Barchester Healthcare Homes Limited

Westlake

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 29 November 2016 and was unannounced.

Westlake provides nursing care and accommodation for up to 61 people. On the day of our inspection there were 52 older people at the home, some who were living with dementia. The home is spread over two floors with a passenger lift, communal lounges, dining room and gardens.

Westlake has a registered manager who has been in post for many years. However at the time of the inspection the registered manager was on long term leave. 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. The provider had ensured that suitable management arrangements were in place during the absence of the registered manager. The person in charge was the care manager who had worked at the home for many years and was also a registered nurse.

People told us they felt safe living at the home. Comments from people included "Safe, why wouldn't I feel safe. There is always someone around to help me if I need it and I can call my bell in my room and they come to me", "I feel safe, I've no reason not to. Actually safer than in my own home". People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the providers policy and procedures if it occurred. One member of staff told us "Anything I notice which is untoward I would report straight away and know it would be dealt with".

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. One person told us "They don't do anything without consent. Flu injections, we had a choice about whether to have it or not". The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us "We have three courses, it really is wonderful food". Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose suitable leisure and social activities.

People and relatives found staff to be kind and caring and the care they received was good. Comments included "The staff are very nice. They listen to you and attend to you. What more can you ask" and "Yes they are caring, they are very respectful".

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People and relatives also said they felt listened to and any concerns or issues they raised were addressed. One person told us "We have an administrator and the general manager. There's always someone to go to".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of the needs of people. One member of staff told us "Yes we get offered lots of training which includes E-learning. I am doing my level 2 diploma in Health and Social Care and being supported by my assessor".

There was a calm and relaxed atmosphere at the home. People, staff and relatives found the management team approachable and professional. One person told us "I think it is well managed, we've just got a new manager. We have resident's meetings once a month". A member of staff told us "The manager is fully involved in the home and works with us when needed. I think they are supportive and listen to us". The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

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

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

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

Is the service effective?

Good

The service was effective.

People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of and acted in line with the principles of the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring.

People were supported by caring and kind staff.

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

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

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities and were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to raise a concern or complaint and were confident that they would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

People, staff and relatives found the management team approachable and professional. There was a calm and relaxed atmosphere at the home

The care manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The care manager was available to support staff, relatives and people living in the home.

Westlake

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 29 November 2016 and was unannounced. The inspection team consisted of two inspectors 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. The expert-by-experience for this inspection was an expert in care for older people. The service was last inspected on 3 October 2013 and no concerns were identified.

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 they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted health and social care professionals involved in the service for their feedback, two health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal lounges and dining room. We were also invited in to people's individual rooms. We spoke to 10 people, two relatives, six care staff, an activity co-ordinator, a chef, the head of maintenance, two registered nurses, the deputy manager and care manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed eight staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at seven people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. People's comments included "Safe, why wouldn't I feel safe. There is always someone around to help me if I need it and I can call my bell in my room and they come to me", "I feel safe, I've no reason not to. Actually safer than in my own home" and "That's one of the things here, I feel safe. It's just that everybody is looking after you".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the providers policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no concern in reporting abuse and were confident that the care manager would act on their concerns. One member of staff told "Anything I notice which is untoward I would report straight away and know it would be dealt with". Another member of staff said "I would report my concerns and make sure I completed an incident form and body map if needed". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. The provider provided a whistleblowing hotline for staff to call if needed. Information on safeguarding and the whistleblowing hotline was displayed on notice boards as a reminder of the process staff should take. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The management team analysed this information for any trends and discussed findings with the staff.

The premises were safe and well maintained. The environment allowed people to move around freely without risk of harm. The home was currently being refurbished with work taking place in various areas of the home. This work had been risk assessed and people and relatives informed and kept up to date with the on going work taking place. Large signs had also been placed around the home to remind people of the work being carried out. Staff ensured there was minimal impact on people. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and equipment. For example, air mattress settings had been checked. An air mattress is an inflatable mattress which could protect people from the risk of pressure damage, where they had been assessed as high risk of skin breakdown (pressure sore). Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. On the inspection we observed the fire system being tested to ensure it was fully functional. Records confirmed these checks had been completed. Staff were able to describe how they would respond in an emergency such as a fire and told us they had regular fire training and had taken part in fire drills in the past year. The grounds were maintained with clear pathways for those who used mobility aids and wheelchairs to access areas such as the garden and patio area.

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

People and relatives felt there was enough staff to meet their needs. One person told us ""If I rang the bell now, someone would be here within minutes". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff and the use of agency staff when required. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The care manager told us they had a good team of permanent staff and many had worked at the home for many years and said "We have recently used agency staff and make sure we use the same staff to ensure continuity for residents while we are recruiting". The care manager used a dependency assessment tool regularly. This tool enabled them to look at people's assessed care needs and adjust the number of staff on duty based on the needs of people using the service.

Each person had an individual care and support plan. The plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. People who had additional needs and spent the majority of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals. Some people required regular checks, changing of position, barrier creams applied to prevent rashes and pressure ulcers. We observed staff carrying out these checks, explaining the process to the person and completing records to ensure the care plan had been followed correctly. Staff told us that they were aware of the individual risks associated with each person and found the care plans to be detailed. One member of staff told us "We ensure people are comfortable and support them to change positions when needed. We also record when we have done this".

Medicines were stored in appropriate lockable medicine trolleys within a secure medicine room. The registered nurses had access to the medicine trolleys and where responsible for administering medicines to people. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered in the morning and lunchtime by a registered nurse who knew people well. They took time to ensure that the correct medicine was administered to the correct person. The registered nurse then completed the person's medication administration records (MAR) chart correctly. They explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward. They undertook a daily audit of people's individual MAR charts. The audit examined areas such as whether all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed. The registered nurse explained that any concerns were raised with the care manager. People we spoke with about medicines all told us those medicines were delivered on time in a professional manner by a nurse on duty. One person told us "Yes, I always get it (medicine) on time, from the nurse".

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us "The staff know what they are doing and support me when I need it". Another person said "Most staff are excellent. Staff are always around".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One person told us "They don't do anything without consent. Flu injections, we had a choice about whether to have it or not". A member of staff told us "We never assume what people want. If they can't tell us then we look at their body language and facial expressions". Members of staff recognised that people had the right to refuse consent. One member of staff told us "People have choices and we respect them. We will document any concerns we have around people and discuss them with the nurse on duty". The care manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

When new staff commenced employment they underwent a detailed induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The provider had incorporated the care certificate into the induction for new staff. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers. One member of staff told us "When I had my induction I think I got the right amount of training and then shadowed experienced staff until I was confident". Another member of staff said "I got the right level of support from the team. The manager was very supportive as well".

The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, first aid, infection control and health and safety. Where training was due or overdue, the management team took action to ensure the training was completed. Staff also received training specific to the people they were supporting, examples of this included pressure care and people living with dementia. Staff told us the training and development available was good. This also included staff being able to gain qualifications in health and social care, such

as a diploma. One member of staff told us "Yes we get offered lots of training which includes E-learning. I am doing my level 2 Diploma in Health and Social Care and being supported by my assessor".

Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had regular contact with the management team to receive support and guidance about their work and to discuss training and development needs. Registered nurses received clinical supervision which was carried out by the care manager.

People received support from specialised healthcare professionals when required, such as GP's, local speech and language therapists (SALT) team and social workers. Access was also provided to more specialist services, such as a chiropodists and falls prevention team if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. People commented that their healthcare needs were effectively managed and met. They felt confident in the skills of the staff meeting their healthcare needs. One person told us "We can see the doctor every week, I haven't seen the doctor recently myself and the chiropodist come around every six weeks". Another person said "We've got a physio, chiropodist, hairdresser and a doctor who comes every week". Registered Nurses that spoke with us confirmed that they had opportunities to support their professional development and to keep their clinical skills updated and current. They told us they felt supported by the care manager of the home. One nurse told us "Oh yes we have courses we go on. We have lots coming up from provided locally including pressure damage, diabetes and falls prevention".

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink was provided and people could have snacks at any time. We observed people enjoyed their meals and snacks throughout the inspection. Menus were displayed around the home and copies were in people's rooms. Staff went round to people to ask what people would like and offered choices. People also had their weight monitored monthly and more often if required. The registered nurse explained that weight loss was investigated if any concerns were identified. We observed the lunch time experience in a communal lounge which was a temporary arrangement whilst renovations were taking place to the main dining room. These arrangements could have posed a challenge for staff. Staff managed this very well and were cheerful and chatting to people throughout. Staff were very diligent in attending to people's needs. People were offered bread, wine, beer or soft drinks and had a three course meal. One person had asked for soup and told a member of staff that the soup wasn't hot enough and was offered another one from the kitchen straight away. The same person asked for other items during the meal and was assisted in a kind and considerate manner by staff. At the start of the meal a staff member turned off the radio and facilitated a conversation with people about the Christmas cards they had made in the morning. People appeared relaxed and enjoying their meals. People and relatives were very complimentary of the food available and the varied menus. One person told us "We have three courses, it really is wonderful food". Another person said "The food is wonderful, you have two choices for each course".

We found the chef to be very knowledgeable on people's likes and dislikes around meals. Special diets were catered for, such as high calorie and gluten free. Care records had risk assessments for malnutrition and weights were monitored. A malnutrition universal screening tool (MUST) was used which assessed people's weight and identified anyone at risk from malnutrition. Daily records recorded how much people had eaten which included snacks where there was a risk of malnutrition. Staff described how food was made available throughout the day and the benefits of snacks when people were reluctant to eat. Food diaries and weight charts were maintained when people were at risk from malnutrition. The chef was informed about people's

weight loss at the weekly clinical risk meeting with the management team and senior staff and discussed people's needs.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the staff and said that they were caring and kind. People's comments included "The staff are very nice. They listen to you and attend to you. What more can you ask", "Yes they are caring, they are very respectful", "Yes, they are caring. The afternoon staff and the evening staff" and "They are definitely caring and kind. They all have their own methods but they are not unkind".

The home had a calm and relaxed feel. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted. One person told us "To me it's perfect. I don't think you can better it. It's more like a hotel than a rest home. I have been happy. I would be well looked after if I were ill I know".

Our observations throughout the inspection were that staff had time to spend with people. They were kind and caring in their approach. When staff approached people we saw there was a warm supportive atmosphere in the home. We saw positive interactions and staff were observant and attentive. For example one person became confused and agitated, a member of staff spoke with them and reassured them where they were and offered them assistance to their room. The member of staff ensured the person was comfortable and offered to get them a cup of tea.

People received nursing care in a kind and caring manner. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. For example, we observed that pain relief was provided on request. People told us that they thought staff understood their health restrictions and frailty and were sensitive to this. One person told us "I can call this bell when I need the nurse and they will come to me. I would say they are very good".

Staff spoke about their roles with commitment and enthusiasm. Some staff members had been in post for a long period of time and attributed this to the enjoyment of their jobs. Comments included "I have been here for a few years and love my job. It feels like one big family", "I always wanted to work in care. When I got this job I was so happy and still enjoy what I do" and "We are here to make sure people are cared for and are as happy as they can be. We are a good team and aim to make sure everyone gets what they need"

There were arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Members of staff had a firm understanding of the principles of privacy and dignity. As part of staff's induction, privacy and dignity was covered. Staff were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us "We make sure doors are closed and curtains drawn if needed. If someone wants assistance to the toilet I will offer help and stay close by in case they want any assistance". People confirmed staff upheld their privacy and dignity, and we saw doors were closed and staff knocking before entering anybody's room. One person told us "The staff are alright about privacy and dignity. If I shut that door now, nobody will come in". Another person said "They are good in that area. They will knock before coming in my room". Care records were stored securely. Confidential

information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training in this.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One staff member told us that they would never just 'do things' for people. They would always involve people in making decisions and maintaining people's independence. Another staff member added "Even if it is just about the colour of the curtains or what they are eating, we always involve them because it is their home". We saw examples of people using adapted cups, to enable them to drink independently, and care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their hair.

Resident and relative meetings provided an opportunity for people to make their thoughts known. For example, minutes of one residents meeting showed people had been involved in discussions around menu planning, new staff and activities. The provider recognised that people may need additional support to be involved in their care and explained that if people required the assistance of an advocate then this would be arranged. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. Comments included "Oh the staff are so helpful. They know what I like and I can call on them anytime" and "What can I say, everyone is helpful and supportive. I didn't want to move into a home, but this is a good one". A health professional told us "I think both nurses are responsive to patient needs and are proactive in seeking the best management and care for their patients ,they communicate well with relatives and are fully aware of assessing capacity issues with patients ,they regularly review medications with the doctor".

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Paperwork confirmed people or their relatives were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. One person told us "I completed a care plan when I came in and my relative has helped as well". Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person needed reminding of needing their clothes laundered and for staff to prompt the person to change their clothing regularly. In another care plan it detailed their preferences around their breakfast and how the person liked to have breakfast alone in their room.

All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Moving and handling assessments specified equipment to be used which included hoists and wheelchairs to safely move people around the home and how staff should encourage people to aid their mobility. We observed two members of staff assist a person from their room to have a bath. Staff were patient and ensured the person was comfortable throughout the move and engaging in conversation of what the person would like to do after their bath. Meeting people's needs and understanding how they communicate is key for older people and people living with dementia. Communication needs were detailed in care plans and in one care plan it detailed that a person required time to express their needs and for staff to take their time with the person and encourage when required.

The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that a correct mattress is made available to support pressure area care. Staff we observed and spoke with all were able to demonstrate in-depth knowledge and understanding of both the physical and emotional needs of each person as they spent time together. We saw that staff asked

people's views about what they wanted to do and encouraged them to be involved in decisions. A member of staff told us, "I feel as a staff team we are well trained, and you can see this by how we look after the residents".

We spoke with the activities co-ordinator about their role and responsibilities. They told us about their role and the variety of social and educational activities were on offer for people. Activities included quizzes, bingo, arts and crafts and trips our for some people. They told us of a planned trip to a local school the next day. We were shown the plan of the trip and the detailed risk assessments undertaken. This included details of people who were diabetic and gluten free. The member of staff told us "It is important we have details on people's needs and plan trips correctly. I have called ahead for this trip as I know there will be tea and cakes, so they needed to know about resident's needs". In the morning of the inspection we observed a group of people enjoying an arts and crafts activity. People were making Christmas cards for friends and relatives. People appeared to be having fun and laughter while discussing what they were making. One person became a little confused on what to do. We observed a member of staff who sat beside them and discussed with them what they would like to make, making a suggestion that they knew the person's granddaughter was coming in later that week and suggested the person made a card for them. The person smiled and became engaged in the activity and created a Christmas card. People's comments around activities included "Occasionally I get involved in activities, the pantomime was excellent. We had a pianist yesterday and a while ago we had a choir", "I go to some of the activities but I have been ill recently. I used to read a lot, the staff did suggest audio books and my family also suggested tapes", "Musical things are good" and "We have activities every day, I can choose what I want to wear and we have a hairdressers on the premises".

There were systems and processes in place to consult with people, relatives and staff. Satisfaction surveys were carried out, providing the provider with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of people's suggestions. A suggestion box was also available reception for people and relatives to write down any suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally. One person told us "We have an administrator and the general manager. There's always someone to go to". Another person said "The complaints manager came and talked to me a while ago to see how things were".

Good

Is the service well-led?

Our findings

People, visitors and staff all told us that they were satisfied with the service provided at the home and the way it was managed. One person told us "I think it is well managed, we've just got a new manager. We have resident's meetings once a month". Another person said "As far as I can see it's pretty well managed". A health professional told us "Overall the nursing home is well run, and they have had a manager who has been there for several years. They are a caring organisation in general and try and support their staff".

There was a clear management structure with identified leadership roles. The care manager was supported by a deputy manager and heads of departments. The care manager and senior staff promoted an open and inclusive culture. When asked why the service was well led, one member of staff told us "The manager is fully involved in the home and works with us when needed. I think they are supportive and listen to us". Another member of staff said "I really like the new deputy manager. She's very supportive, helpful and definitely approachable. I think I know her well. She comes on the floor and goes to people's rooms. She goes around, she's open and her office is open to go and talk to her at any time. She is approachable and friendly".

People looked happy and relaxed throughout our time in the home. Staff said that they thought the culture of the home was one of a homely, relaxed and supportive environment. One staff member told us, "I love working here, it is not like work. We have great relationships with the people living here". Another member of staff said "I would certainly feel confident in having my own family here. There is a really good staff team, who go above and beyond in my view". All staff told us that they were committed to providing a good quality service and ensuring that the people were able to be actively involved in the decisions about the service. There were strong links with the local community and a well-planned excursion to attend a Christmas play in the local school was imminent.

The care manager showed great passion and knowledge on the people who lived at the home. They told us "We have long standing staff who are a good team here and they help each other out. I will help out of the floor when needed and like to keep myself involved and work alongside staff to support them. We are always looking on where we can improve and recently myself and the staff have been working on skin integrity for residents and ensuring all staff know what to look for and maintaining good monitoring".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Mechanisms were in place for the care manager to keep up to date with changes in policy, legislation and best practice. The care manager was supported by the provider and up to date sector specific information was also made available for staff, including guidance around pressure care and the care of people approaching the end of their life. We saw that the service also liaised regularly with the Local Authority and

Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

As stated in the PIR 'We work closely with visiting professionals in order to attain good guidance. We have built a good network of support both within the company and externally so that we can get advice and guidance when needed. We ensure that messages are clearly given to avoid confusion when possible. Daily morning meetings are a forum for this. The management team also have an open door policy allowing staff and residents to discuss any matters with which they are concerned'. We were shown evidence of this on the inspection and records confirmed this.

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