

Xcel Care Homes Ltd

Consort House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 2 and 7 April 2015 and was unannounced.

Consort House Nursing Home provides care and accommodation for up to 58 people. On the day of the inspection 53 people lived in the home. Consort House Nursing Home provides care for people with physical and mental health conditions which includes people living with dementia.

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

Summary of findings

People had not had their medicines managed safely. Medicines administration records were all in place, but had not all been correctly completed. An action plan had been put in place to address all the issues found. Processes had been changed and fed back to staff. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, speech and language therapists and dieticians.

Call bells were not always answered promptly. Action had been taken to address this concern. Records showed and people told us improvements had been made in call bell response times. One person said, "There was a problem with the time it took staff to arrive after I had pressed my bell. The manager was made aware of this and things are certainly getting better".

During the inspection people and staff were relaxed, the environment was clean and clutter free. There was a calm and pleasant atmosphere. People confirmed they had the freedom to move around freely as they chose and enjoyed living in the home. Comments included; "I love living here" and "Staff are very kind indeed, I enjoy the company and have quite a laugh".

Staff responded quickly to people's change in needs. People and those who matter to them were involved in identifying their needs and how they would like to be supported. People preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People's risks were managed well and monitored. There was a culture of learning from mistakes. Accidents and safeguarding concerns were managed promptly. Investigations were thorough and action was taken to address areas where improvements were needed. There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed.

People were promoted to live full and active lives and were supported to go out and use local services and facilities. Activities were meaningful and reflected people's interests and individual hobbies. People told us they enjoyed the variety of activities the staff enabled them to take part in.

One person commented, "I really enjoy all the games we get to play, I like being around people. Everyone is so friendly and there's always so much to do".

People were supported to maintain a healthy balanced diet. Dietary and nutritional specialists' advice was sought so that people with complex needs in their eating and drinking were supported effectively. People told us they enjoyed their meals and did not feel rushed. Comments included, "The food is excellent, top class" and "Brilliant food, plenty of it, very good indeed".

People, friends, relatives and staff were encouraged to be involved and help drive continuous improvements. Meetings were held and questionnaires were sent to help ensure positive progress was made in the delivery of care and support provided by the service.

People knew how to raise concerns and make complaints. People told us concerns raised had been dealt with promptly and satisfactorily. Any complaints made were thoroughly investigated and recorded in line with Consort House's own policy. One person said "I have no hesitation in raising any concerns I have; it is always quickly put right, I'm very happy".

People told us they felt safe. Advice was sought to help safeguard people and respect their human rights. All staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. The manager had sought and acted on advice where they thought people's freedom was being restricted. People were asked and gave their consent to their care. This helped to ensure people's rights were protected.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. One staff member said: "We are so well supported and we get so much training it helps me have confidence." The service followed safe recruitment practices to help ensure staff were suitable to carry out their role.

Staff described the management as very open, supportive and approachable. Staff talked positively

Summary of findings

about their jobs. Comments included: “I really enjoy working here.”; “I do like my job, the support is excellent and I feel motivated” and “I happy and enjoy my job, I can’t say much more than that”.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive continuous improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not always safe. Staff did not always manage medicines consistently and safely. Accurate records were not always kept. Action had been taken to address this concern.

Call bells were not always answered promptly. Action had been taken to address this concern.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Requires improvement



Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People experienced positive outcomes regarding their health. The service engaged proactively with health and social care professionals, and took preventative action at the right time to keep people in the best of health.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care records were written to reflect people's individual needs. Staff knew how people wanted to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People were supported to maintain relationships with those who mattered to them and maintain community and social links.

Good



Is the service well-led?

The service was well-led. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Good



Summary of findings

Quality assurance systems drove improvements and raised standards of care.

Consort House Nursing Home

Detailed findings

Background to this inspection

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

The unannounced inspection took place on 2 and 7 April 2015 and was following concerns we had received.

The inspection was undertaken by two inspectors. 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 also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information

about important events which the service is required to send us by law. Finally we reviewed information we had received from health care professionals, the local authority safeguarding team and people who had raised concerns about the service.

During the inspection we spoke with eleven people who lived at Consort House Nursing Home, four relatives, the registered manager, the deputy manager and ten members of staff. We also spoke with three health care professionals, a GP, a speech and language specialist and a dietician, who had all supported people within the service. We looked around the premises and observed how staff interacted with people throughout the two days.

We looked at seven records related to people's individual care needs and eleven people's records related to the administration of their medicines. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

Prior to the inspection concerns had been raised with us regarding the safe administration of medicines, call bells not being answered timely, the safety and maintenance of equipment used to support people and whether there were sufficient staff to meet people's needs. We found that, prior to our inspection; action had been taken to address all of these issues raised.

Medicines had not been managed correctly. It could not be evidenced people had been given their medicine as prescribed safely. Medicines administration records (MAR) were all in place, but had not all been correctly completed. For example, hand written entries on the MAR had not been signed or dated. This included medicines that had been changed or discontinued. Medicines were locked away as appropriate. However, where refrigeration was required, temperatures had not been logged consistently to evidence they fell within the guidelines that ensured quality of the medicines was maintained. The registered manager had already taken action with regards some areas of safe management of medicines prior to our inspection. An independent audit had also highlighted the issues we had found. Following the audit, an action plan had been immediately put in place to address all the concerns raised. Recorded minutes from a staff meeting evidenced staff had been made aware of the changes that needed to take place and detailed the new processes that had been implemented to help ensure safe administration of medicine. Staff had been appropriately trained and confirmed they understood the importance of safe administration and management of medicines. The local pharmacist had also been requested to visit the service, to provide advice on how practice can be improved further.

People told us call bells were not always answered promptly and questioned if staff would respond quickly enough in an emergency situation to meet their needs. Comments included, "When I press my bell the carers come, not all that quick, but they do come", "I don't mind waiting for something that is not urgent, but it does worry me what would happen if it was urgent and I needed someone quickly". The registered manager was already aware of the concerns around the time in which staff took to answer call bells. A call bell audit and spot checks had been conducted by the registered manager, results of which had been fed back to staff. Staff told us and recorded

minutes confirmed, handovers and staff meetings had been used to express the importance of answering call bells within the time dictated in Consort's own policy to help ensure the safety of people who lived there. We observed a relative and residents meeting. Call bells had been included on the agenda and was discussed. The registered manager was open about the fact call bell answering time had not been good enough and needed to be improved. Staffing levels had been increased and plans had been put in place to address the issue. For example, consideration had been given to the layout of the building and how this could be changed to increase efficiency and help meet people's needs. People had noticed a recent improvement in the time it took staff to answer their call bells. One person stated, "The manager is very aware of the problem with the bells and is on top of it, improvements have already been made." Another person said, "I'm quite happy now, I was waiting a long time when I pressed my bell, but that has been put right."

People told us they felt there were enough staff to meet their needs and keep them safe. Comments included, "Staff are plenty in number." and "Plenty of staff here, I get everything I need." Staff confirmed there were sufficient numbers of staff on duty to support people. A staff member told us; "We are currently well staffed, new staff get employed when shortages occur." The registered manager told us staffing levels were regularly reviewed and were flexible to help ensure they could meet the needs of people. They confirmed additional staff could be arranged at any time if the need arose. Staff did not appear rushed during our inspection and acted promptly to support people when requests were made. For example, we observed one person requested assistance with walking. The staff member immediately stopped the task they were performing and promptly supported the person to get to where they wished to go.

People told us they felt safe. Comments included; "The thought of not being safe has never entered my head. I feel very safe" and "My safety is the main thing for me. The security staying here offers me is largely why I am here, and I feel safe." A relative commented; "I do feel Dad is safe, oh yes."

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff accurately talked us through

Is the service safe?

the appropriate action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member commented, "I had to wait for my references and other checks to come through and only then could I start work." Staff files contained evidence to show, where necessary, staff belonged to the relevant professional body. For example, one file relating to a qualified registered nurse, contained confirmation of their registration from the Nursing and Midwifery Council.

Concerns had been raised about the safety and suitability of the equipment used to safely move people when required. We found all equipment was clean, in good repair and was fit for purpose. The registered manager confirmed some of the equipment had been recently serviced and repaired to help ensure people's needs could be met safely.

People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way.

Is the service effective?

Our findings

Prior to the inspection concerns had been raised with us regarding whether staff had the right knowledge and skills to carry out their roles effectively. We did not find any evidence to substantiate these concerns.

People felt supported by well trained staff who effectively met their needs. Comments included: “Staff are excellent, very good at their jobs” and “Staff are very experienced and very good. They know what to do and know me well.” A relative said, “Staff are very capable at doing their job.”

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. Staff felt this gave them confidence in their role and helped enable them to follow best practice and effectively meet people’s needs. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. A new member of staff told us, “My induction is going very well. I’m shadowing experienced staff who are all supportive and helpful. I’m gaining confidence and really enjoying it.” The registered manager told us, staff could openly discuss and request additional training and would be supported to achieve their goals. Staff confirmed this. For example, one staff member told us, “If you want to do any additional training, [...] will take note and will make sure it happens.” Another said, “We get supported with any training we want to do, I asked to improve my knowledge in dementia care and I have just finished my dementia course.”

The registered manager told us and we saw evidence they kept up to date with new developments and guidance to promote best practice. They had conducted research using the skills for care website and confirmed, a new induction programme would be developed to ensure staff would work towards gaining the new care certificate, as recommended following the ‘Cavendish Review’. The review highlighted a need to improve consistency in the sector specific training that health care assistants and support workers receive in social care settings.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal

framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. Care records and the provider information return (PIR) showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had been appropriately involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person’s legal status and helped protect their rights. The registered manager had a good knowledge of their responsibilities under the legislation

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given. A staff member commented, that everybody was given time to have things explained to them, can make certain everyday decisions. For example, whether they wish to have a bath, or would like a drink. However, when it came to more complex decisions, they explained a professional or, if applicable, a person’s family would need to be consulted. Care records highlighted where more complex decisions had been made for people, and evidenced correct procedures had taken place. For example, one person had bed rails in place, following a best interests decision. This decision had been reviewed monthly.

People were involved in decisions about what they would like to eat and drink. Feedback following residents’ meetings was used to create the menus for the home and this helped ensure people’s preferences were met. Catering staff were knowledgeable about people’s complex dietary requirements, including those who required a diabetic diet, pureed diet or high calorie diet. Each person had a Malnutrition Universal Screening Tool (MUST) score, a research based tool to identify if a person was malnourished or at risk of malnutrition. The registered manager confirmed this was regularly updated so kitchen staff knew people’s current dietary requirements.

People were relaxed during lunch and told us the meals were good, served at the right temperature, and of sufficient quantity. Comments included; “The meals are out of this world, freshly cooked and brilliant. Better than you

Is the service effective?

can get anywhere”; “The food is very very good, always given good choice, very sufficient and hot” and “Great food, you get loads, excellent cooking.” People who needed assistance were given support. We saw staff gave people choice, checked people had everything they required and supported people to eat at their own pace and not feel rushed.

The PIR and care records highlighted where risks with eating and drinking had been identified and where staff had sought specialist advice and liaised with dieticians or speech and language therapists (SLT) to meet people’s needs. The head cook told us they would be involved within assessments. This helped them ascertain exactly what each person needed to have their on-going nutritional needs met. We observed one person being assisted by staff to eat thick pureed food with a tea spoon. This matched exactly what the person’s care record detailed following an assessment from a dietician.

Care records showed it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced where a health care professional’s advice had been obtained regarding specific guidance about delivery of specialised care. For example,

one care record noted a GP had been contacted promptly when staff identified a person’s breathing to be weaker than usual. We observed one person displayed signs they were distressed. Staff had already notified a nurse on duty of their concern. The nurse had requested a GP visit to assess the person. The GP arrived promptly and the person was assessed. The GP confirmed to us that staff raised concerns appropriately, monitored people well and followed advice given to them to support people effectively.

Adaptations had been made to the interior of the building and signage and decoration had been added to meet people’s needs and promote independence. Corridors on each floor were themed to help people identify their location. Items for people to look at, use and touch were provided along each walkway that took into account people’s needs and provided stimulation. For example, a magnetic dartboard with darts. Items were placed on walls to evoke memories and trigger reminiscent thoughts and conversation. The themes had been decided following consultation with people and those who matter to them. One relative said, “The new décor is fantastic and made a real difference to the home, it feels like a home and creates so much interest”.

Is the service caring?

Our findings

Prior to the inspection concerns had been raised with us regarding people's privacy and dignity not being respected. We did not find any evidence to substantiate these concerns.

People were consistently positive about the care they received. Comments included; "The staff make you feel special, I'm very fortunate to be living here. It is very pleasant"; "It was very hard to leave my home, but I'm well cared for here and it has helped me to settle" and "Staff are very friendly and caring, we have such a laugh." A relative said: "Staff are definitely caring, there is no mistake about that." A GP commented that they felt people were well cared for by attentive staff.

People were cared for by staff who displayed a supportive manner and took practical action to relieve people's distress. For example, one person showed signs of distress whilst eating in the dining room. A staff member promptly assisted the person. They knelt down next to the person, held the person's hand, gained eye contact and using a gentle tone communicated with them in a kind way. The staff member then gently wiped the side of the person's mouth with a tissue and comforted them. Soon the person was seen smiling and enjoying their meal.

People were supported by staff who had good knowledge of them and knew them well. Staff were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. Staff told us: "I get time to talk to all the residents and that is really great" and "Personalised care is a big thing here, and if you don't know people well, how could you achieve this, I make it a priority to know people well". One person told us, "The carers know me well, I need tender care with my left arm, the carers know that and give me the care I need." Another person stated, "The staff here know me very well".

People told us they felt they mattered, that staff listened to them and took appropriate action to respect their wishes. Comments included, "I'm always given choice, everything is up to me, I only have to say and they will do it for me." Staff showed concern for people's wellbeing in a meaningful way and responded to people's needs quickly. We heard one person called for help as they had got into difficulty whilst independently dressing themselves. Staff assisted the

person immediately and showed an appreciation towards the urgency required to support the person. Within a short space of time the person had been supported to get fully dressed. The staff member then asked them if they would like a drink to help them settle. The person accepted and was seen smiling.

People were supported by staff who had a caring nature. People told us they felt staff had a caring approach and were treated with compassion. For example, One person explained due to mobility problems they had been unable to have a bath for some time whilst living in their own home. A bath was very important to them. Since moving to the service, they had been able to enjoy having a bath once again. The registered manager said to make this extra special and knowing what it meant to the person, staff purchased champagne flutes and sparkling drinks, so the person could fully relax and enjoy their bath in style. The activity co-ordinator had got into the bath them self to see where would be best to hang pictures on the bathroom wall for people to enjoy whilst taking a bath. The person said, "The staff are very kind, bath time is fantastic, the bubbly is marvellous and what's more I can have one anytime". The registered manager confirmed this was one of their proudest achievements.

People told us their privacy and dignity were respected. Comments included, "My privacy is always respected"; "The staff are very meticulous about respecting my privacy and dignity which is important to me" and "I don't want to be shut in my room, I request my door be left open and this is respected". One person told us, whilst they needed staff support to access use of a commode, they would request staff left the room whilst they used it. They confirmed staff always respected their wishes. Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented how they would support people to be seated comfortably on a commode, but would then leave the person in private. The person was left with an alarm to notify staff when they needed further support.

The PIR had highlighted how the service promoted dignity in care. The registered manager attended a dignity in care forum and fed back initiatives to staff. For example, a staff member sought the views of people and their family and friends with regards what dignity meant to them. A dignity

Is the service caring?

tree had been installed in the entrance to the service. This contained the thoughts of those who responded and highlighted the importance people placed on having their values upheld and celebrated.

People were given information and explanations about their treatment and support when they needed them so they could be involved in making decisions about their care. For example, one person was asked if they would be willing to attend a GP appointment. A staff member very clearly explained the results of tests previously conducted

by a nurse. They evidenced why it was important for the person to attend and reiterated that it was their choice. The person happily accepted the appointment and thanked the member of staff.

People were supported to have those who matter to them visit at any time. The registered manager confirmed the service had an open door policy, which meant friends and relatives were able to visit without restriction. One relative said; "It doesn't matter what time I arrive, I am always welcome". Another stated, "We are always welcomed, anytime day or night".

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how they wished to receive their care. The registered manager told us they believed further improvement could be made to make the records more personalised. They showed us a new style care plan that had been developed to achieve this. The registered manager confirmed they were in the process of updating every person's record to this standard. They said, "Care records to date have not involved the residents' voice enough or that of their family. The new plans have started to change that. We understand the importance of people having as much say in their own care as possible".

People received personalised care that was responsive to their needs. Individual needs were regularly assessed so that care was planned to provide people with the support they needed, but ensured people still had elements of control and independence. One person told us, "Staff motivate me to do the exercises I need to do to improve. It is hard for me, they encourage me to be as independent as possible. This is really important for me. Another person had been placed in the service to rehabilitate and regain the independent skills required to return home. A healthcare professional commented that staff were very receptive to professional and family feedback and advice given. Staff took an active part in meetings, took on board decisions that had been made and put them into practice to meet the person's needs. As a result the person had improved and a plan was in place for them to return home in the near future.

People were supported to follow their interests. Individual preferences and disabilities were taken into account to provide personalised, meaningful activities. For example, the activity co-ordinator told us, one person chose not to join in with group activity due to communication difficulties. The staff member spent time with them on a one to one basis. Together they played games such as snap, where the person would touch the staff members hand when two of the same card appeared. The member of staff said, "The experience of playing something as simple as snap was so meaningful. I felt through the expressions on their face it made their day and it certainly made mine." The registered manager told us the activities co-ordinator

helped ensure people were given time to express their views about how they wished to spend their time and what could be done to provide them with a better quality of life. We observed a residents and relatives meeting. The activities co-ordinator requested ideas from people on activities the service could provide to further enhance people's wellbeing. One person said, "I'm well entertained, it's excellent".

People and, where appropriate, those acting on their behalf contributed to the planning of care. Information about a person's personal history was learnt and used to provide activities that responded to people's need. For example, one person had been an engineer throughout their working life. The maintenance man provided opportunities for the person to use their skills inside and outside of the home. For example, helping to fix doors. The registered manager commented "[...] is somebody who likes to be very active and having this opportunity provides [...] with a purpose and brings him a lot of joy"

People told us they were able to maintain relationships with those who mattered to them. One person said, "I'm always seeing people who are important to me, I really look forward to my family visiting". Several relatives and friends visited during our inspection and people, where possible, went out for the day with their families and friends. One friend said, "We try and get [...] out at least once a week even if it is only for a walk around the grounds" The registered manager confirmed and the PIR evidenced that, friends and relatives are invited to have lunch with their loved ones, private areas were made available and overnight accommodation could be provided if required. The registered manager also stated Wi-Fi has been made more available in private areas of the home. This helped people keep in touch with those who matter to them that live far away. For example, one person used face time to speak with a relative in another country.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. The activities co-ordinator explained how they supported people to attend places of interests. For example, people were taken to church, whilst another person enjoyed supporting staff with shopping. People who were unable to attend church in person were visited by people of their faith to have their need met. A member of staff told us; "We are always willing to try and take people wherever they wish to go". The

Is the service responsive?

registered manager confirmed they had tried to negotiate the use of a mini bus so the service could offer more choice to people on a regular basis to access areas of interest in the community. This was still ongoing.

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in several areas of the home. People knew who to contact if they needed to raise a concern or make a complaint. People, who had raised concerns, had their issues dealt with straight away. Comments included; “I don’t hesitate to raise any concern I have, when I do it’s put right, that’s all I can ask”; “I raised a concern about the size of my meals, it put me off to see a big plateful of food. I asked for smaller portions, my meals have been reduced and that suits me fine” and “I’m happy to raise any concern and I do. I’m always listened too and things get changed”. A relative told us; “The manager’s door is always open, anything you mention to [...] is actioned straight away”.

We looked at the written complaints made to the home in the last 12 months. Each complaint had been responded to in a timely manner and thoroughly investigated in line with Consort House’s own policy. Appropriate action had been taken and the outcome had been recorded and fed back. The registered manager told us and we saw evidence that they used complaints to improve their service and raise standards of care. For example, a complaint had been raised regarding the laundry service within the home. The registered manager had increased staffing hours within the laundry and changed practice to reflect the concerns raised. This had been fed back to people and those who mattered to them as a relative and resident meeting held within the home.

Is the service well-led?

Our findings

The registered manager and the deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Consort House. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, friends, family and staff all described the management of the home to be approachable, open and supportive. Comments included, “The manager is very kind, takes time to listen to you”, “Management are wonderful and always here” and “The manager is respectful and cares, I wouldn’t hesitate to speak to them about anything”. A Relative told us, “The manager’s door is always open, their presence around the home is there for all to see, and they are approachable and friendly”. Staff comments included; “[...] is open and easy to talk too, someone in management is always around”, “The manager is so friendly and fair, you can approach them at any time and they will listen” and “There has been a vast improvement since the new manager arrived. Everything is so open. It’s a really nice refreshing change”.

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. Comments included, “It’s nice to have someone listen to you and actually take on board the ideas you have. Then to see it get actioned feels really good” and “I came up with an idea to bring more light into people’s rooms and open up a whole new view for people. I went to [...], got permission, applied to have the trees removed, and it happened”.

The registered manager confirmed and the PIR detailed one of the service’s core values was to provide personalised care that involved people and if appropriate their families. The provider sought feedback from people and those who mattered to them in order to enhance their service. Questionnaires were conducted and meetings were held, that encouraged people to be involved and raise ideas that could be implemented into practice. For example, a new named nurse and key worker system for people had been introduced. People now had a direct point of reference. People felt this meant strong relationships could be built

and daily progress notes would be improved. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. A relative said, “Staff listen now, anything that will benefit the home and the people in it, is put in place straight away. Changes are being made all the time”. Another relative told us, “The meetings are really good. The staff that are key to the topics due to be discussed are present, like we talked about the menu changing and the cook was present and listened to what people said, that was great”.

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and action had been taken. For example, one staff member explained they questioned why staff were not writing maintenance jobs down in the allocated book. Instead choosing to verbally request work to be completed. They were concerned this could lead to jobs being forgotten. This was discussed at a staff meeting, and helped ensure staff understood the importance of keeping a written record of maintenance work that needed to be carried out. The staff member said “practice had significantly improved”. Staff confirmed when ideas could not be put in place, constructive feedback was provided as to why. Staff comments included, “We are encouraged to always think of ways things can be improved for us and the people we care for. We understand not everything can happen but some changes can be made” and “Staff meetings are good, you get to say your opinions on things. We are then always encouraged to think of solutions, we discuss it all together, it’s good teamwork”.

The home worked in partnership with key organisations to support care provision. Health care professionals who had involvement with the home confirmed to us, the service worked in partnership with them and followed advice. However, communication could be improved. A healthcare professional commented, in the past communication has not always been good. More recently this has improved and with regards the most recent person they had been involved with, the communication had been very good.

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included; “The management are the best we have had, they are fantastic. I one hundred percent enjoy working here”, “I get

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praised for my work and am always encouraged to do a good job”, “[...] say thank you, it means so much you feel motivated” and “I was called into the office recently and praised, it made me feel so confident.”

The registered manager told us people were at the heart of what they were striving to achieve. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example, the service had obtained funding for staff to obtain a National Vocational Qualification (NVQ). Staff confirmed they had been supported by the registered manager to improve their skills and obtain qualifications. Staff told us this gave them a sense of achievement and helped them to meet the needs of people living in the home. Comments included, “There is a lot of opportunity to complete training and improve” And “I’m doing a leadership course next year, you get all the training you need to feel competent in your role. [...] encourages you and motivates you to better yourself”.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff

confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately. One member of staff commented, “I raised an issue once. I witnessed a colleague carry out poor practice. I was listened to, an investigation was carried out, and appropriate action was taken. I was supported and thanked for reporting my concern”.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. For example, an external auditor had recently carried out a quality audit across the whole service. One area highlighted where improvement was needed was within the safe administration of medicines. The service have changed their pharmacy supplier and raised an action plan which had been fed back to all staff. Dates had been set for when all the changes would be fully implemented. The registered manager confirmed this would be achieved.