Hexon Limited

Woodlands Nursing Home

Inspection report

8-14 Primrose Valley Road
Filey
North Yorkshire
YO14 9QR

Tel: 01723513545

Date of inspection visit:
31 May 2017
08 June 2017

Date of publication:
26 July 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place over two days, 31 May 2017 and 8 June 2017 and was unannounced.

The manager was not available on the first day of inspection and we could not access specific documents we wished to inspect so we returned on another day to complete the inspection.

Our last inspection of the service was carried out on 24 November 2015 and we rated the service as Good overall with a recommendation being made in the well-led section about ensuring there was a good management team in place. At this inspection we found the provider had acted on the recommendation and staff were supported by a robust management team.

Woodlands Nursing Home is registered to provide care and support for 34 people, some of whom were living with dementia. The service provides permanent and short term (respite) accommodation. The service is located in a countryside setting with grounds around the building and disabled access into the building. At the time of our inspection there were 33 people using the service.

The service provided communal space and bedroom accommodation over three floors. There were two units – Poppy unit supported people with nursing needs and Buttercup supported people living with dementia.

The provider is required to have a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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. At the time of our inspection, the service did have a registered manager. We have referred to them as 'the manager' throughout this report.

People told us they felt safe and were well cared for. The provider followed robust recruitment checks, to employ suitable people. There were sufficient staff employed to assist people in a timely way. Medicine management practices were being reviewed by the manager and action was taken to ensure medicines were given safely and as prescribed by people's GPs.

Staff had completed relevant training. We found that the care staff received regular supervision and yearly appraisals, to fulfil their roles effectively.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People were able to talk to health care professionals about their care and treatment. People could see a GP when they needed to and they received care and treatment when necessary from external health care professionals such as the district nursing team and speech and language therapists.

People had access to adequate food and drinks and we found that people were assessed for nutritional risk and were seen by the Speech and Language Therapy (SALT) team or a dietician when appropriate. People who spoke with us were satisfied with the quality of the meals.

People were treated with respect and dignity by the staff. People and relatives said staff were caring and they were happy with the care they received and had been included in planning and agreeing the care provided.

People had access to a range of low key activities which they enjoyed. However, the frequency of these depended on the availability of the care staff to carry these out.

People and relatives knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with.

People told us that the service was well managed and organised. People and staff were asked for their views and their suggestions were used to continuously improve the service.

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.

People were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

There were processes for recording accidents and incidents. These records were analysed and risk assessed by the manager.

There were sufficient numbers of staff on duty to meet people's needs. Medicines were managed safely and people received them as prescribed.

Is the service effective?

Good

The service was effective.

Care staff received relevant training and supervision to enable them to feel confident in providing effective care for people.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and people were offered choice in their daily lives.

People's nutritional needs were assessed and met. People received appropriate healthcare support from specialists and health care professionals where needed.

Is the service caring?

Good

The service was caring.

The people who used the service had a good relationship with the staff who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by the staff.

People who used the service were included in making decisions about their care whenever this was possible.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and staff were knowledgeable about each person's support needs.

Staff supported people to maintain independent skills and to build their confidence in all areas. Activities were low key and dependent on the availability of the care staff to carry these out.

People's complaints were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well-led.

The service had a manager who supported the staff team. There was open communication within the staff team and they felt comfortable discussing any concerns with the manager.

People told us that the service was well managed and organised. People and staff were asked for their views and their suggestions were used to continuously improve the service.

Woodlands 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.

This inspection took place on 31 May 2017 and 8 June 2017 and it was unannounced. The inspection team on the first day of inspection consisted of two adult social care inspectors and a expert-by-experience. On day two of the inspection there was one adult social care inspector. 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 who assisted with this inspection had knowledge and experience relating to older people and people living with dementia.

Before the inspection we spoke with the local authority safeguarding and commissioning teams to gain their views of the service. We reviewed all of the information we held about the service, including notifications sent to us by the provider. Notifications are when providers send us information about certain changes, events or incidents that occur within the service, which they are required to do by law. The provider submitted a Provider Information Return (PIR) in April 2017 within the given timescales for return. The PIR 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 used all of this information to plan our inspection.

During the inspection we spoke with four people who used the service, one visiting healthcare professional and three relatives. We spoke with the general manager, the manager and four members of staff. We used the Short Observational Framework Tool for inspection(SOFI). SOFI is a way of observing care to help understand the experience of people who could not talk with us. We observed staff interacting with people who used the service and looked at the level of support provided to people throughout the day.

We looked at three people's care records, including their initial assessments, care plans, reviews, risk assessments and Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty,

actions were taken in their best interest.

We also looked at a selection of documentation created as part of the management and running of the service. This included quality assurance information, audits, stakeholder surveys, recruitment information for three members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

Good

Is the service safe?

Our findings

All the people we spoke with at service said that they felt safe living there. Comments included, "I feel safe, we have the chance to chat and say if anything is wrong", "All the staff make me feel safe" and "Yes, there are people around and I feel safe in my room." We asked visitors if they felt the premises were safe and if their relatives were kept safe. One visitor told us, "The staff work hard. The majority of the time they get to people as quick as they can." Another visitor said,
"Yes, but I queried why there was no call button in their room. Some days I know my relative could press it. They are safe when staff are around."

We looked at call bells during our walk around the service and we noted that there was no call bell facility in the dining room or conservatory area on Poppy unit. We also saw that six bedrooms we looked at had no call bell cables although the call bell box was on the wall. When we queried this with the general manager they said the people in these rooms were not able to use the cables to call for assistance and that regular checks were carried out by the staff. They assured us that cables would be replaced in all the rooms.

Staff received training on making a safeguarding alert so they would know how to follow local safeguarding protocols. They told us they would have no problem discussing any concerns with the manager and were confident any issues they raised would be dealt with immediately. There was written information around the service about safeguarding and how people could report any safeguarding concerns. Safeguarding notifications were submitted appropriately to CQC and to the local authority. The level of staff knowledge about the different types of abuse and how to report it was good. They were aware of whistle blowing and confident of reporting any issues to outside agencies if needed. They told us, "If we have any concerns we can speak with the manager or contact the on-call manager if needed, they always answer."

When we asked people if they felt there were enough staff on duty we received a mixed response. One person who used the service said, "No, I can wait up to half an hour to be taken to the toilet (sometimes) - they will all tell you this" and "They choose when I get up, I am number one or two on the list, this morning it was 6am" but added they were okay with this and, "I choose when I go to bed," However, two other people who used the service told us, "I think there are enough staff, I am happy", "It is much better. More foreign staff, but I like them. I am quite independent and self sufficient." One visitor told us, "There always seems to be plenty of staff on duty, less so at a weekend but enough in general." The registered manager told us that no one within the service had to get out of bed before they wanted to and this was emphasised to staff during training and supervisions.

Staff told us, "Staffing generally works quite well. Staff get allocated their role each day and the team leader co-ordinates the care staff and makes sure they know what they are doing." "If anyone rings in sick the other staff will try and cover the shifts or escalate to the general manager to see if we can get an agency care worker in." Another member of staff told us, "The service is very organised, everybody knows where they are working and what to do. It works effectively. We have task sheets so everyone knows what they are doing throughout the day."

During our inspection we noted that the staff on duty were two nurses, one team leader, four care staff, one agency worker and one new starter. There were additional ancillary staff on duty as well. We saw that the new starter had their induction and supervision the week before our inspection and was now on the rotas shadowing more experienced staff. There was an agency worker who was on 1-1 support to manage a person's anxiety and distressed behaviours and to help the person take part in activities. The agency worker supported the person from 9am to 7pm.

The general manager told us that the dependency levels of the people who used the service were used to determine the levels of staff on duty. We were shown a copy of a dependency tool by the manager on day two of our inspection. The general manager told us that for the current 33 people in residence the staffing levels they worked to were one or two nurses during the weekdays and one at weekends and five or six care staff in a morning and then four or five care staff in an afternoon/evening. At night there was one nurse and two care staff. Given that there were three floors to the building that only meant one member of staff per floor, but we saw no evidence to suggest people were not receiving the care they required during the night.

Agency staff and bank staff were used to cover gaps in the shifts and the service was recruiting for additional care staff, trained nurses and domestic staff. We saw the manager obtained agency profiles and tried to use the same agency staff for continuity of care. Our observations during the inspection were that people were settled and relaxed in the service. Any calls for attention throughout the day were dealt with straight away and people received a good standard of care.

We looked at the recruitment files of three members of staff and saw the staff recruitment process was safe. It included completion of an application form, full work history check, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them. The manager carried out regular checks with the Nursing and Midwifery Council to ensure that the nurses employed by the service had active registrations to practice.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. Clear records were maintained of daily, weekly, monthly and annual health and safety checks carried out by the staff, maintenance team and nominated contractors. These environmental checks helped to ensure the safety of people who used the service.

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. The fire risk assessment for the service was up to date and had been reviewed in May 2017. The people who used the service had a personal emergency evacuation plan (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. The provider had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met.

The manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. Records showed what action had been taken and any investigations completed by the manager. The monthly audits showed there was a reduction

in falls and incidents from December 2016 to April 2017, which indicated the manager's actions were reducing risk to people who used the service. The CQC had been notified by the manager of any serious injuries or deaths within the service and the information we gathered was measured against national statistics for similar services. This showed there was no evidence of risk identified with the service with regard to the number of reported incidents.

People who used the service told us they received their medicines on time and when they were due. One person said, "Yes, no issues, and pain relief is available if requested." Information in another person's care file showed that staff used the Abbey Pain Score to determine if the person was in pain before administering their 'as and when required' (PRN) analgesia. The person's care plan documented they could sometimes point to their back if they were in distress or pain.

Medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The nurses informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training files. Medicines were stored securely in a locked treatment room and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

Observation of the staff showed that they were patient with people when administering medicines and asked if they required pain relief. The manager carried out an audit of the medicines and stock checks were completed by the staff to ensure safe practices were being followed.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the service and staff could explain to us when they needed to use protective equipment. Ample stocks of cleaning materials were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

Visitors told us, "The service is always clean. When I visit my relative's room is immaculate" and "The service is much cleaner and better organised than it used to be." A visiting healthcare professional told us, "I have no concerns about infection prevention and control practices here. People who use the service present as clean and tidy and I always see the cleaners about the place making sure everything is hygienic."

Good

Is the service effective?

Our findings

There was an induction and training programme in place for all staff. Information in staff files indicated new starters completed the 'care certificate' induction after a week's initial orientation to the service and completion of basic training. This ensured that new staff received a standardised induction in line with national standards.

One member of staff told us they were very happy with their induction and training given to them in the first week of employment. They told us they felt it was, "Helpful" and that the staff team were, "Very supportive." They told us, "I ask people about what they like and dislike so I know what to do to support them and I am working my way through the care plans." New staff were mentored by more experienced workers until their induction was completed.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. We saw that there was a supervision plan and folder showing the manager supervised the nurses and the nurses supervised the care staff. Other heads of units such as kitchen and domestic teams supervised their own staff. The supervisions we saw focused on work topics and did not detail evidence that staff wellbeing, progress and professional goals were discussed or agreed. The manager told us that the supervision process was being reviewed as it had been identified that it needed to be more robust. There was an annual appraisal programme in place, which was being carried out by the manager.

Staff demonstrated that they had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training deemed by the provider as both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed staff participated in additional training including topics such as Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity. Evidence was given to us to say that refresher courses were taking place each year.

We spoke with the manager about clinical training for nurses. They provided us with additional training records that showed the nurses had completed training on a variety of subjects linked to people's needs. The nurses received support from the provider and manager to complete their registration requirements (revalidation) for the Nursing and Midwifery Council (NMC).

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 are called the

Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that people had been assessed for capacity, and DoLS referrals were being made to the supervisory body when required. Where authorised DoLS were due to expire, further requests for renewal had been sent. An overview sheet showed that the manager was monitoring and updating these as needed. We saw there was recording of Best Interest decisions and the manager told us they were working on ensuring that families provided copies of Lasting Powers of Attorney's (LPA) where they had been registered with the Office of the Public Guardian (OPG).

Discussion with the nurses indicated they had a good understanding of MCA. One member of staff told us, "If someone declines care then we will always walk away and try again later. We cannot go against their wishes. If a person gets agitated then we would sit with them, hold their hands if wished and speak with them until they calm down." Staff told us, "The manager does dementia and challenging behaviour training with us and we are also learning 'on the job'. We contact appropriate healthcare professionals when we have concerns about a person's mental health and we have had some positive feedback from the community mental health team about the support we have given people."

We were informed by the general manager that staff did not use physical restraint and this was echoed by a visiting healthcare professional who said, "The staff do not use restraint as far as I am aware and focus on distraction techniques. They manage people's distressed and anxious behaviours well. I find the staff to be very approachable; they don't get defensive and they do work with us. We have a good relationship with the staff team."

One person known to demonstrate distressed behaviours due to them living with dementia was given 1-1 support to assist them with daily living. Staff used diversion techniques when the person became upset and the community psychiatric nurse visited and monitored their medication. Records evidenced this person received professional support and input from their GP, community psychiatric nurse, a relevant person's representative (RPR) a social worker and the continuing health team. However, there was no evidence that the person was involved in their reviews of care.

Their care plan on managing distressed behaviours was not comprehensive in that it lacked details about the triggers and actions taken by staff to manage their behaviours. Information in the person's care file indicated they did not like to be in a crowded room such as at lunch time or people invading their personal space. Staff had completed a behavioural chart to record any incidents of aggression. When we returned on day two of our inspection the manager showed us an updated care plan for managing this person's behaviours.

Information in the care files indicated people who used the service received input from health care professionals such as their GP, dentist, optician and chiropodist. People told us, " I have not needed to see my GP, but I see a chiropodist when needed" and "The staff would call a GP if I needed one; I have an appointment with a District Nurse in July, the chiropodist visits, and I am seeing the hearing aid people next month." One visitor told us, "I am told if my relative has a hospital appointment." Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems.

Staff told us, "We weigh people every month or weekly if we have any concerns about their weight. If we note any significant weight loss then we ask the GP to review and refer them to the dietician." "People at nutritional risk are offered fortified drinks and snacks and we ask all the staff team to encourage food and

drinks. Small meals offered on a regular basis are what we usually do."

We spoke with a visiting healthcare professional who told us, "The staff are able to answer any questions I might raise about the people I have come to visit. They are very good and are aware of what is going on in the service and with individuals. The staff will ask me for advice and support if they are unsure of anything and they act on the advice I give them. They work with us very well."

A visitor told us, "The care staff are very nice, they always speak to me and ring me if there are any problems with my relative." People told us that the staff consulted them about their care and asked for permission before carrying out tasks. One person said, "Staff always ask me before carrying out care. I know about my own appointments" and another person told us, "Staff don't ever force me to do anything."

During our inspection we spoke with the cook on duty and they were extremely knowledgeable about people's likes and dislikes and special dietary requirements. They kept a detailed record of this in the kitchen, which they updated as people were admitted to the service. Staff asked people in a morning what they wanted for lunch - choice between two main courses. People who used the service told us, "The food is very good, plenty of variety. I think the staff know what I like and there is always ample portions provided" and "We are given choices for lunch - I like roast dinners, but not with gravy and they know that. I don't like salmon and they know not to offer me it."

Observation of the lunch time meal showed that people were able to make a choice of food to eat and the empty plates going back to the kitchen indicated it had been enjoyed. Staff offered people appropriate support with eating and drinking and their actions were patient and focused on the individual they were assisting. Three people told us they would like more drinks offered during the day, but we did see staff going around offering drinks mid-morning, at lunch and mid-afternoon. However, we saw there was a lack of side tables in the lounge areas so people had nowhere to put their drinks other than on the floor.

A visitor said, "The meals always look very nice and they smell good. My relative needs thickened fluids following a stroke as they cannot swallow as well as they used to and I have seen the staff offer them regular drinks. "

Good

Is the service caring?

Our findings

We saw some really good interactions during our inspection between the care staff and people who used the service. We carried out a SOFI on Poppy unit as there were a number of people on this unit who could not communicate with us. There were two staff to support ten people on the unit. We noted music was playing and people were sitting in the lounge in groups and at the edge of the room. Staff were chatting to people about a social event in the service planned for the weekend, and they carried out activities with the people in the lounge.

Staff asked people if they could help them to the dining room at tea-time. We saw good support offered when staff transferred people from their armchairs to wheelchairs and also for those people who wished to use their walking frames to mobilise. We raised a question with the general manager about the manner of one member of staff who stopped a junior staff member from assisting a person to the dining room saying, "They are alright there." Once the care staff left the room the person attempted to mobilise independently, which put them at risk of falling. The general manager said they would speak with the member of staff as this individual usually did go to the dining room for their meals.

One visitor told us, "The staff have a good rapport with people living here. The service has improved over time whilst my relative has been here. You see the staff having a laugh and a joke with people which is nice." Another visitor told us, "I don't have any worries about my relative's care and I have nothing but praise for the staff." We were told by one visitor that, "My relative always looks well cared for and clean. Their bedroom is kept clean and tidy and the staff are so friendly."

Staff said they had handover meetings to keep up to date on a daily basis with changes to people's care. They were able to demonstrate to us that they had a good knowledge of people's care and support needs. People confirmed this by saying, "All the staff are very caring, I feel looked after", "Yes, I am cared for very well" and "I think the staff are lovely."

Throughout the day the care staff we observed were friendly, smiling and happy, and seemed to know people well – they knew all their names and there was plenty of interaction. People told us the staff communicated with them well and discussed day-to-day events with them. People said, "They do my nails and have a chat", "They ask me what I would like to do throughout the day" and "I am always talking to them, they find time to spend with me and they tell us things when we ask."

Staff told us, "If we are carrying out personal care in the bedrooms then we have 'dignity daisies' we hang on the door so people know not to interrupt." We received mixed messages from people about how staff maintained their privacy and dignity, but the majority of people felt they had a positive experience. One person said, "Staff usually walk in my room with sometimes the odd knock" and "I can have a bath when I want and I feel okay." However, three other people told us, "Yes, I am comfortable with them all, my letters are unopened and they always knock on my door", "Staff always respect my privacy and dignity - I just let them get on with it" and "I am comfortable with male and female carers, no problems."

The bedrooms we looked at were nicely personalised. One person had their pet dog living with them, which the staff and other people using the service seemed to enjoy. We saw that the provider had a pet policy in place and this ensured that pets living in the home (where appropriate) received regularly veterinary treatment for fleas and any other ailments.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in care files.

Information was provided, including in accessible formats, to help people understand the care available to them. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the manager. An advocate is and independent person who supports someone so that their views are heard and their rights are upheld.

Good

Is the service responsive?

Our findings

The service did not have a specific activity co-ordinator but shared one between other care services owned by the provider. The co-ordinator visited weekly (currently on leave). They advised the care staff to do what they could when they had the time. The activities we saw taking place were low key, but enjoyed by people who took part.

We spoke with one visiting health care professional who told us, "The staff here are very nice. From what I have seen the people who use the service are very well looked after. However, there is a need for an activities co-ordinator to arrange and take the lead on carrying out social activities." They told us they felt the people who used the service needed more stimulation and went on to say, "There are always enough staff around but they are extremely busy and their other roles distract from their ability to carry out activities."

We asked people and visitors about the activities on offer and if they were able to access links to the local community. Everyone who spoke with us said there were few if any links to the local community. People told us, "We just do knitting; a church service might be nice", "Occasionally when they have time the staff do things. We have a barbeque planned next month, I would like more activities", "One member of care staff puts music on odd Sundays and we like this, I have my own computer and I am in touch with the world" and "I don't do any activities, by choice." A visitor told us, "My relative does not like joining in activities but can be persuaded to do a quiz and they have people who come in to do a sing along."

Everyone we spoke with said there were no restrictions on visiting times, and everyone was made welcome. One person told us, "My family and visitors are made welcome. Drinks are sometimes given to them."

The hairdresser was in the day of the inspection and visitors told us there were music sessions in the conservatory on Sundays. The service held a music and dance session every other Saturday for people to join in and there was a Garden Party planned for July 2017. Staff told us, "There is a range of board games and other simple activities such as throwing a ball to each other which we do with people who use the service." We saw staff carrying out a ball game on Poppy unit which people enjoyed and interacted with, but there was little else happening during the two days of our inspection.

People's care plans were person-centred and families were encouraged to have input to the care files where people were unable to contribute. One visitor told us, "The staff are very responsive. They noticed a change in my relative's needs and immediately sought professional help for them. I am very happy with the care and support my relative receives."

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Each person living at the service had their own care file, which contained a number of care plans. We looked in detail at three of these files. The information recorded was detailed and person centred. Records evidenced that the information had been gathered from the person themselves and/or their family. The records gave staff an insight into the wishes, choices and needs of the person using the service, which helped them give care and support in line with the wishes of the person.

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and care plans were in place to make sure people stayed safe and well.

Evidence was seen in one file that the nurses were taking monthly observations of blood pressure and pulse rate as the person was at known risk of high blood pressure. The nurses and care staff also used nationally recognised risk assessment tools to assess people's level of need and reduce the risk of harm. We saw they had completed nutritional risk assessments using the Malnutrition Universal Screening Tool (MUST) and assessed people for risk of developing pressure ulcers by using a Waterlow screening tool. People's pain levels were also monitored using the Abbey pain score. One visitor told us, "If there is any problem with my relative's care then I can talk to the nurses and they are very helpful."

Where people had developed pressure ulcers or had been admitted with one already present the care staff and nurses provided them with appropriate pressure relief and wound care. We saw that the nurses liaised with the tissue viability nurses for advice on treatment and care, and the wound care plans were detailed and completed appropriately. All but two of the beds in the service were specialist 'profiling' beds with integral bed rails and a rise and fall adjustment for bed height. People were assessed for pressure relieving mattresses and cushions to reduce the risk of developing pressure ulcers and where needed this equipment was in place and monitored regularly.

People had access to a copy of the provider's complaint policy and procedure in a format suitable for them to read and understand. We saw there had been four formal complaints in the year and these had been responded to in writing by the manager in-line with the provider's policy and procedure.

People we spoke with said that they would have no issues if they had to make a complaint and were confident about talking to the staff or the manager. People said, "I would tell the manager or the nurse if I had any issues. My laundry complaints are always rectified and I can lock any valuables in a drawer in my room", "No complaints, but would tell the manager if I had" and "I would see the lady in charge, but no complaints."

One visitor told us, "I complained about laundry to the manager. Nothing has gone missing recently, but I found someone else's clothes in my relative's wardrobe." Another visitor said, "I made a complaint about my relative's care. The manager took immediate action and since they spoke with the staff there has been a vast improvement."

Staff were confident about using the complaints process. One member of staff said, "Yes, I have used the process to raise concerns. What I said was kept confidential and was dealt with by the manager. It was handled really well and resolved quickly."

Good

Is the service well-led?

Our findings

There was a manager in post who was supported by qualified nursing staff, who each had supernumerary time allocated to complete management tasks such as care file reviews and audits. The majority of people who spoke with us were able to tell us the name of the manager and were confident about raising any issues with them. One person told us, "I know the manager by sight and I think they are very approachable." People told us they felt the service was well run and they were happy there.

We discussed with the manager the fact that the information we held within CQC said only older people were supported by the service. However, at our initial introduction to the general manager when we asked about the people who used the service it became clear that the service looked after people living with dementia, sensory impairment, physical disabilities and other medical conditions. We discussed the need for the provider to update the information held by CQC in-line with their statement of purpose. Within a week of our inspection an application to do this was submitted to CQC, along with an amended statement of purpose, which has now been processed.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the manager sought ideas and suggestions on how care and practice could be improved. Staff told us, "We all have an impact on the service and if we have any ideas to improve things then our thoughts are welcomed." One visitor said, "The manager has got the staff sorted out now. I find the manager to be very approachable and they are a good communicator."

The manager was described as being open and friendly and there was an open door policy as far as they were concerned. One visitor told us, "The manager is really good. They are always available if you need them; very kind and I like them a lot." Another visitor said, "I think this is a well-run service. The staff are always friendly towards me." Staff told us they felt well supported by the management team. Staff told us, "We can always talk to the manager if we have any queries about people's care. They are very supportive and helpful" and, "We have team meetings a least once a month and there are registered nurse meetings in addition to these. There is a good level of communication amongst the staff and we can share any concerns with the management team."

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the manager and where necessary action was taken to make changes or improvements to the service. We found an engaged, friendly and experienced staff team in place. Staff said, "The service has improved tremendously. The manager will talk you through things if you are not 100% sure." One visitor told us, "We have relative meetings and the manager always asks if there is anything the service could do better. I think they have already done wonders to the place. New flooring has just been put in. The staff are always going on training and my relative has good access to their GP, chiropodist and optician."

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The manager carried out monthly audits of the systems and practice to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in April and May 2017 and covered areas such as recruitment, complaints, staffing, safeguarding, health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We also saw that audits on infection control, medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified. □

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.