Medicrest Limited

Homelands 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Homelands Nursing Home on the 14 June 2016. We previously carried out a comprehensive inspection at Homelands Nursing Home on 29 May 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to cleanliness and maintenance of the service, people not being treated with dignity and respect and quality monitoring. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 29 May 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas. However, a further area was identified in order to improve some practices in relation to activities and meeting people's social and recreational needs.

The overall rating for Homelands Nursing Home has been revised to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been sustained.

Homelands Nursing Home is registered to provide accommodation and care, including nursing care for up to 50 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues and dementia. The majority of people were accommodated in the main building. A short distance away, there was a separate unit, the Coach House, for up to 12 people living with dementia. On the day of our inspection there were 27 people living in the main building and 12 people in the Coach House, who required varying levels of support.

A registered manager was 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 and associated Regulations about how the service is run.

The home had some arrangements in place to meet people's social and recreational needs. However, we could not see that activities were routinely organised for people living within the Coach House. Feedback from staff and our own observations clearly indicated this need was not being addressed. We saw that the provider had recognised the lack of activities for people in the Coach House, and arrangements were being made to employ a further activities co-ordinator to rectify this. However, we have identified this as an area of practice that needs improvement.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe, because the staff make sure you are safe". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure

new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of people, including the care of people living with dementia and end of life care. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "I'm all up to date with my training".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The food is very good". Special dietary requirements were met, and people's weights were monitored with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "Nothing is too much trouble for them [staff]". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People said they felt listened to and any concerns or issues they raised were addressed. People were also encouraged to stay in touch with their families and receive visitors.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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 understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were supported to have sufficient to eat and drink. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The home had some arrangements in place to meet people's social and recreational needs. However, activities were not routinely organised for people living within the Coach House.

Comments and compliments were monitored and complaints acted upon in a timely manner. Care plans were in place and were personalised to reflect peoples' needs, wishes and aspirations.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Homelands 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Homelands Nursing Home on the 14 June 2016. We previously carried out a comprehensive inspection at Homelands Nursing Home on 29 May 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to cleanliness and maintenance of the service, people not being treated with dignity and respect and quality monitoring. The service received and overall rating of 'requires improvement' from the comprehensive inspection on 29 May 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

Two inspectors and an expert by experience in older people's care undertook this inspection. 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 we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had 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 observed care in the communal areas of the service. We spoke with people and staff, and saw how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as training records, food and fluid recording charts, accident/incident recording and audit documentation.

During our inspection, we spoke with 10 people living at the service, four visiting relatives, three care staff,

the registered manager, the activities co-ordinator, a member of ancillary staff, a registered nurse and the chef. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At the last inspection on 29 May 2015, the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that the provider had not ensured that the premises were properly maintained and kept visibly clean and free from odours that are offensive or unpleasant. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to premises and equipment. Improvements had been made and the provider was now meeting the legal requirements of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the physical environment of the Coach House required improvement. The unit had an unpleasant odour, and carpets and chairs were soiled and heavily stained, which had placed people at risk. At this inspection, we saw that the Coach House was clean and well maintained. The provider had laid new vinyl flooring and had employed additional domestic staff. There were no offensive odours and the furniture and floor appeared clean. The registered manager told us that the works to improve the environment of the Coach House had been completed in approximately three weeks following the previous inspection.

People said they felt safe and staff made them feel secure. One person told us, "I am completely safe and secure at Homelands". Another person said, "I feel safe, because the staff make sure you are safe". A relative added, "I have peace of mind now". Everybody we spoke with said that they had no concern regarding safety.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff transferring people from their wheelchair to an armchair and assisting them to mobilise around the service.

We spoke with staff, and the registered manager about the need to minimise peoples risks, whilst enabling them to try new experiences. The registered manager gave us examples whereby people had chosen to manage their own medication, and eat certain types of food that could be detrimental to their health. They added, "We talk the risks through with them and we update the risk assessments monthly or when needs change".

Risks associated with the safety of the environment and equipment were identified and managed

appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The registered manager told us, "We use a dependency scoring system to determine the number of staff. We recruit staff to cover gaps and will use agency staff". We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff would be used when required. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "They seem to have sufficient staff". A member of staff added, "We have enough staff. Sometimes the nurses will help if we need them to, they're very good".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We saw a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. One person told us, "A nurse comes with a trolley and brings me seven pills in the morning and two at night. They are always on time". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One visitor told us, "They [the staff] are very capable". A relative said, "My [relative] has a good quality of life. The staff are well trained". Everybody we spoke with said that they had confidence in the staff that provided care. They stated that staff knew what they were doing. A further relative added, "The staff team is excellent and very skilful".

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. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Staff members recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training such as, moving and handling, dignity and respect and infection control. Staff had received training that was specific to the needs of the people living at the service, this included caring for people with dementia and diabetes. Additional training had also been sought for staff from a local hospice around end of life care. Staff spoke highly of the opportunities for training. One member of staff told us, "I'm all up to date with my training". The registered manager added, "The training needs to fit the needs of the residents, we are very aware of that".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Homelands Nursing Home and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. The registered manager added, "The induction involves supernumerary training and shadowing other staff. It can be extended depending on the needs of the staff member, and they can always ask questions. We don't mind if they ask the same question over and over again, but just please ask. New staff are going to be put on the Care Certificate". The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff members commented they found the supervision useful and felt able to approach the registered manager with any

concerns or queries. One member of staff told us, "Yes I have regular supervisions".

Care records demonstrated that when required, referrals had been made to appropriate health professionals. People commented that their healthcare needs were effectively managed and met. Visiting relatives/friends felt confident in the skills of the staff meeting their family member's healthcare needs. One relative told us, "[My relative] had a seizure, the carer summoned help very quickly". Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their well-being. One member of staff told us, "We know the people, we can tell if they are not their usual self. We do baseline observations to check their health and we notice if they have problems eating and drinking, or were in pain". The manager added, "Absolutely staff would recognise if people were poorly. We talk about it in handover, they are my eyes and ears and would report everything". We saw that if people needed to visit a health professional, such as a GP or an optician, or go to hospital, then a member of staff would support them.

People were complimentary about the food and drink. One person told us, "The food is very good". A further person told us how they could make specific requests to the cook. They said, "I get a lovely early cup of tea and a lovely breakfast, which is how I like it". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as fortified, pureed, diabetic and vegetarian. For breakfast, lunch and supper, people were provided with options of what they would like to eat. A relative told us how the service prepared their relative's food and fluid appropriately, in order to help them to be able to swallow it safely. The chef confirmed that if relatives wanted to eat with their family member, a meal would be prepared for them. The menu showed that fresh vegetables were used daily, as well as fresh fish and meats.

We observed lunch in the dining rooms and lounges in both houses. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or the lounge. Tables were set with table cloths, place mats and napkins. The cutlery and crockery were of a good standard, and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was calming and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. We observed some family and friends were sitting enjoying lunch with people.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP, dietician and Speech and Language Therapist (SALT). A SALT will assess a person's ability to swallow and make recommendations on how to support that person to eat and drink.

Good

Is the service caring?

Our findings

At the last inspection on 29 May 2015, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that the provider had not ensured that that staff must treat people with dignity and respect and all communication with them must be respectful. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to premises and equipment. Improvements had been made and the provider was now meeting the legal requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found the principles of privacy and dignity were not embedded into every day care practice. We saw at this inspection, that people were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. One person told us, "Nothing is too much trouble for them [staff]". Another person said, "The staff are very nice". A member of staff told us, "We don't fail on care here".

Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "They treat us very well, like human beings. They are not impatient if people are slow. They are really kind and friendly". A relative said, "My [relative] is always treated with dignity and respect". A further relative added, "I can't fault the care my [relative] received".

Positive relationships had developed with people. For example, in one of the lounges we saw a care worker say to a person, "Are you tired today, have you been out for a night on the town?" The person replied, "You're joking, if we had a night on the town, we'd all fall over when we were dancing". This caused a lot of laughter amongst people in the lounge. Staff showed kindness when speaking with people. Staff took their time to talk and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. A relative told us, "They [the staff] have a good attitude and really care about the residents".

Homelands Nursing Home had a calm, relaxing and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the lounges. People's rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. People were supported to maintain their personal and physical appearance. They were dressed in the clothes they preferred and in the way they wanted.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "I choose to have my supper at 7:00pm, rather than 5:00pm like everyone else. I go to bed when I want as well". We saw another example, whereby a person had requested that the furniture

and bed in their room be moved, to allow them to have the best view possible from their window. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "We mostly have two staff helping people, we ask the resident what they want and respect their wishes". Another added, "People can choose if they want a male or female carer". The registered manager added, "We always look at choice and people are encouraged to do exactly what they want to do. Families are involved and are informing us what their relative liked or didn't like".

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction this was covered and the registered manager undertook checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people's privacy and dignity. People confirmed staff upheld their privacy and dignity, and we saw doors were closed when a member of staff was engaged with a person.

Staff supported people and encouraged them, where they were able, to be as independent as possible. The registered manager told us, "We record in care plans about independence. We encourage it". Staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. A relative told us, "My [relative] does chair-bound exercises [to increase their mobility and independence]". A member of staff added, "People feel safe living here, we are there for them and we give them independence".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. A visiting relative said, "All the staff treat me as a friend. Last week they sang happy birthday to me as I walked to my [relative's] room. I am very happy about the care my [relative] receives".

Requires Improvement

Is the service responsive?

Our findings

People commented they were well looked after by care staff and that the service listened to them, and responded to their needs and personal preferences. A relative told us, "My [relative] doesn't like her clothes put with anyone else's, so they do a private wash for her and deliver it ironed to her room". Another relative said, "I notice they personalise the care to [my relative]". However, despite the positive feedback, we identified areas of practice that need improvement and were not consistently responsive to peoples' individual needs.

The service had some arrangements in place to meet people's social and recreational needs, and the service employed an activity co-ordinator. However, we could not see that activities were routinely organised for people living within the Coach House. Feedback from staff and our own observations clearly indicated this need was not being addressed.

We saw a range of activities on offer, which included exercises, entertainers and pets visiting the service, bingo and reminiscence therapy. We were given examples by the activity co-ordinator of how they carried out activities with people. For example, one to one sessions for hand massage and group sessions to reminisce and play games. We also saw that the service supported some people to maintain their hobbies and interests. For example, the service was pet friendly and one person kept a cat. Another person had a keen interest in art and was supported to paint and draw in their room using specialist equipment. We saw that religious services took place and people were also supported to work in the garden by volunteers from a local church.

On the day of the inspection, we saw activities taking place. We saw staff interacting with people, chatting with them, and helping them with puzzles and discussing topics in the daily in-house newspaper that was prepared for people. In the afternoon, we observed a chair based group activity session. However, these activities took place in the main house and we could not see that activities were routinely organised for people who lived in the Coach House. We viewed records that showed when activities had taken place for people in the Coach House, but these were infrequent and only occurred once or twice per week.

Between 10:10am and 3:35pm, we observed that no formal activities took place for people living in the Coach House. People spent this time sitting in their bedrooms or armchairs in the lounge watching television or listening to music. Apart from the delivery of individual care, there was little meaningful interaction with people in terms of stimulation and engagement. A member of staff told us, "We could do with another activity person, we've advertised. The staff try to do their best. I don't think there are enough activities". Another member of staff said, "There isn't enough activities, there should be more stimulation for people". A relative added, "I would like to see more trips out, even if it was just a call at the local garden centre for coffee".

Due to their condition, people living in the Coach House we spoke with were not able to comment on the activities in place. However, we observed that when staff did take the time to engage with people, that they responded positively and clearly enjoyed the opportunity to reminisce and discuss various topics. A member

of staff added, "The activity co-ordinator does things on a Thursday, but other than that, there's no real activities going on. When we get a chance, we sit with them and they can engage with us. We don't always get a lot of time for that though".

We raised this with the registered manager who stated they were aware of the lack of meaningful activities for people in the Coach House. We were shown meeting minutes which confirmed this, and arrangements were being made to employ a further activities co-ordinator. However, this had not yet taken place.

Providing people with meaningful interaction and stimulating activities is an important part of improving their quality of life. Having companionship and someone to talk to assists with maintaining people's mental and physical wellbeing, and is an integral part of providing person centred care. We have identified this as an area of practice that needs improvement.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. People confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. A relative told us, "I saw the care plan when [my relative] came in and we have discussed it". Comprehensive life histories had been completed with assistance of relatives and gave a picture of each person's life and preferences. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. One member of staff told us, "We find out at the initial assessment, and we get to know people by talking to them and their families. We find out what they used to do for a job, their interests and any dates that are important to them".

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routines with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person had a particular routine after they had showered, and it gave staff guidance on how to ensure that this person's particular preference was respected. Another care plan stated that a person likes to sleep at night with a dim light switched on. The registered manager told us that staff read people's care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits that were reflected in their care plans. Each person had a key worker assigned to them. The overall aim of key working is to ensure the provision of holistic care and support to meet the individual needs of the person and their family. One member of staff told us, "We are key workers with the residents. We check the residents clothes to make sure they have enough, or if they need anything. Ensure their room is clean and tidy".

People told us they were listened to and the service responded to their needs and concerns. There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. A relative told us, "The staff text me to reassure me and tell me about my [relative]. They are very good at ringing you and keeping you up to date". Another relative added, "They have relative meetings. Problems discussed are usually food menus and laundry". There was a suggestions box, and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

The procedure for raising and investigating complaints was available for people. The complaints procedure

and policy were accessible and displayed around the service. People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed by the manager. A relative told us, "I have never made a complaint, but I insisted they investigate any falls. They were very efficient and wrote me a letter which satisfied me". Staff told us they would support people to complain. Complaints made were recorded and addressed in detail, in line with the policy.

Good

Is the service well-led?

Our findings

At the last inspection on 29 May 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that the provider had not ensured that effective systems and processes were in place to assess, monitor and improve the quality and safety of the service. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to premises and equipment. Improvements had been made and the provider was now meeting the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. They showed us audit activity which included health and safety, medication, care planning and infection control. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to improve the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place if required.

People, relatives and staff all told us that they were satisfied with the service provided at the home and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "This is the best place I have ever been in". Another person added, "They're lovely here, I have no grumbles. I wouldn't be here if I didn't like it". A relative said, "The manager always listens and requests are dealt with". A member of staff told us, "The management are very friendly and helpful".

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "We provide person centred care. People are happy and they tell us they feel safe. We get feedback from families regularly about our end of life care. They tell us we have made things easier and done things well. That's really important for me to hear. I care about it here, which is why I've been here so long". A member of staff added, "We are like a family here. It is very friendly and homely". The registered manager added, "I have excellent staff". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "The manager is very good. I am here because she is. We are a family, we talk and support each other". Another said, "I have a good rapport with my colleagues and we work well together. We're a good bunch".

People and staff were encouraged to ask questions, make suggestions and report any problems or concerns. One person told us, "I can talk to the manager and staff at any time. They have meetings where you can discuss anything". We were given an example where feedback from staff had led to changes in the way that food was served at mealtimes. These changes had improved the dining experience for people. The registered manager told us, "Staff understand their responsibilities". A member of staff said, "I can talk to the nurses and my colleagues and we support each other". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Management was visible within the service and the registered manager took an active approach. The registered manager told us, "I listen to my staff and my door is always open. I try to explain, rather than tell people. I am always on call and staff can contact me, which is fine". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "We have handover where we talk about different things, we can also talk about our problems". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We remind staff of the important things, as well as the little things. Like making sure people have their handbags with them, that they have clean glasses and hearing aids etc".

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager told us they were supported by the provider in their role and additionally subscribed to a care management software package that gave updates and guidance on the care sector. Up to date sector specific information was also made available for staff, including guidance around the use of independent mental capacity advocates (IMCA's), updates from the nursing and midwifery council (NMC) and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.