

Crosscrown Limited

# Mile Oak Rest Home

## Inspection report

2 The Acorns  
Wimbourne  
Dorset  
BH21 2EW

Date of inspection visit:  
13 January 2016  
18 January 2016

Date of publication:  
03 March 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 13 January 2016 and was unannounced. The inspection continued on 18 January. The service is registered to provide personal care with accommodation for up to 20 adults. The service has 20 en-suite bedrooms some with walk in showers and others with baths. There is also an assisted bath on both the ground and first floor. The service has a large communal lounge and separate communal dining area that people are free to use at any time. The living area overlooks a patio area which leads into a level access garden. The accommodation is over two floors and the first floor can be accessed by stairs or a passenger lift. Each room has a call bell so that people can call for help when needed.

The service has a Registered Manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People commented to us they felt safe living in the service. A person told us, "I am happy here, I know I am safe and that's important to me. I'm happy to spend the rest of my days here".

Staff were able to tell us how they would recognise if someone was being abused. Staff told us that they would raise concerns with senior staff or management. Staff were aware of external agencies they could contact if they had concerns including the Care Quality Commission. A staff member said, "It's a safe service, the Registered Manager makes sure it's a safe working environment and we all make sure that people are safe from abuse".

We reviewed three care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. A staff member told us, "One person is at risk of pressure sores. I reduce this through hourly checks and re-positioning as per the risk assessment". We reviewed this person's risk assessment which confirmed that these control measures were in place and re positioning times were recorded. Risk assessments were completed by the Registered Manager and Senior.

The Registered Manager told us that they don't use a specific staff dependency tool to assess staffing levels. They said that the management team work care shifts to assess the levels. The Registered Manager fed back that last year staffing levels were assessed and increased by one additional staff member per shift. This was in response to staff feedback and management observation. A staff member commented that they had concerns regarding night shift staffing numbers as some people require two staff for transferring. The Registered Manager told us they would look into this when they next review the staffing levels. Another staff member said, "I feel there are enough staff. Sometimes people who require two staff can call at the same time but this doesn't happen all the time". People we spoke to felt there were enough staff to meet their needs. A relative told us, "I think there are enough staff here. They are adequate to support mum".

Medicines were managed safely. Medicines were securely stored and only given by staff that were trained to give medicines.

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training matrix which confirmed that staff had received training in topics such as moving and handling, first aid, infection control and mental capacity act, to name a few. A staff member told us, "There are good training opportunities here, If I feel I need more training I can request it and nine times out of 10 it will be arranged. A refresher in Health and safety was my most recent". A District Nurse told us, "Staff seem well trained and if they aren't sure of something they contact us".

Staff were aware of the Mental Capacity Act and told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "The Mental Capacity Act makes sure we assess people's ability to make decisions and support them to do so safely. I would report any concerns regarding capacity to the Registered Manager who would complete a capacity assessment and arrange a best interest meeting if necessary. My Diploma covered this a lot". Care files showed evidence that capacity assessments and best interest meetings had taken place in topics such as administration of medicines and personal care. These were signed and dated by the Registered Manager and person or a family member. A person told us, "I love my food, its great here". Another person said, "I'm a vegetarian, they cater for my needs. They ask me what I would like to eat. The chef visits me in my room". We met with the chef who started recently. He took us through the menu which evidenced that there were choices and a good variety of foods to support people to maintain a healthy and balanced diet. The chef told us, "We try and make sure there is a good mix of fresh food. I know who has soft diets and other dietary requirements".

People had access to health care services as and when needed. A relative told us, "The service arranges health visits and transport. We are going to the hospital today and just waiting for the transport to arrive". Health professional visits were recorded in peoples care files which detailed the reason for the visit, the outcome and any actions which needed to be taken by the care staff. Recent visits included; District Nurse, GP, Chiropodist and hospital appointments. A person said, "I have a health appointment at the hospital tomorrow, the service arranged this for me". A chiropodist said, "The service always records my visits and if I feel I need to give advice I will let them know".

People, staff, relatives and health professionals all said that the service was caring. One person told us, "Staff are caring here and I get on well with them". Another person said, "I can't fault the home, staff are very good here". We saw staff and management acknowledging people as they entered the communal areas on several occasions. People seemed comfortable in staff's company and often engaged in conversation. Visitors were made welcome and seemed relaxed with staff and management.

People's privacy and dignity was respected. We saw on several occasion staff knocking on doors before entering people's rooms or communal bathrooms. We observed a domestic staff member knocking on a person's door before entering. She said good morning and explained why she was there which was to replace the old toilet brush. A person said, "Staff respect my privacy and dignity. I'm lucky to be pretty independent and staff support this".

The Senior Staff member told us, "The home tries its upmost to retain people for life and meet ongoing changing needs with equipment and regular health professional visits. It's a really good vision to have".

Care files had completed pre admission assessments which formed the foundation of basic information sheets and care plans. We noted that there were actions under each key area of care which detailed how staff should support people. As people's health and care needs changed ways of supporting them were

reviewed. All changes were recorded in the care files and on a care review sheet which is shared with staff in a handover folder which they were expected to read and sign.

A staff member told us, "I make time to talk to people and support them to feedback". An agency staff member said, "If someone asks me for something I try my best to deliver". They went on to say "A person this morning asked me if they could take a sandwich to a health appointment tomorrow so I logged this in the handover notes and diary so that it is done". We reviewed the notes and diary which confirmed this.

We reviewed the Resident Meeting notes which take place every other month. These evidenced feedback from people and actions the service had taken in response, for example; people had said they wanted additional chairs in their rooms for when visitors came to see them. The service has since purchased a number of foldable chairs which are readily available to people and families as and when they visit.

A person told us, "We don't do badly for entertainment here; we have singers and violinists which are good". In the reception hall there was a large notice board which displayed upcoming activities and events for people to participate in. Some of these included; musical bingo, cards, a visit from a violinist and singer. Activities were logged on people's daily record sheets.

Each year the service sends people and relatives feedback questionnaires. This was led and coordinated by the Area Manager who also analysed the data and set action plans for the service to work towards. There were some areas of improvement identified which were set out in an action plan which linked the Key Lines of Enquiry next to them for example people wanted more variety and better food presentation which had been linked to "Effective". People also fed back that they wanted the trees in the garden chopped to allow more light to come through. In response to these food is now a regular item on the Resident Meeting agenda and the owner / Responsible Individual has paid a contractor to chop the tree and let more light into the garden.

We reviewed the services complaints procedure and recording system. Complaints were recorded on a form this captured the complaint and evidenced the steps taken to address it as well as any learning. A relative told us, "I have never had to complain but I know how to. The service gave us a complaints procedure when mum first moved in".

We observed a very positive culture between people and staff supporting them. The service had a set of Aims and Values which put people in the centre of the care they received. These reflected giving people who use the service control over their daily life, safety and dignity.

People, relatives, health professionals and staff commented on how well the service was managed. A person told us, "The Registered Manager is so good she always listens to what we say". A District Nurse said, "The Registered Manager is very approachable and caring. She likes to know what is going on. She's always very happy, pleasant and very efficient". A relative mentioned how good the management team were and said that they are always willing to listen to comments. A staff member told us, "I feel I can approach the Registered Manager or Senior staff. I am happy here and feel supported in my role. The management team run the service well, it's just like a home from home here which is something to be proud of".

The Registered Manager took us through the services quality assurance folder which contained a number of different audits and checks she regularly completes to ensure the service is delivering high quality care and support to people who live there. Monitoring included; incidents and accident reporting, infection control audits, management checks and care plan audits to name a few. All audits and checks were up to date and complete. At the end of each month the manager completes a management report which is sent to the Area

Manager. This covers key areas for example, new admissions, falls, staff and progress on outstanding actions. These systems demonstrated good management and effective ways to monitor quality service provision.

## 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. There were sufficient staff available to meet peoples assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Risk assessments and personal emergency evacuation plans were in place and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

### Is the service effective?

Good ●

The service was effective. People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. Consent forms had been signed, capacity assessments were in place and best interest meetings took place.

People were supported to eat and drink. Fluid and food intake was recorded where necessary.

People were supported to health appointments and health professionals regularly visited the home.

### Is the service caring?

Good ●

The service was caring. People were supported by staff that knew them well and spent time with them.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity at all times.

### Is the service responsive?

Good ●

The service was responsive. People were supported by staff that

recognised and responded to their changing needs.

People were supported and encouraged to be actively involved in a variety of different activities with each other and staff.

People meetings took place and their feedback was used to make improvements to the service which benefit the people who lived there.

**Is the service well-led?**

**Good** ●

The service was well led. The registered manager promoted and encouraged an open working environment.

People were supported by staff that use person centred approaches to deliver the care and support they provide.

The registered manager was flexible and works care shifts when necessary.

Regular quality audits and staff competency checks were carried out to make sure the service is safe and that staff had the skills they need to do their job.

# Mile Oak Rest 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 inspection took place on 13 January 2016 and was unannounced. The inspection continued on 18 January. The inspection was carried out by a single inspector.

Before the inspection we looked at notifications we had received about the service. We spoke to the local authority contract monitoring team to get information on their experience of the service. We also looked at the previous inspection report.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who use the service and two relatives who were visiting people during the inspection. A Chiropodist, District Nurse and hairdresser who all had experience of the service provided feedback during our inspection. We spoke with the Registered Manager and Area Manager. We spoke with an agency staff member, a Senior staff member, five care staff and the chef. We reviewed three peoples care files, Deprivation of Liberty Safeguards applications, capacity assessments and consent. We looked at policies, medication records, emergency plans, risk assessments, health and safety records and management audits of the service. We walked around the building and observed care practice and interaction between care staff and people who live there. We looked at quality surveys which had been carried out in 2015, four staff files, the recruitment process, staff and people's meeting notes, training and supervision records. We observed a staff handover, a meal time and medicines round.



# Is the service safe?

## Our findings

People commented to us they felt safe living in the service. One person said, "I'm happy here, I feel safe". Another person told us, "I feel safe here; I can always ring my bell if I need someone. Staff respond as soon as they can. I have to wait sometimes but I understand they can't be everywhere at once". Another person said, "I am happy here, I know I am safe and that's important to me. I'm happy to spend the rest of my days here".

Relatives were very positive about the service. One told us, "Mum is safe, she's happy here. We looked at about 14 care homes before choosing this one. This one came out of the blue. As soon as I had a viewing I was sure it was the right place". Another relative told us, "The home is safe and caring. I have experience in care work and it meets my expectations".

A District Nurse told us, "I visit the home regularly, once or twice a week. People seem very well looked after. There have been no safeguarding incidents that I am aware of and I have never been concerned". A Chiropodist said, "I would be happy for my relative to come here".

Staff were able to tell us how they would recognise if someone was being abused. Staff told us that they would raise concerns with senior staff or management. Staff were aware of external agencies they could contact if they had concerns including the Care Quality Commission. A staff member said, "It's a safe service, the Registered Manager makes sure it's a safe working environment and we all make sure that people are safe from abuse". Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. The service had a comprehensive safeguarding policy in place which detailed definitions, preventative measures, the investigation process, key contacts and record keeping. We also observed that there was a safeguarding poster displayed in the staff/medicines room.

We reviewed three care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. A staff member told us, "One person is at risk of pressure sores. I reduce this through hourly checks and re-positioning as per the risk assessment". We reviewed this person's risk assessment which confirmed that these control measures were in place and re positioning times were recorded. Risk assessments were completed by the Registered Manager and Senior. They were reviewed monthly, signed and up to date. Any changes were made and reflected on a care plan review sheet which were shared with staff via the handover folder. Staff were required to read and sign a record sheet.

There were general risk assessments in a separate folder which included night working, equipment and cleaning of bodily fluid to name a few. These identified associated risks and control measures staff should follow. For example, the night working risk assessment identified that people and staff maybe at risk of intruders, control measures included checking doors, windows and external security lighting. A staff member told us, "I identify risks, assess what could happen, think about how to control the risk and reduce it. Risk assessments are reviewed monthly. We are made aware of changes via a care plan review update sheet". Another staff member said, "We have risk assessments in place for people and others in place for things like equipment".

People had Personal Emergency Evacuation Plans in both their care files and in the fire safety folder which were up to date and reviewed annually. These plans detailed how people should be supported in the event of a fire. The Registered Manager told us that staff and people have regular simulated fire discussions. We reviewed the fire safety record which logged these. The service had emergency contact details for services such as the gas and electricity providers. The Registered Manager told us that as part of induction new staff are shown where the stop cock and gas shut off valve were. There was also a gas safety procedure on the laundry room door.

The Registered Manager told us that they do not use a specific staff dependency tool to assess staffing levels. They said that the management team work care shifts to assess the levels. The Registered Manager fed back that last year staffing levels were assessed and increased by one additional staff member per shift. This was in response to staff feedback and management observation. A staff member commented that they had concerns regarding night shift staffing numbers as some people require two staff for transferring. The Registered Manager told us they would look into this when they next review the staffing levels. Another staff member said, "I feel there are enough staff. Sometimes people who require two staff can call at the same time but this doesn't happen all the time". People we spoke to felt there were enough staff to meet their needs. A relative told us, "I think there are enough staff here. They are adequate to support mum". A chiropodist said, "I have been coming here for a long time. It has changed over the years and there are more staff here now. I feel there are enough".

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers, job descriptions and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). They also included induction records. The Registered Manager told us that when applicants come to the service for interview they are given a tour of the building and introduced to people who live in the home. They also said that they were considering involving people more in the recruitment process for example giving people the opportunity to ask interviewee's questions and scoring their answers.

Medicines were managed safely. Medicines were securely stored and only given by staff that were trained to give medicines. We saw staff waited with a person while they took their medicine and offered a drink. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from their pharmacy packaging which indicated they had been given as prescribed. On the second day of our inspection the Registered Manager was completing a four weekly medication audit. A person told us, "staff give me my medicines, I like it, it's safer". We observed a staff member administering medicines. They cross checked the MAR sheet against the pharmacy packaging, used clean dispensing pots and locked the medicines cabinet each time they left the room to administer.

## Is the service effective?

### Our findings

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training matrix which confirmed that staff had received training in topics such as moving and handling, first aid, infection control and Mental Capacity Act, to name a few. There was also training specific to people who use the service in topics such as dementia and nutrition. In addition to this nine staff had achieved or were working towards their Diploma in Health and Social Care. A staff member told us, "There are good training opportunities here. If I feel I need more training I can request it and nine times out of 10 it will be arranged. A refresher in Health and safety was my most recent". We reviewed the training matrix which confirmed this. Another staff member said, "I'm always doing training. I have completed my Diploma in Health and Social Care. This has helped me with my role. If there is training I want to do the Registered Manager will do what she can to arrange it". A District Nurse told us, "Staff seem well trained and if they aren't sure of something they contact us".

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.

Staff were aware of the Mental Capacity Act and told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "The Mental Capacity Act makes sure we assess people's ability to make decisions and support them to do so safely. I would report any concerns regarding capacity to the Registered Manager who would complete a capacity assessment and arrange a best interest meeting if necessary. My Diploma covered this a lot". A relative said, "Mum is not always able to make choices or decisions for herself. The service makes sure I am involved in these when she can't". A person told us, "Staff ask me for my consent before doing things for example personal care". A staff member said, "I ask people for consent. People are able to speak for themselves. I would never put a person in an uncomfortable situation".

The Senior staff told us, "When people first come to the service people are asked to sign a consent form for the care plan. Verbal consent is gained from people daily for things like personal care and medicines". A District Nurse confirmed that in her experience consent was always sought by staff and people at the service. Care files showed evidence that capacity assessments and best interest meetings had taken place in topics such as administration of medicines and personal care. These were signed and dated by the Registered Manager and person or a family member. Peoples care plans were also signed by the Registered Manager, person and or a family member.

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. One person had a Deprivation of Liberty Safeguards (DOLs) authorisation in place which had no conditions attached to it. The service had notified us about this. Another person had a standard DOLs application in process which was awaiting assessment from the local authority. A staff member told us, "The MCA is used when people don't have capacity to make decisions. An

assessment would take place and if necessary a best interest meeting arranged. We have one person here on a DOLs".

A person told us, "I love my food, its great here". Another person said, "I'm a vegetarian, they cater for my needs. They ask me what I would like to eat. The chef visits me in my room". They also commented that they sometime have to wait for a coffee. Another person told us, "It's excellent food, there's always choice. Today we can have cottage pie or quiche. For tea we can choose from soup or sandwiches with a choice of fillings and bread". They also said, "My visitors get drinks when they come to see me and I got a cake made for me on my birthday".

We met with the chef who started recently. He took us through the menu which evidenced that there were choices and a good variety of foods to support people to maintain a healthy and balanced diet. The chef told us, "We try and make sure there is a good mix of fresh food. I know who has soft diets and other dietary requirements". There was a list detailing these in the kitchen. The chef also said, "People have fed back that they enjoy my cooking which is motivating, they also fed back that they would like their salad chopped finer so I now do this". The Registered Manager told us that she was arranging core training for him for example, diet and nutrition, safeguarding and moving and handling.

People were free to choose where they wanted to eat their meals. One person told us, "I can choose where I want to eat. I mainly choose to have dinner at the table". Another person said, "I choose to eat in my room. They are happy for me to do this". We observed people eating their dinner in the dining room independently and saw staff offering people a choice of drinks and salt and pepper with their food. There was a calm and relaxed atmosphere which added to the homely feel. On several occasions throughout the inspection we observed staff and the Registered Manager offering and making people drinks.

People's food and fluid intake was recorded when necessary on their individual report sheets which staff completed at the end of each shift and were reviewed every four weeks. We noted that the menu and food was a regular agenda item in people's meetings which were chaired by the Registered Manager.

People had access to health care services as and when needed. A relative told us, "The service arranges health visits and transport. We are going to the hospital today and just waiting for the transport to arrive". Peoples care files had GP surgery care plans in place. These included health conditions, medication, support needs and measures in place. These were put together by the local surgery. Health professional visits were recorded in people's care files which detailed the reason for the visit, the outcome and any actions which needed to be taken by the care staff. Recent visits included; District Nurse, GP, Chiropodist and hospital appointments. A person said, "I have a health appointment at the hospital tomorrow, the service arranged this for me". We observed a staff member approach the Registered Manager with concerns about a person. The Registered Manager offered advice and contacted the local District Nurse who came to visit that afternoon. The District Nurse told us, "The service makes sure we report on what we have found, record outcomes and any advice or actions we need staff to take for example pressure area care or using turn charts". A chiropodist said, "The service always records my visits and if I feel I need to give advice I will let them know".

# Is the service caring?

## Our findings

People, staff, relatives and health professionals all said that the service was caring. One person told us, "Staff are caring here and I get on well with them". Another person said, "I can't fault the home, staff are very good here".

A staff member told us, "When I started I introduced myself to people and made myself available which helped me build relationships with them". An agency staff member said, "staff are caring here they are patient and friendly". The senior staff member told us, "Everyone is caring. Staff have the right training, attitude and patience". Another staff member said, "Staff are caring, if I felt someone wasn't I would whistle blow on them".

A relative said, "Staff feel like family, they are caring, kind and very helpful". They also commented on how staff make time to speak to people who live at the service. Another relative told us, "Staff are caring and make people feel happy".

A hairdresser said, "Staff are caring, gentle and talk nicely to people here". A chiropodist told us, "It's a happy home here, staff get down to eye level when communicating with people who are sat down. Staff are caring you can tell this with how they are". They also mentioned how good the one to one support with people was. A staff member commented on how she gets down to peoples level and pays interest in what they say which in turn makes their day. A District Nurse said, "The way staff care for people is very good, people are kept clean, seem happy and staff are keen to assist us during our visits". They also told us, "People we see are always positive about the home".

We saw staff and management acknowledging people as they entered the communal areas on several occasions. People seemed comfortable in staff's company and often engaged in conversation. Visitors were made welcome and seemed relaxed with staff and management.

Peoples care files recorded key professionals involved in their care, how to support them and medical conditions to name a few. This information supported new and experienced staff to understand important information about the people they were supporting. A person told us, "A staff member came into my room this morning and gave me a choice of when I wished to get up. She had a very kind and caring approach". A staff member said, "I always ask people what they want to wear, I support them to make decisions by giving them options". A chiropodist told us, "People are always given a choice as to whether they want their feet done".

People's privacy and dignity was respected. We saw on several occasion staff knocking on doors before entering people's rooms or communal bathrooms. We observed a domestic staff member knocking on a person's door before entering. She said good morning and explained why she was there which was to replace the old toilet brush. A person said, "Staff respect my privacy and dignity. I'm lucky to be pretty independent and staff support this". A staff member told us, "If I am providing personal care to people I make sure doors and curtains are closed and I cover private areas when supporting people to wash". Another staff

member said, "A Doctor visited this afternoon, I discreetly asked the person if they wanted to go back to their room to see him". A relative commented on how their mum's privacy is always respected by staff. Another relative told us, "Mum's privacy and dignity is respected here, she is able to use her own en-suite, dresses herself and does her own make-up".

## Is the service responsive?

### Our findings

A relative told us, "Since mum has had her stroke the service has bent over backwards, they have kept us informed of changes and got the Doctor or Nurse out when necessary". The relative went onto say, "The service pulled out all the stops to get mum back here, they moved her into a bigger room and adapted it to meet her needs. The Registered Manager sorted all the necessary additional equipment out". The Registered Manager said, "The owners pay for and provide necessary equipment as and when it's needed, there are no questions asked. I have full confidence in the Responsible Individual". The Senior Staff member told us, "The home tries its utmost to retain people for life and meet ongoing changing needs with equipment and regular health professional visits. It's a really good vision to have".

Care files had completed pre admission assessments which formed the foundation of basic information sheets and care plans. We noted that there were actions under each key area of care which detailed how staff should support people. As people's health and care needs changed ways of supporting them were reviewed. All changes were recorded in the care files and on a care review sheet which is shared with staff in a handover folder which they were expected to read and sign. We observed a staff handover which took place in the conservatory to ensure confidentiality. The Senior led the handover and updated the afternoon staff on the main events which had occurred that morning. They then discussed each person individually and covered key areas for example; activities, personal care, health concerns and re-positioning times. Logs were also checked and completed. It was handed over that one person had had a disturbed night due to itching. The service had contacted the GP that morning who had prescribed some cream which had arrived and was to be administered as a PRN. At the end of handover afternoon staff had an opportunity to ask the morning staff any questions.

A staff member told us, "I make time to talk to people and support them to feedback". An agency staff member said, "If someone asks me for something I try my best to deliver". They went onto say "A person this morning asked me if they could take a sandwich to a health appointment tomorrow so I logged this in the handover notes and diary so that it is done". We reviewed the notes and diary which confirmed this. Another staff member told us, "The Registered Manager has Residents Meetings. Recently people fed back that they would like to start doing Adult colouring books and this now happens". During the inspection we observed staff offering the choice of doing these to people.

The Registered Manager told us, "People have one to one chats with the Senior or Registered Manager to discuss what works or doesn't work for them in the home. These and Resident Meetings give people here good opportunities to be listened to and involved in changes".

We reviewed the Resident Meeting notes which take place every other month. These evidenced feedback from people and actions the service had taken in response, for example; people had said they wanted additional chairs in their rooms for when visitors came to see them. The service has since purchased a number of foldable chairs which are readily available to people and families as and when they visit. People had fed back in another meeting that they wanted to go on an outing. The Registered Manager asked people if they would like to go on a coach trip to see Christmas lights. This was arranged and people participated in



it. A person told us, "I went on the coach to see the Christmas lights; it was nice to get out". The notes also encouraged people to come down to the communal lounge for pre-lunch drinks every day. On day two of the inspection we observed a number of people coming along to the lounge and taking up this opportunity. People were given a variety of choices for example, tea, coffee or sherry. The Registered Manager told us that she usually types up the notes on the day of or the day after the meeting and issues a copy to everyone while the topics are fresh in their minds.

A person told us, "We don't do badly for entertainment here; we have singers and violinists which are good". Another person said, "I enjoy coming downstairs and talking to people". A relative told us, "Mum enjoys the activities here and is involved in the ones she chooses to be". A Chiropodist said, "There's always something going on like, music or activities which stimulate people who live here". They went on to say, "I often hear singing and see activities. There's also lots of photos and art work on the walls". As we walked around the home we saw these. In the reception hall there was a large notice board which displayed upcoming activities and events for people to participate in. Some of these included; musical bingo, cards, a visit from a violinist and singer. Activities were logged on people's daily record sheets.

Each year the service sent people and relatives feedback questionnaires. This was lead and coordinated by the Area Manager who also analysed the data and set action plans for the service to work towards. Some key questions covered topics such as; food, support, daily living and the environment. We reviewed the summary report and action plan. Overall the feedback received was very positive for example eight out of 10 people who had completed the questionnaire said that they were "very satisfied" with how people and staff got on with each other and 15 out of 16 relatives said staff were "always" polite and helpful. There were some areas of improvement identified which were set in an action plan which linked the Key Lines of Enquiry next to them for example people wanted more variety and better food presentation which had been linked to "Effective". People also fed back that they wanted the trees in the garden chopped to allow more light to come through. In response to these food is now a regular item on the Resident Meeting agenda and the owner / Responsible Individual has paid a contractor to chop the tree and let more light into the garden. The Registered Manager told us that they are looking at issuing staff with a feedback questionnaire this year.

During our inspection we observed the services handy man approach the Registered Manager saying that a person who had recently had her room decorated had asked for new curtains and a headboard to match the new colours. The Registered Manager agreed for these to be purchased and told the handy man to work with the person to decide what she wanted and order them.

We reviewed the services complaints procedure and recording system. Complaints were recorded on a form this captured the complaint and evidenced the steps taken to address it as well as any learning. A recent complaint involved a person call bell not being to hand. The Senior made staff aware of the importance of people having call bells within easy reach and spent time reassuring the person and family that this would not happen again. A person told us, "If I wanted to complain I know I could speak to the Registered Manager but had never had to yet". They went on to say, "I know I can see the staff anytime and that they will respond to me". Another person said, "If I think of improvements I know I can speak to the Registered Manager. I feedback concerns about being next to the laundry room and it being noisy. In response they moved me upstairs". A relative told us, "I have never had to complain but I know how to. The service gave us a complaints procedure when mum first moved in". A chiropodist said, "If I had any concerns or a complaint I would approach the Registered Manager but have never had to". Another relative told us, "If I had a concern I would raise it and feel comfortable doing so. The service accept what we say".

We observed that call bells were answered by staff in a timely fashion. A District Nurse told us, "Staff respond



to call bells quickly when I visit". A hairdresser said, "When I am with people and they press their bell staff appear to support them quickly". The Registered Manager completed a call bell analysis weekly. The service has set an average response time target of one minute. The general response time during the day meets this. During the evening response times can be longer due to less staff and people requiring two staff for transfers. The Registered Manager and Area Manager encourage staff to respond to call bells when they sound assess the situation and support people as required. For example if someone needed to use the toilet and another bell is pressed that person would be assisted onto the toilet and told that the support staff will be back once they have checked on the other person calling. The Registered Manager said that this approach worked but assured us that no one would be put at risk.

Staff were able to tell us that they know they were doing a good job when people were happy. One staff member told us, "I know I am doing what I should be because of the training I have received and my experience of working here. I always put my training into practice and receive regular refresher training which is good". Another staff member said, "I know I am doing a good job if people feedback positive comments and if they are happy and thankful. It's a great environment here".

## Is the service well-led?

### Our findings

We observed a very positive culture between people and staff supporting them. The service had a set of Aims and Values which put people in the centre of the care they received. These reflected giving people who use the service control over their daily life, safety and dignity. Staff demonstrated these using person centred approaches by acknowledging them, promoting choice and talking them through the support they were providing in an empowering way. We observed a staff member supporting a person to the toilet, the staff member explained to the person that they would leave them to finish and wait for them to call the bell for further support if required.

On the second day of our inspection the Registered Manager and Senior were having a handover meeting following the weekend on call. Both the Manager and Senior worked care shifts when these could not be covered by agency staff because of sickness or annual leave. The manager encouraged an open working environment, for example we observed on several occasions staff coming up to her or the Senior to discuss matters with them. We observed the manager talking with people who use the service.

People, relatives, health professionals and staff commented on how well the service was managed. A person told us, "The Registered Manager is so good she always listens to what we say". Another person said, "The manager leads by example". A chiropodist told us, "The Registered Manager leads the staff very well, if I ever need any information on people I am visiting I always get it and if I needed something doing I know it would get done". A District Nurse said, "The Registered Manager is very approachable and caring. She likes to know what is going on. She's always very happy, pleasant and very efficient". A relative mentioned how good the management team were and said that they are always willing to listen to comments. Another relative told us, "I'm so happy with the Registered Manager, she can't do enough for us!" The Senior staff said, "The Registered Manager is really supportive. Her and the Responsible Individual are both very approachable". A staff member told us, "I feel I can approach the Registered Manager or Senior staff. I am happy here and feel supported in my role. The management team run the service well, it's just like a home from home here which is something to be proud of". The staff member also mentioned that it would be nice to meet the new owner / Responsible Individual. The chef told us, "I feel very supported by the Registered Manager, she is very hands on". A hairdresser said, "It well managed here, the manager is always busy but does make time to speak to people, visitors and staff".

The Registered Manager told us that she completes staff competency checks to ensure the staff are confident in their roles and that they are receiving the support they need to fulfil their roles. We reviewed staff files which confirmed this.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The Registered Manager took us through the services quality assurance folder which contained a number of different audits and checks she regularly completes to ensure the service is delivering high quality care and

support to people who live there. Monitoring included; incidents and accident reporting, infection control audits, management checks and care plan audits to name a few. All audits and checks were up to date and complete. At the end of each month the manager completes a management report which is sent to the Area Manager. This covers key areas for example, new admissions, falls, staff and progress on outstanding actions. These systems demonstrated good management and effective ways to monitor quality service provision.