Friary Fields Limited

Friary Fields Care Home

Inspection report

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Date of inspection visit:
18 July 2016

Date of publication:
19 August 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 18 July 2016 and was unannounced.

Friary Fields Care Home provides accommodation for up to 34 older people and people living with dementia. 20 people were living at the service at the time of the inspection.

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

Improvements in the systems and processes to check the management of medicines were required. Protocols to advise staff about the administration of prescribed medicines to be taken as and when required were not available. Information about people's preferences of how they took their medicines was not available for every person.

Staff were aware of their responsibilities to protect people from abuse and avoidable harm. Staff had received adult safeguarding training and had available the provider's safeguarding policy and procedure.

Risks to people's individual needs and the environment had been assessed. Staff had information available about how to meet people's needs, including action required to reduce and manage known risks. These were reviewed on regular basis. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. The internal environment was safe but action was required to ensure the external building was kept safe at all times.

Safe recruitment practices meant as far as possible only suitable staff were employed. Staff received an induction, training and appropriate support. There were sufficient experienced, skilled and trained staff available to meet people's individual needs.

People's healthcare needs had been assessed and were regularly monitored. The provider worked with healthcare professionals to ensure they provided an effective and responsive service. However, for one person staff had not followed recommendations from a healthcare professional and this had impacted on the person's health.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People received a choice of meals and independence was promoted.

The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. Where people lacked mental capacity to

consent to specific decisions about their care and support, appropriate assessments and best interest decisions had been made in line with this legislation. However, these lacked specific details in places and had not been reviewed. Where there were concerns about restrictions on people's freedom and liberty, the registered manager had appropriately applied to the supervisory body for further assessment.

Staff were kind, caring and respectful towards the people they supported. They had a person centred approach and a clear understanding of people's individual needs, routines and what was important to them.

The provider enabled people who used the service and their relatives or representatives to share their experience about the service provided.

People were involved as fully as possible in their care and support. There was a complaints policy and procedure available and people were confident to report any concerns or complaints to the registered manager. People had some information about external services that could provide support. The registered manager had information leaflets about independent advocacy services that they were going to make available for people.

People were supported to participate in activities, interests and hobbies of their choice. Staff promoted people's independence.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Concerns were identified with the management of medicines. Some information staff required about people's medicines were missing or out of date. Audit systems were insufficient.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were safe but an external garden shed was found to be unsafe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Is the service effective?

Requires Improvement

The service was not consistently effective

Communication between staff could be improved upon to ensure people's needs were understood and acted upon.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Is the service caring?

Good

The service was caring

Staff were caring and treated people with dignity and respect.

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

People had some information about external services that could provide independent support. The provider had advocacy information leaflets that they were going to make available for

people.

Is the service responsive?

Good

The service was caring

People received personalised care that was responsive to their individual needs.

Staff had information about how to meet people's individual needs and were knowledgeable and understood people's routines and what was important to them.

People had access to the complaints procedure that was made available in an appropriate format for people with communication needs.

Is the service well-led?

Good

The service was well-led

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service. Staff were confident in raising any concerns with the registered manager and that they would take action.

There were systems in place to monitor and improve the quality of the service provided.

Friary Fields Care 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 18 July 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, Healthwatch Nottinghamshire and health and social care professionals known to the service to obtain their views about the service provided.

On the day of the inspection we spoke with four people who used the service and two visiting relatives for their feedback about the service provided. Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, two senior care workers, two care workers and the cook. We looked at all or parts of the care records of five people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes and how medicines were managed.

After the inspection we received additional feedback from an external social care professional that visited

the service. We also contacted two people's relatives for their feedback about their experience of the service their family member received.

Requires Improvement

Is the service safe?

Our findings

People told us that they received their prescribed medicines safely and at the right time. One person said, "The staff are very good with medicines. They give me my medicines twice a day." A person who used the service said, "At night it's on time."

Staff told us they had completed training in medicines administration and the registered manager had completed competency checks to ensure their learning was understood and they followed best practice guidance. Records viewed confirmed what we were told.

We observed a senior member of staff administering medicines. They did this competently and safely following good practice guidance. The senior member of staff stayed with the person to ensure they had taken their medicine safely.

Two senior care staff told us of the procedure for the ordering, delivery and returns of unused medicines. We found that medicines were stored securely. The temperature of the room and medicine fridge was checked and recorded daily to ensure this was within appropriate limits for the safe storage of medicines. We saw records for the temperature of the fridge was in safe limits, however, the room temperature recordings showed the room was regularly higher than it should have been. We saw a fan was used to try and control the temperature.

We did a stock check of medicines and found one medicine used as and when required was out of date which could impact on the effectiveness of the medicine. There was a high amount of surplus stock that was due to how medicines were ordered. There were no systems in place to check the stock of medicines and the audits in place for medicines were minimal.

People's medicine profiles that advised staff of information they needed to know such as their preference of how they took their medicines was not available for all people. The registered manager told us they were in the process of updating this information. Some people were prescribed medicines as and when required (PRN). There were no PRN protocols in place to advise staff of the circumstances this medicine should be administered.

We noted that the provider's medicine policy and procedure was dated 2011. There was no information to show that this had been reviewed. This is important to ensure staff have up to date information on any medicines legislation changes and up to date good practice guidance.

We checked the medication administration records (MAR). These confirmed that people had received their prescribed medicines.

After our inspection we made a referral to the medicines management team for social care within the local clinical commissioning group to provide the service with guidance and support.

The provider had systems and processes in place to ensure as far as possible that people were protected from avoidable harm and abuse. People told us that they felt staff protected their safety. One person said, "Oh yes they make me feel safe." Relatives were also positive about people's safety. "I have no concerns about safety at all." Another relative said that they felt they could relax knowing their family member was safe and well looked after.

Staff told us they had received adult safeguarding training and demonstrated they were clear about their role and responsibility in protecting people. One staff member said, "There are a lot of different forms of abuse. We've had training about the signs of possible abuse and what we should do if we have concerns." Another staff member told us that they were confident that the registered manager responded appropriately to any concerns about safety that were raised. The registered manager told us that people's bedrooms were locked when they were not in use as a method of protecting people's processions.

We observed that staff were attentive to people's needs and ensured their safety at all times. We found an adult safeguarding policy was in place and available for staff. Records confirmed staff had attended adult safeguarding training. Where required the registered manager had reported safeguarding concerns to the local authority safeguarding team. Records demonstrated how the registered manager had worked with the local authority to investigate safeguarding concerns. Where concerns had been identified the registered manager had taken action to reduce further risks. For example, some people were living with dementia and could become anxious resulting in behaviours that challenged the service. These incidents were monitored for themes and patterns to reduce risks and protect people from harm.

Risks to people's needs had been assessed and planned for. People gave examples of how they had been included in discussions and decisions about how risks were managed. This included an example about how a person accessed the community. One person told us that they had no restrictions placed upon them and that they accessed the community independently. A relative told us of the action the registered manager had taken in response to their family member's falls. They said that the GP and community health professional falls team, had recently been involved to assess the person's walking and safety.

Staff told us how they supported people to remain safe. This included an awareness of any risks associated to people's needs and ensuring the environment was safe for example from trip hazards.

We observed that an external shed that stored garden equipment had the door open showing a variety of garden tools unattended. People could access this area of the garden independently; this therefore posed a potential risk to people's safety. We discussed this with the registered manager who said they would take immediate action to make the area safe.

Personal emergency evacuation plans were in place in people's care records. This information is used to inform staff of people's support needs in the event of an emergency evacuation of the building. The provider also had a business continuity plan in place and available for staff to advise them of the action to take in the event of an incident affecting the service.

The provider ensured the building and equipment were appropriately maintained and serviced to ensure people were safe. For example, weekly testing of fire alarms were completed. Records showed that services to gas boilers, fire safety equipment including hoists and the passenger lift were conducted by external contractors to ensure these were done by appropriately trained professionals. One relative raised concerns about their family member's bedroom in relation to the flooring and heating. We spoke with the registered manager about what we were told. They said that they would follow this up.

We asked people about their opinion about staffing levels. Three people who used the service told us that they felt more staff were required. One person told us, "They haven't got time their so busy." Another person said, "They never seem to have enough staff on here." A third person added, "The girls [staff] are lovely but always busy." The general opinion was that staff responded in an appropriate time when people requested assistance. Three out of four relatives told us that they had no concerns about staffing levels and felt when they visited their family member sufficient staff were available.

Feedback from a visiting social care professional told us about their experience about visiting the service. They said that whilst they recognised the service was busy and demands were high on staff, they had never seen that this had impacted on the care and support given to people.

Staff spoken with did not raise any concerns about staffing levels. One staff member said, "We're an experienced staff team that work well together. We pick up any shifts that need covering."

We observed that staff were busy but organised; they communicated well with each other and were clear about their role and responsibilities. Staff were attentive to people's needs and were visible in the communal areas.

There were safe staff recruitment processes and checks in place for staff that worked at the service. Staff told us they had supplied references and had undergone checks relating to criminal records before they started work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff began work. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

Requires Improvement

Is the service effective?

Our findings

People told us that staff supported them to maintain their health. This included requesting external healthcare professionals visit when people were unwell. We saw records that showed people's healthcare needs had been assessed and care plans were in place to advise staff of the support required. However, we identified from one person's daily records that they had requested their toe nails were cut. Staff arranged for the podiatrist to visit who identified an ingrowing toenail and advised staff of how to care for this. This information was not recorded in a care plan or clearly communicated to staff. When we asked staff about what care was required they were unsure. Daily records did not record that the recommendations made by the podiatrist had been followed. The podiatrist visited on the day of our inspection and raised concerns that the toe nail was worse and now needed a referral to the GP. This told us that the deterioration may have been avoided if staff had followed the podiatrist recommendations.

Staff had the required skills, knowledge and competency to do their job. People who used the service did not raise any concerns about how staff met their needs. Relatives told us that they were confident that staff knew their family member's needs and provided effective care. One relative said, "Yes they're well-trained, they're on the mark."

Feedback from a visiting social care professional was positive about how staff supported people's needs. They said that some people they supported at the service had complex needs, and that the registered manager and staff team worked well at understanding and meeting these needs.

Staff were positive about the support they received. One staff member told us about their induction when they commenced their employment. They told us about training they had completed, and that they were in the process of completing the care certificate. The care certificate is an identified set of standards set out by the Skills for Care Council that health and social care workers adhere to in their daily working life. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff. Staff also had meetings with the registered manager during their probationary period to discuss their work and learning needs.

Staff told us that they were satisfied with the training opportunities available and these were appropriate for the people who used the service. One staff member said, "The training is constant and ongoing. You can always ask for anything additional, the manager is open to suggestions and will find us what we need." Another staff member told us, "We have booklets to complete on different subjects. We do on-line training and the manager provides some training too." The registered manager was qualified in some subject areas to deliver training and had completed some specific training in caring for people living with dementia. They were knowledgeable and skilled in this subject and had supported staff with their understanding and knowledge.

We saw the staff training plan that showed staff had received training in a variety of areas such as, moving and handling, first aid, fire safety, dementia awareness, diabetes and pressure care management. Training certificates confirmed staff had completed this training.

The registered manager told us that they formally met with staff six times a year to review their work and training needs. In addition staff had a yearly appraisal to review their performance. Staff confirmed what we were told and were positive with the level of support provided. One staff member said, "We talk about how we are doing, how we can improve and if we have any training needs."

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.

The registered manager understood the MCA and staff demonstrated they understood the principles of this legislation. Staff were clear about assuming a person had mental capacity unless proven otherwise. They were also aware of the importance of supporting people to give consent by providing appropriate explanation. Staff told us about MCA assessment and the best interest decision process, they said that the registered manager was responsible for completing this. We found examples of where people lacked mental capacity to consent, MCA assessments and best interest decisions made. However, these records lacked specific detail in some places and had not been reviewed. We discussed this with the registered manager who was aware of these issues and had plans to address this.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Where concerns had been identified about people being restricted of their freedom and liberty, the registered manager had applied to the supervisory body for an authorisation and further assessment.

People told us that staff asked for consent with day to day decisions before care and support was provided. Relatives also confirmed that they and their family member were involved as fully as possible in decisions.

Staff gave examples of how they gained consent before supporting people. They said some people were more able than others at expressing their decisions. Staff said for people with communication needs they relied on non-verbal signs, such as body language and gestures. They also said due to knowing people well they were able to interpret what people communicated and that this was respected and acted upon.

We observed that people were supported by staff to give consent in a variety of areas such as where to sit, what to do and before assistance was given with personal care needs.

Where people had a power of attorney in place this was identified in the care record. This gives another person legal authority to make decisions on behalf of another person relating to either a person's finances or care and welfare decisions. The registered manager told us that they had documentation to confirm people's power of attorney details. We saw examples of do not to attempt resuscitation order (DNACPR) in place. These had been completed appropriately.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. People made positive comments about the food choices including the quality and quantity of what was available. One person described the food choices as, "Very, very good."

Staff we spoke with showed a good understanding of people's nutritional needs and preferences. Specific dietary and nutritional requirements, including cultural or religious needs were assessed. Additionally,

people's preferences were also included in people's plans of care. The cook told us how some people had specific needs with their diet and said how they catered for these needs. For example, some people had diabetes, some people needed a higher intake of calories and some people required a soft diet due to concerns about swallowing. We found food stocks were appropriate for people's individual needs and food was stored correctly.

Where people required assistance to eat and drink staff were seen to be attentive and supported people appropriately. They were unhurried in their manner, gave people explanation and chattered to them and gave encouragement and reassurance. Some people used adapted utensils to support them to eat and drink independently.

There was a visual menu on display advising people what the meal choices were. They cook said to support choice making people were shown the choice of meals as they were being serviced to enable them to make an informed choice. People's weight was monitored as a method to identify any concerns related to weight gain or loss. Where required, a referral to external healthcare professionals was made when concerns had been identified.

Good

Is the service caring?

Our findings

People had developed positive and caring relationships with the staff that supported them. People were positive about the approach of staff. One person who used the service told us, "There are some things I would say; it's the best in Nottinghamshire, the care of the residents, the girls [staff] are very good." Another person described staff as, "They are nice, very nice, very nice." Relatives were equally complimentary about the staff with one relative saying, "It's a nice, kind and caring home. I think the staff are doing a marvellous job. They're lovely staff."

Feedback from an external social care professional was positive about the staff team. Comments included, "I am always made to feel welcome and the door is opened with a smile, and there is time for anything requested even though I know staff are very busy."

We found staff were attentive to people's needs and ensured they were comfortable. One person told us, "I cried one day and they [staff] looked after me, but they try to step back if it's a bit personal." We observed a person living with dementia became increasingly anxious, confused and frequently shouted out. All staff were seen to respond quickly, providing reassurance in a calm and caring manner. We saw one staff member gently stroke the person's back to help calm the person. Throughout our inspection staff showed empathy and understanding of people's anxieties and concerns.

We saw staff demonstrated they had a good awareness of people's life histories, preferences and what was important to them. We observed one member of staff was seen singing to music that was playing whist trying to encourage people to sing along. They said to one person, "What else do you like? You like the 50s don't you?"

Feedback from an external social care professional was complimentary about how caring the registered manager was towards people. We found that the registered manager was frequently supporting people and engaged in conversations asking how people were. We observed the registered manager supported a person with their drink. They asked first if they wanted a drink and picked the person's drink whilst gaining eye contact and smiling, explaining what they were doing. They continued with this, wiping the person's chin between drinks and smiling, and talking to them.

An external social care professional gave an example of how a person was supported by staff to move into independent living. They said, "On the day of the move nothing was too much trouble. The manager took personal responsibility for many aspects of the move and a long difficult day for an anxious service user was made a little easier because of the co-operative working."

People told us that staff involved them in discussions and decisions about the care they received. A relative told us they were invited to a review meeting once a year with the registered manager to discuss the care and support provided. Other relatives told us the same and added that the registered manager was always around and supportive should they want to speak with them. Records confirmed that people were involved in discussions and decisions about the service provided.

We asked the registered manager If people had access to information about independent advocacy service. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. We saw information on display about a service the local authority provided. The registered manager said that they had leaflets available about offering advocacy support and would ensure these were made available for people.

People told us how staff supported them with their independence. One person told us about the work they did when they were younger and that they liked to support others. They said, "I'll pull the chairs out and set the table. I loved my job before so I'm used to doing it, helping." We saw staff supported another person to prepare the tables for lunch. After lunch we saw how a person was asked if they would like to wipe the table mats which they did. Another person said, "Your cooking, cleaning are all done for you. But I've got a little brush to sweep because I like to do it myself, it gives me something to do." Relatives were positive that independence was promoted by staff.

People told us that staff respected their privacy and dignity. We saw a good example of this. When we were talking to a person and their relative in their room, a staff member knocked on the door and waited to be invited in. They brought the person and their relative cups of tea and chatted about the heat and asked if they were alright before leaving.

We noted that there were a choice of rooms to use and areas of space that provided people with privacy. There were two lounge dining areas and smaller areas that provided seating and a conservatory.

We observed how a member of staff treated a person with dignity and respect. They had noticed a person had spilt some drink down their top. The staff member discretely asked the person if they would like some assistance to change into a clean top. They supported the person to their room to change. The staff member was sensitive showing the person dignity and respect. Staff were seen to use people's preferred names and spoke politely when talking with people.

Relatives told us there were no restrictions when they could visit. The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Good

Is the service responsive?

Our findings

People told us that staff provided a responsive service that was based on their needs and what was important to them. People said that they were asked about their individual interests and preferences and these were respected and acted upon.

Feedback from an external social care professional was positive about how the service had provided a personalised service to people at the service. One example was given how a person was supported to develop their independence and confidence before they moved to live more independently in the community.

We found from people's care records that they and their relative or representative had been involved in the assessment and development of their care plans. This information provided staff with guidance of how to meet people's individual needs. Care plans were then reviewed by the registered manager on a monthly basis to check they continued to reflect people's needs correctly.

We saw included in people's care records information about their hobbies, pastimes and work, including diverse needs such as religious, cultural and spiritual needs. We also noted information about what made a person happy, sad, their favourite things and what a good day looked like was recorded. Some people were living with dementia and this information was particularly important where they were reliant on staff to support them.

Some people who used the service had anxieties and behaviours associated to their mental health. Staff had information available about the possible triggers that may heighten a person's anxiety and the coping strategies required to support them. Staff gave good examples of how they were responsive to people's needs. One staff member said, "If a person's mood changes, sometimes is best to leave and go back a short time later. Communication is important, speaking in a calm manner."

People's communication needs had been assessed and plans of care advised staff of how to support people with their communication. For example, two people who used the service English was not their first language. Words, phrases and greetings in these people's first language had been provided for staff to support them to communicate. For one person the service user guide had been translated into the person's first language. This is information that advises people what they can expect from the service. The registered manager also gave examples of when they had used a translation service for people at specific times to support communication.

Staff were aware of people who may have been at risk of self-isolation. They said that they respected people's choice if they wanted to participate in activities or not, or if to remain in their room instead of using the communal rooms. However, they continued to offer people choices and checked on their welfare regularly.

When a person was asked about how they spent their time they said, "The biggest problem here is the

boredom. I watch films on my computer and I love the Kindle so I can read." Relatives told us that activities were provided and that their family member either chose not to participate or showed no interest in activities due to their level of dementia.

Feedback from an external social care professional told us, "I see stimulation for residents whenever I have been at the service."

We saw staff tried to engage people in activities throughout the day. In the morning we saw two staff playing a game with three people. They were throwing a beanbag onto a mat displaying letters of the alphabet. One staff member called out the category that they had to come up with, for example a girl's name. They smiled and encouraged people to join in; they gained eye contact and gave clues to help people with their answers. People all repeated the same name and the staff smiled and praised each one of them. In the afternoon we saw some people sat at tables colouring patterns on paper, 1940s and 50s music played and staff encouraged people to sing along. Some people chose to spend their time in the garden. It was a hot day and staff ensured people were offered sun screen.

In one of the corridors there were large framed pictures of Newark in years gone by that provided people an opportunity to reminisce about the town. Around the service were poster sized noticeboards containing photographs of activities undertaken by people. We saw a list of activities for the week listing something for every morning and afternoon. Activities included exercises, singing and art and craft. In another area downstairs there was a bookshelf stocked with books, and a bench. Items of memorabilia were available for people to explore, on the wall there were signs that said 'Bus Stop' and a bus timetable was displayed. There was also a buggy containing two dolls. We noted a list of 30 quick activities for staff to do with people living with dementia was on display taken from the 'Best Friends Approach to Alzheimer's'. This told us that the provider had a commitment of providing appropriate and meaningful activities for people living with dementia.

People had information about how to make a complaint and it was presented in an appropriate format for people with communication needs. People told us that if they had any concerns they felt able to speak with the staff. They told us that they found the registered manager to be approachable and that they acted on any concerns raised.

The complaints log showed one recorded complaint had been received since our last inspection in 2013. The registered manager had responded to the complaint in a timely manner and appropriate action had been taken to resolve the concern. Staff demonstrated an awareness of the complaints procedure and what their responsibility was in relation to this.

Good

Is the service well-led?

Our findings

People who used the service and visiting relatives were positive about the service they received. One relative said, "The care provided is well managed. The building could do with a bit of a spruce, but that's down to the owner." All relatives spoke highly of the registered manager. One relative said, "I like the manager very much, they are very approachable and caring."

Feedback from an external social care professional complemented the registered manager in terms of their communication, commitment in meeting people's needs and caring approach. Comments included, "The home have instilled confidence in me in their ability to know their role and support the role of other agencies, and I have a lot of respect for them for doing this."

Staff were positive about the leadership of the service. They said that the registered manager was supportive, knowledgeable and a good leader. Both relatives and staff said that the registered manager was visible daily and regularly engaged and supported people who used the service. Our observations confirmed what we were told.

Staff were aware of the whistleblowing policy and said that they would not hesitate to use this if required. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

The provider had a clear vision and set of values that were in the information guide provided for people who used the service. This information explains to people what they can expect from the service. We saw that staff acted in line with those values. One staff member told us, "We try and provide a homely environment where people are treated with dignity and respect and their individual needs are met." Staff said that the registered manager was supportive to their learning and development, and encouraged and supported them to complete recognised qualifications in social care. An example of this was that one senior staff member was completing their level five diploma for leadership in health and social care.

Staff were clear about their role and responsibilities and were observed to be organised and communicated effectively with each other. This created a calm and relaxed atmosphere. People who used the service looked relaxed within the company of staff, and staff we talked with were committed to their job and demonstrated their care for people. One staff member said, "I really enjoy my work and love being here."

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

People received opportunities to share their views about the service they received. As part of the provider's internal quality assurance process, questionnaires were sent to people that used the service and relatives and representatives annually. This information was then analysed for any required action. We saw feedback

received to questionnaires sent in January 2016 were all positive.

People received opportunities to share their views about the service they received. This was by completing feedback questionnaires and quarterly meetings for people who used the service and their relatives were arranged. We saw the last two meetings showed no attendance. The registered manager said that they were not always well attended but they continued to give people the opportunity to meet and share their views.

Accidents and incidents were recorded and action was taken to reduce further risks. Some people had high anxiety that resulted in behaviours. These incidents were recorded to show how the person was before the incident, what occurred and what the outcome was. This was to monitor for any triggers and the action taken by staff.

The provider had quality assurance checks in place that monitored quality and safety. The registered manager completed daily, weekly and monthly audits. These audits included checks on health and safety, the environment and staff training needs. The registered manager acknowledged that improvements were required with the systems in place to monitor the management of medicines. They also acknowledged communication between staff needed to improve to ensure people's changing needs were acted upon effectively.