the CCTV, with people's consent, was operational in the communal areas of the service. This meant that the registered manager could check the safety of people in these areas and when staff had entered and left people's private bedrooms. This meant that the systems in place were designed to minimise the risks to people and allow the staff to monitor any concerns raised, for example if someone reported that they had not been assisted by staff in a timely manner.

Access to the stairs was secured by a keypad system, with the code on view for people who had capacity to enable them to move around freely. A lift was available providing access to all three floors. Therefore the risks to people who were at risk of falling down the stairs were reduced. People who were at risk of falls were provided with equipment, such as pressure mats which alerted staff if people attempted to stand. Staff were provided with hand held devices where they could contact their colleagues in the case of an emergency and they needed assistance. For example, if a person fell, they were able to contact other staff whilst remaining with the person. However, two people told us that they did not like this, for example, one person said, "I can't stand the walkie – talkie system, they don't switch it off when they are talking to you."

The risks to people living in the service were minimised because equipment including mobility equipment such as hoists, the passenger lift, electrical appliances, and the fire safety equipment had been regularly checked and serviced. This ensured that the equipment was fit for purpose and safe.

Records and discussions with maintenance staff identified that there were systems in place to reduce the risks of legionella bacteria in the water system. Where areas of repair had been identified there were processes in place to alert the maintenance staff and address them.

Staff told us that they felt that there were enough staff working in the service to meet people's needs. People's comments about if there were enough staff varied. Most people told us that their call bells were answered promptly and some said that the staff did not always have time to chat to them. One person said, "Staff come and talk to me when they have time. I don't press it [call bell] very often but if I do its necessary, it depends how busy they are, they are very sensible and let you know." Another person commented, "My alarm is down here, they come quite quickly." Another person said, "When they have got the time staff are willing to talk, quite often they are rushing about, sometimes they have enough time for a chat." Another person told us, "Quite a nice place here. I don't call anybody unless I really need them but I can go to the toilet on my own so I'm one of the lucky ones. They [staff] come and chat now and again, not very often, they have a lot to do."

We found that there had been improvements in the staffing levels in the service and how this was tailored to meet people's needs. Call bell times were assessed and actions taken where required. The registered manager told us how the service was staffed. This was confirmed in the records seen and our observations of the staffing levels on the day of our inspection. There was a system in place which the registered manager used to calculate the numbers of staff required to meet people's assessed needs. This included three models, including an NHS ratio of staffing, a dependency based system, and working out people's caring hours. The registered manager told us that this was kept under review monthly and if people's needs increased, more staff would be made available. This was also confirmed in the records that the registered manager sent to us on a monthly basis, which included their dependency staffing tool.

Records showed that checks were made on staff to make sure that they were suitable to work in the service and were of good character. This safeguarded people who used the service from being cared for and supported by staff who were not suitable and safe to work in this type of service.

People told us that they were satisfied with the arrangements for how they received their medicines. We observed part of the morning and midday medicines administration rounds and saw that people were provided with their medicines safely.

The secured clinical room where medicines were stored had been refurbished and provided with air conditioning to ensure that medicines were stored safely and at a safe temperature. The room had been redecorated and the flooring replaced, which was easier to keep clean and hygienic. Records showed that medicines were provided to people at the prescribed times.

Good

Is the service effective?

Our findings

At our last inspection of 27 June 2016, we found improvements had been made following our previous inspection of 28 September 2015, these needed to be embedded and sustained to ensure people were provided with an effective service at all times. This included in staff training which was ongoing. The registered manager updated us monthly on the improvements that they had made and sustained. During this inspection of 14 August 2017 we found that the improvements made and the rating is now Good.

There were systems in place to ensure that the staff were trained and supported to meet people's needs. The processes to monitor the staff training had been improved and records were now maintained to identify where staff required training or refresher training to ensure their knowledge was kept updated. There was a plan in place which showed that training had been booked throughout the year. Training provided included moving and handling, dementia, infection control and health and safety. In addition there was specific training provided for the nursing staff to keep their knowledge updated. The registered manager told us about their plans for future improvement to further develop the training provided to staff to meet people's needs. This included speaking with other training providers to assess the quality and range of training on offer. Staff told us that they were provided with the training that they needed to meet people's needs.

People told us that the staff had the skills to meet their needs. One person said, "Staff know what they are doing, very much so." Another person told us, "I feel confident staff know what they are doing, I just jog along." One person commented, "Staff, 99% are okay, they are capable, 1% just don't think logically." However, one person told us that they felt that they had to tell the staff how to do their job and they did not use 'common sense'.

Staff were provided with one to one supervision meetings. These meetings provided staff with a forum to discuss the ways that they worked, receive feedback about their work practice and to identify any training needs they had to improve their practice.

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.

The registered manager understood when DoLS referrals needed to be made and had made them in line with guidance to ensure that any restrictions on people were lawful. Staff had received training in MCA and

DoLS. People told us that their consent was sought before care or treatment was provided, which was confirmed in our observations. For example, we saw a staff member ask for people's permission to provide them with an apron to wear when eating their meal. The service had appropriately considered and obtained people's consent for the use of CCTV in the home.

People's care records included their capacity to make decisions and if they lacked capacity, any best interest decisions made. Records showed that people or, where they were not able, their relatives, had signed consent forms to show they had agreed with the care they were to be provided with.

People told us that they were offered choices of meals and the quality of food was good. One person said, "The food is really good here and I enjoy my meals as I'm a trained cook." Another person said, "Its ok being in bed as long as I get my dinner, for breakfast I ask for red jam on thin bread I always get it." Another person commented, "I quite like the meals." One person told us about their lunch, "Dinner was lovely, I had meatloaf, it was very nice." Other comments made about the food included, "I've told the kitchen don't give me too many carbohydrates, the food is very good, you get plenty of fruit," and, "As a rule the food is beautiful." One person's relative said that the person was provided with, "A good diet and fluids," They also said that they visited during the evening meal and was, "Really impressed by the meal [person] had been provided with and the care [person] was receiving on my arrival." However, one person and their relative told us that they felt that the food was not as good and described it as, "Overcooked, especially the vegetables."

We saw that where people required assistance to eat and drink, this was done at their own pace. One person told us, "They [staff] assist me to eat, it's soft and separate [each item of food softened separately]." People were offered choices of where they wanted to eat their meal. We saw some people chose to eat in their bedrooms, some in the dining room and others chose to eat in the garden. Because the weather was warm, the staff had laid tables outside to allow people to enjoy their meal in the garden which overlooked the sea. Where required, people had adapted cutlery which promoted their independence when eating.

People were offered choices of drinks throughout the day and glasses of cold drinks in front of people were regularly refilled. During the staff handover 'huddle' meeting, they were reminded to ensure that people had enough to drink, especially because the weather was warm. We saw that this was the case throughout our inspection.

A staff member told us that they provided food which was suitable for people living with specific dietary requirements. This included gluten free food and food suitable for people who required a diabetic diet. One person told us about how the service catered for their needs, "I can only use my [one] hand, I feed myself but I have to have a spoon and an apron. I get the equivalent of what the other patients get but adapted to my needs."

Risk assessments were in place which guided staff on how to support people who were at risk of not eating or drinking enough. Where there were concerns with people's diet and hydration, records were in place to monitor the amount of food and drink they had each day. People were weighed regularly and when there had been issues, such as weight loss, the staff had sought support and guidance from professionals, such as a dietician. Where people were at risk of not maintaining a healthy diet, they were provided with, for example, high calorie milkshakes and fortified food to increase their calorie intake. One person told us that if they became ill associated with their dietary needs that they called for staff and they attended to them quickly.

People told us that they were supported to see health care professionals if they needed to. One person told

us how health professionals were involved in decisions about their treatment. Another person said that they were due to see a chiropodist." Records showed where people had been provided with support from other professionals. Where guidance had been provided to improve people's wellbeing, for example for their GP, this was included in their care plans to ensure they were provided with a consistent service which met their needs.

Good

Is the service caring?

Our findings

At our last inspection of 27 June 2016, we found improvements were needed in how staff interacted with each other in a way that was respectful to people. During this inspection of 14 August 2017 we found improvements had been made and this is now rated Good.

People told us that the staff treated them with respect. One person said, "Staff are very attentive, supportive, respect my dignity and privacy and they provide a listening ear for me when I need it as well as supporting me in a practical way, they are very good." Another person commented, "They are all really nice, easy to get on with, I've never found them anything other than polite." Other comments from people included, "The staff are very nice, very polite, very helpful if you ask for something you get an answer," "They are so nice very supportive staff, they are all kind," and "They are all caring, they let me know what they are doing, they are all polite."

People were assisted with personal care when they needed it and we saw that people's privacy and dignity was respected when they were being supported. This included staff speaking with people in a way that could not be overheard by others. Bedroom doors were knocked on before staff entered and toilet and bathroom doors were closed when people were being supported with their personal care needs. There were signs that staff could use to put on doors when they were supporting people with personal care which stated that they were not to be disturbed. One person told us that they used the sign when they wanted to spend time alone in their bedroom, they added that they also had a sign to say that the domestic staff could enter to clean their bedroom, which they liked.

Staff spoke about people in a respectful and compassionate way, when speaking with us and speaking with each other, including the handover 'huddle' meeting. Staff knew people well and demonstrated effective and caring communication such as speaking with people at their eye level and checking that they had understood what they wanted. We saw staff supporting people to mobilise with a hoist, they did this in a caring manner and explained to the person what they were doing. The staff ensured that people's privacy and dignity was respected during this, including ensuring that they were covered appropriately. One person's records had named a staff member as someone who knew the person. This demonstrated the positive relationships shared by the person and staff. One person was talking about when their relative was visiting, we saw a staff member reassure them and tell them that they had spoken with their relative and when they were visiting. This made the person smile and reduced their anxiety.

People told us that their independence was promoted and respected. People were provided with equipment to support their independence including utensils to eat their meals. People's care records included information about the areas of care that people could attend to independently and what they needed assistance with.

People told us that they felt that their views were listened to and acted on and that they were involved in the planning of their care. People's records included their life history, which gave staff information about the person and their interests. The records also included people's likes and dislikes and how they wanted to be

cared for. This included their usual routines and what toiletries they preferred to use, such as the type of soap and deodorant they used and what radio station and television programmes they preferred. This is me documents were in place where people had shared information about what and which people were important to them. People's records included their decision for their end of life, including arrangements they had made and where they wanted to live, either hospital or remain at the service if they became ill.

Good

Is the service responsive?

Our findings

At our last inspection of 27 June 2016 we found that improvements had been made in people's care records, these were ongoing and needed to be further improved and embedded into practice. At this inspection of 14 August 2017 we found improvements had been made and this is now rated Good.

People told us that they were satisfied with the care and support they received which was personalised to their needs. One person said that they, "Really enjoy my views [of the sea] and the stay is very pleasant. I came on respite but never left so I think I may be here a bit longer I'm sure, maybe I will stay on permanently." Another person commented, "I have improved so much since coming here, I can now walk to the lift, come down to the lounge…I have made a good recovery here and the staff here are helpful." They added, "I have my person centred care plan and it works for me in my recovery… without this care home's support I would not be walking and staff help as I need it." Another person said, "They look after me well, all the staff are very nice, well they are to me." Another person told us, "I would be surprised if you find anything out of order here, it is top notch." They added how a child in their family had visited and said, "You go home and I will live here," the person laughed and said that their relative, "Liked coming here that much they wanted to stay." However, one person and their relative did raise concerns about the timeliness that the staff assisted them to empty their continence equipment. Another person told us about the support they had received when they had been incontinent, "After they had finished washing me I felt [clean]. They look after you, they keep you clean."

We observed the staff handover 'huddle' meeting. The staff team discussed any changes in people's wellbeing and planned what they would be doing to support people. Staff were asked by the registered manager if they had any suggestions or information to share.

People's records had been reviewed and updated and were now recorded on a new template. The staff had clearly worked hard on the improvements in these records. The care records were person centred and included people's preferences about how their assessed needs were to be met. The records provided details about people's specific conditions and how they affected them in their daily living. One person told us how they had completed their own care plan, which had been supported by the staff in the service. They said, "I've recently done my care plan. The manager gave me a blank form on a memory stick asked me to look, we then went over my questions, [registered manager] answered them. I filled it in and reviewed it and signed it off."

Staff told us that they preferred the new style care plans which included more information about each person and their needs. One staff member said that they were enjoying finding out more about people and speaking with them about their preferences and history.

We saw examples and people told us about how the service had responded to needs, for example shelving had been put up in one person's bedroom so they could display their collection of aeroplanes. One person told us how the staff had adapted their diet, "[Staff are] Very good to me, they give me soft food because I lost my teeth in the hospital." We saw that the staff discussed this issue and one staff member had talked

with the person about what they wanted to do, for example making an appointment to have new dentures. Another person had been supported to move bedrooms which was more suitable for their changing needs. Daily records included information about the care provided to people and their wellbeing.

Where people had developed friendships with each other, they were able to visit their bedrooms to talk or watch television. One person introduced us to their friend and said, "Look I've got a new mate." People and their relatives told us that there were no restrictions on the times that people could have visitors. This showed that people were supported to maintain relationships with the people who were important to them and reduce their isolation. We saw people entertaining their visitors during the day of our inspection. One person's relative told us how the staff were supportive of them visiting to eat with the person. They added that they had arrived late at the service one day and a lunch had been saved for them, which they really appreciated.

People told us that they could participate in activities in the service. One person said, "One or two [entertainers] come round and sing." Another person commented, "I get out if my [relative] comes. We had bingo this morning, I won it." Another person told us, "They come round and ask if I want my nails done, they've got a box with all different colours and they let me choose." One person told us how they attended a day centre regularly.

However, people who chose to stay in their bedrooms told us they felt that they did not receive much social interaction, but did tell us that they were offered to go downstairs to the planned activities. One person said, "I could go downstairs, I did once but they [other people] all looked as if they were asleep. They [staff] always ask if I want to go, even though I say no, I like reading." Another person commented, "Days don't mean anything, nothing to look forward to. I just watch telly really, I can't get out. I'm quite content looking at the sea." A third person said, "I've got all day, I just sit around, I used to go downstairs but I get a bit bored of it, now I just let the clock tick, I don't listen to the radio or TV much, it's a life of leisure." Another told us, "I don't go downstairs that often but I've been doing bits in the garden, I feel very lucky being here. I don't get involved with activities, I talk to the residents." The registered manager and staff told us that they did spend time with people in their bedrooms. However, this had been recognised by the registered manager as an area for improvement and they and staff were looking at ways this could be provided in a better way. Records showed where people had participated in activities including one to one chats, making jewellery, quizzes and games. The registered manager told us that the staff had not been always recording the one to one time with people to give an accurate record of when this was provided. This was in the process of being improved.

We saw a game of bingo in the morning of our inspection. People's relatives were involved, including children. People were able to choose a prize when they won. There was laughter and light hearted chatter with people and staff. One person said, "If I don't win we will know it's a fix." The staff moved around the room to ensure that people with varying abilities could take part, one person kept calling out the staff member's name and they engaged in some chatter with the staff member and then said to the person next to them, "Don't you know who I am?" and laughed.

We saw lots of flowers which had been stored in an unused bedroom. A nurse told us that these were purchased weekly for the flower arranging exercise. This was completed on the afternoon of our inspection and people and the staff responsible for coordinating this activity were keen for us to see what they had created. Each person participating in the activity had completed their own flower arrangement in vases which they were looking at and talking to each other about them when we looked at their creations.

Some people read their daily newspaper. One person liked to watch television and use the remote control

and they were supported to do this in one of the lounges. Where people chose to they were supported to sit in the garden. Staff ensured people had umbrellas, hats and sun cream to ensure they did not get sun burn. At our last inspection the registered manager told us about their plans to develop a sensory garden in the grounds at the rear of the service. We saw that this was underway and the area had been secured to ensure people would be safe when it was fully completed. The registered manager told us that they felt that there were still areas for improvement to be made in relation to activities and had a plan in place for this. They shared examples of a planned barbecue and boat trip.

There was a complaints procedure in place which was displayed in the service so that people and visitors knew how to raise a concern if needed and their concerns were addressed. People told us that they would make a complaint if they needed to. One person said, "I've never made a complaint but I would if I was really upset. I would go and see who ever was in charge." Another person commented, "If I had to make a complaint go through the office. There was an issue over spinach… I eat it and I have to have the same amount every day. It was solved by someone going out every day and getting it." One person told us that they were unhappy about the brand of crisps being served. We saw the minutes from staff meetings where this had been discussed and resolved. This had happened because the order the service made to the food suppliers had not been delivered correctly.

Records of complaints showed that they were responded to and addressed in a timely manner. The outcomes of complaints were used to improve the service, for example speaking with staff about how they should improve the service they were providing. The registered manager had developed a system to monitor potential trends in complaints and concerns to further improve people's experience of the service.

Good

Is the service well-led?

Our findings

At our last inspection of 27 June 2016 we found that improvements had been made in how the service assessed and monitored the care provided to people. The registered manager wrote to us on a monthly basis and included evidence of the governance systems in the service, such as audits. Since our last inspection the manager had been registered with the Care Quality Commission (CQC). During this inspection of 14 August 2017 we found that the improvements had been maintained and further developed and this is now rated Good.

The registered manager understood their role and responsibilities in providing good quality care to people. They were supported by the quality manager and administrator. Discussions with the registered manager and their Provider Information Return (PIR) clearly identified that the improvements made were being built on to ensure that the service continued to improve.

People and relatives were complimentary about the approach of the leadership in the service, including the registered manager and the quality manager. One person said that they, "Stop and talk to the manager on the way past the front office, [registered manager] very easy to talk to and help the residents a lot." Another person commented, "The manager is very pleasant." A third person told us, "They [management] are very hands on here, you can go and see them about anything and they will give you time. Since the manager has been here [registered manager] has really tightened it up a lot." One person's relative said, "The manager is very approachable and supportive to me and [person]."

We saw that the registered manager and quality manager were a visible presence in the service. For example, the quality manager ate breakfast with people in the dining area. People knew them by name and chatted comfortably with them. People confirmed that this was usual practice.

People and relatives told us they could see that improvements had been made. One person's relative said that they were happier with the care provided now, "The care here had been at times not as good, but not in the last several months," they added how the service had improved and the person, "Looks so well nowadays."

People were given the opportunity to share their views of the service provided in satisfaction questionnaires. The most recent questionnaires were being returned to the service and the manager told us that these would be analysed and areas for improvement identified once they had all been received. People were asked for their views about the service in meetings. One person said, "My [relatives] come and go to the meetings." Another person told us, "Residents meetings, I don't go to them but it's always written up." The minutes of meetings were made available for people, and included information about the actions taken as a result of their comments. This included changes in activities and making changes in the grounds to improve people's safety and make them more attractive.

Staff told us that there was an open culture in the service, that the leadership was good and that they felt improvements had been made. One staff member said, "It [the service] is friendly, owners support the staff

and since last year it's really improved, we are having a lot of money spent on the improvements programme." Another staff member said, "It is much better organised, I have clear guidance on what I am expected to do, it is very well-led." Another staff member commented, "It's like a big family here, the staff are all so nice, the owners are very supportive and the manager is very good."

Staff meeting minutes showed that they were encouraged to share their suggestions about improving the service. They were kept updated with the changes in the service and the expectations of their role. Staff we spoke with were committed to the improvements being made and to providing a good quality care to people. The minutes from a staff meeting in March 2017 was opened by a person who used the service who wanted to share their appreciation of the staff and how they cared for them.

There were systems in place to monitor and assess the service provision. Incidents, accidents, falls and complaints were monitored and analysed. This analysis supported the registered manager to identify any trends and patterns and take action to reduce further risks. A programme of audits were completed, including areas such as infection control, catering, medicines and health and safety. These allowed the registered manager to identify any shortfalls and take action to address them. 'Look and listen observations' were undertaken, where interactions with people and staff were observed in their usual work practice and provided with, for example further training, if this was needed.

The service had kept updated with the requirements of their registration and conditions imposed. The current rating for the service was displayed in a prominent position in the entry hall to the service and on their website.