Life Care Corporation Limited

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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

This was an unannounced inspection which took place on 8 September 2016. Life Care Corporation Limited is a care home without nursing for older people and is registered to provide care for up to 41 older people. The service was last inspected on 23 June 2015 and required some improvements in the safe, responsive and well led domain questions. These improvements related to inconsistencies and accessibility of peoples care records and insufficient documentation to demonstrate appropriate responses to concerns and complaints. In addition we noted that the time taken to respond to requests for assistance from people needed to improve and there needed to be more effective delegation of tasks from management. As a result of this inspection we saw improvements in all areas.

The service is provided in a large detached building which is located near to public transport. The home provides a range of services for older people, some of whom may be living with dementia. The home is divided into two units each arranged over two floors.

The home is managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Relatives and staff felt the service was well managed. The registered manager was felt to be accessible and listened to the views of others and acted on them.

People were kept safe because health and safety issues were effectively monitored, servicing and safety checks were carried out regularly and prompt action was taken to address issues. Staff understood their role in keeping people safe from harm and knew how to recognise and report any concerns about abuse. They were confident management would respond appropriately and act on anything they reported. Staff were trained in and understood how to protect people in their care from harm or abuse. People and their relatives told us they felt safe and could talk to staff and the manager about any concerns they had.

Individual and general risks to people were identified and were managed appropriately. Care records had been updated to a new format and relevant and up to date information was readily accessible. People's medicines were administered safely. Staff were appropriately trained and their competence was assessed. People's health needs were effectively monitored and supported.

The staff recruitment process was robust and appropriate checks took place. Recruitment files contained the required evidence of the process. Staff received a thorough induction based on the national Care Certificate competencies. They received on-going training through the provider's rolling programme. Staff were well supported through supervision, team meetings and annual appraisals. The service had a core of stable staff who communicated well with each other and had built good relationships with the people living in the home. There were sufficient staff on duty throughout the day and night to support people appropriately.

The service understood the relevance of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). Appropriate actions were taken in relation to people's capacity to consent to a range of decisions relevant to the particular individual. Staff had received MCA training. The MCA legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Deprivation of Liberty Safeguards (DoLs) provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

The house was well kept and repairs were dealt with promptly. Cleanliness was of a generally good standard and infection control procedures were adhered to and appropriate equipment was provided.

The service was subject to effective monitoring by the management team to ensure standards were maintained. Identified issues were addressed in a timely way. The management team were keen to develop and improve the service to ensure people's changing needs were met. The views of people, families and staff about the service, were sought and acted upon.

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 safe because staff met their needs and knew how to recognise and report any concerns about their care.

Staff recruitment systems were robust and sufficient staff were available to meet people's needs.

Medicines were administered safely on people's behalf and managed within a robust system.

Health and safety related issues were well monitored and managed and timely action was taken to address any issues which arose.

Is the service effective?

Good

The service was effective.

People's mental capacity to make decisions and deprivation of liberty issues were understood and documented.

Staff understood and were aware of the need to obtain peoples consent.

Staff were trained and effectively supported through supervision and appraisal and felt supported and motivated by management.

Is the service caring?

Good

The service was caring.

People and relatives felt staff provided good care and treated people with kindness and respect.

People were encouraged and supported to maintain their independence as far as possible.

Staff knew people's individual needs and preferences well. They were highly regarded by people and their relatives.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed regularly. They and their relatives, where appropriate, were involved in planning their care.

People were offered choices and their decision was respected. People were supported in ways which took account of their wishes and preferences.

Information on how to make a complaint or raise a concern was readily available. Complaints and concerns were acted upon appropriately.

Is the service well-led?

Good

The service was well-led.

People responded well to the registered manager and management team.

Staff and relatives told us they found the registered manager approachable and said she listened to them.

The quality of the service was monitored. Staff had opportunities to say how the service could be improved and raise concerns if necessary.

People had opportunities to maintain links with the community.

The manager was highly regarded by people, the staff and health care professionals.

Life Care Corporation Limited

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 checked 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 8 September 2016 and was unannounced. The inspection was undertaken by one inspector. We reviewed information provided in the Provider Information Return (PIR) and from notifications made to CQC by the service. A notification is information about important events which the service is required to tell us about by law. The PIR is a form the provider completes which details information about the service and includes the areas where it performs well and identifies when and where improvements are needed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition, less formal observation of staff conduct and interaction with people took place throughout the duration of the visit. We looked at four care plans, daily notes and other documentation relating to people who use the service such as medication records. In addition, we looked at auditing tools and reports, health and safety documentation and three records for the most recently recruited care staff.

We spoke with the registered manager, a team leader and four staff individually. We had contact with a range of people associated with the service including people using the service and their relatives. We spoke with four relatives of people during the course of the inspection. Three people using the service were spoken to individually to ascertain their views and experiences of living in the home. We observed interactions between staff and people, and spoke with other people and staff briefly throughout the course of the visit.

We spoke with a community nurse manager, a district nurse, a community dentist and a GP who were

visiting the service. In addition, two health care professionals provided feedback about their dealings with the service following the visit. We spoke directly with three local authority representatives including a quality manager, a social worker and a placement reviewing officer. We also received some written information from a personal budget support officer.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. A local authority commissioner told us, "Yes I am confident that people are safe and being well cared for. I have only had positive feedback from relatives." Another visiting professional told us, "The people I have seen in the lounge and communal areas appeared to be happy and well looked after, so I have no concerns about their safety or treatment." Four relatives told us they felt confident their family member was safe when using the service with one stating, "[name] is in safe hands."

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns was readily available to all staff. Staff were aware of the company's whistle blowing procedure and knew how to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management. We saw from the service's safeguarding records that any allegations were taken seriously. Incidents were reported to the local authority safeguarding team and also notified to the Care Quality Commission (CQC) as required. The records contained details of actions taken by the service as well as the outcomes of any investigations. All safeguarding concerns were acted upon without delay and appropriate action was taken including informing relevant personnel.

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. We saw that the recorded information was detailed and staff told us there was sufficient information for them to ensure they kept people safe. They were personalised and fed into people's support plans to ensure support was provided in a safe manner. Each person had a personal emergency evacuation plan which provided individualised guidance for staff should an evacuation of the premises be required.

Written risk assessments relating to the health and safety of the service and the premises were sufficiently detailed. We saw that there were controls in place such as radiator covers and window restrictors. Regular checks were carried out to test the safety of such things as the lift, bath and mobile hoists, wheelchairs, gas appliances and electrical equipment. The fire detection system and the fire extinguishers had been tested in accordance with manufacturer's guidance and as recommended in health and safety policies. A fire risk assessment for the buildings was in place. We were told this had been recently reviewed but this had not been recorded. Walk through fire drills were conducted twice each year. These were arranged at different times of the day. A food safety inspection was undertaken by the environmental health department in June 2014 when a maximum five stars was awarded.

Recruitment practices helped to ensure people were supported by staff who were of appropriate character. We looked at the recruitment records for the last three appointed care staff members. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were obtained to check on behaviour and past performance in other employment and gaps in employment

history were explained.
Application forms were fully completed and notes from interviews were kept and formed the basis for future supervision and training needs.

Staffing levels were dependent upon the needs of individuals being supported at any given time and were flexible. A recognised dependency tool was used to support the appropriate deployment of staff. The registered manager was able to use additional staff if the needs of people changed through illness or when particular events had been arranged. The current ratio was for deployment of one team leader, a senior and three carers on the west wing during the morning Monday to Friday which was reduced by one care staff in the afternoon/evening. At the time of the inspection the West wing had 18 people including one person who was being discharged from hospital that day. The east wing was the same staffing ratios for 15 plus two people who were in hospital. The team leader shift did not extend to weekends or evenings unless there was a specific need. The night cover consisted of two team leaders with one additional care assistant who was deployed across both wings to provide support where and when necessary. We examined the last four weeks staff rota in some detail to ascertain whether staff were working excessive hours. We saw that some senior staff worked long days up to five days in a week on occasions. We were told that staff only worked long days voluntarily, which they confirmed, and this practice was monitored by the registered manager.

Any gaps in the rota were covered by staff working additional hours. The staffing levels ensured people's needs were met promptly in line with their support plans. Some staff on one of the wings told us that they would benefit from an additional staff member at peak times such as meal times but it was considered that overall there were enough staff on duty to keep people safe. We were told by the registered manager that recruitment was on-going for a further two full time equivalent care staff vacancies.

People's medicines were stored and administered safely and staff had received training in the safe management of medicines. Only senior care staff were involved in medicines administration and management and each had their practical competency tested regularly. The provider had a clear medicines policy and procedure. Medicines were stored in a locked cabinet located in a recently designated room. Each person had been assessed to ensure the support they required with their medicines was individual to them. Medication records were detailed and provided information on how each person liked or needed their medicine to be administered. There had been one medication error in the previous 12 months. This had not resulted in any harm to the effected person.

All accidents and incidents were recorded by staff before being reviewed and investigated, if necessary, by the registered manager. Analysis of incidents was discussed with the staff team to identify actions to reduce them in the future and these discussions were recorded. The provider had a business continuity plan which included arrangements for alternative accommodation and procedures to follow in events such as fire, flooding, storms and loss of utilities. We saw that this document had been reviewed in January 2016 and included all relevant contact details.

There were clear infection control procedures in place. Infection control checks were undertaken on a monthly basis to ensure that procedures were being followed in relation to bedrooms, the utility and medicines rooms and personal protective equipment. There was a dedicated domestic cleaning team who worked to a specified schedule. Overall the home was ordered, clean and with no evidence of unpleasant odours. We saw and were told that there were always sufficient supplies of aprons, gloves and protective goggles and that staff wore them when required. We observed a number of cleaning staff going about their business throughout the inspection and it was apparent that they understood their responsibilities. One health care professional told us that the bedrooms and the home were always clean whilst another said that

some of the bedrooms could be a bit cleaner.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were trained and supported by the registered manager. Staff knew people well and understood their needs and preferences. Two local authority representatives independently described how impressed they were with the extent of the registered manager's knowledge about individual people and their needs. A relative told us, "I have no complaints about any of the staff that I have met. In fact they are all very caring and on the ball. [name] has settled extremely well and we are very pleased." Another relative described how they frequently visited unannounced but never found anything other than a warm welcome and a calm home. A local authority commissioner told us, "From my experience, I am very confident that all needs are addressed within a timely manner and recorded." Three health care professionals provided positive feedback about how people's health needs were addressed by the service.

Staff received an induction when they began work at the service. They also spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Training was refreshed for staff on an on-going basis and further training was available to help them progress and develop. Staff told us the training opportunities and the management support was good. The oversight of staff training was the responsibility of the registered manager. We were provided with the training matrix for all staff which recorded all the training individual staff had undertaken and where updates were required. Some training had been sourced from the local home support team which was made up of a variety of trained health professionals. Examples of this training included do not resuscitate directives and respect and dignity. Staff described this training as very good.

Individual meetings were held between staff and their line manager on a regular basis. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Staff told us that these meetings were useful and supportive. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. Staff spoke highly of the registered manager and the team leaders together with the ethos in the home. They described a supportive atmosphere where members of the management team and more experienced colleagues could always be approached to seek advice and guidance.

Staff meetings were held regularly. These were designed to provide opportunities for staff to express their views and discuss ways to improve practice. The minutes of staff meetings showed discussions took place regarding individuals using the service, policies and procedures and maintenance of the property. In addition, there were opportunities for staff to contribute and express their views and ideas at any time. Staff confirmed they attended staff meetings regularly.

People's rights under the Mental Capacity Act 2005 (MCA) were fully understood by the management and staff team. The 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 the least restrictive option.

People can only be deprived of their liberty so that they can 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 Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had considered at length whether referrals were relevant for each of the people living in the home. There was a high number of people subject to DoLS or awaiting an assessment which reflected the high proportion of people living in the home who lacked capacity.

All staff had received Mental Capacity Act 2005 and DoLS training. They were able to explain what a deprivation of liberty was and the action they would take if they were concerned that they had to deprive someone of their liberty. The registered manager and senior staff had a solid understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected.

Appropriate referrals were made to other health and well-being professionals such as GP's, healthcare consultants, occupational therapists, dieticians and district nurses. We were made aware that as a result of difficulties accessing dentists who were able and prepared to provide home visits, a private domiciliary dental service had been engaged. The registered manager told us that this service had proved invaluable and cost effective for some individuals who had experienced issues and discomfort with their teeth. We spoke to a social worker who was visiting the home and had been involved with the service over a number of visits. They told us that referrals were always appropriate and that the manager and staff provided good support for health care needs and were good with supporting queries.

A visiting professional told us that the registered manager always worked hard to ensure people's health care needs were met. People were supported to attend specialist appointments and regular check-ups such as annual health reviews, dentists and opticians appointments. Each person had a health and well-being section within their care plan. This included the history of people's health and current health needs. Records of health and well-being appointments, health referrals and the outcomes were kept. All information about people's health could be easily accessed, including in an emergency situation. One health care professional told us, "[name] (The registered manager) has always been able to answer any questions I have about any of the residents." Another told us that they were usually provided with appropriate information and, "the registered manager works very well with patients."

One visiting health care professional described the improvements that had been made with the care of people's skin in particular and that staff were much clearer about their roles. The introduction of team leaders was described as an effective initiative with the individuals being described as very good. District nursing staff were now using a dedicated communication book which was described as very effective in ensuring that information about people got to the most appropriate personnel so that action could be taken without delay. We spoke with a member of the rapid response team which constituted health care professionals who provided intensive support and treatment for people to prevent hospital admissions wherever possible. Life Care as a service was described as open with good communication and consistency of staff. One professional did say that on occasions there were not many staff present in the communal areas.

People were offered good quality food which met their identified individual needs. Nutritional needs were assessed and any specific requirements were included in their care plans. The support of a dietician was

sought as required. People ate in their own rooms or within the communal dining area, as they chose. Staff did encourage individuals to participate in communal dining in order to prevent isolation. However, they were respectful of people's choices. We noted that the home operated a protected meal time so that people would not be unduly distracted by visitors and could enjoy their food in as calm an environment as possible. There were signs in the reception area of the home to request visitors not to visit during these times wherever possible. One health professional told us that in their opinion this was a good initiative and supported people with their nutritional needs.

We observed during the lunchtime period that staff appropriately supported people to have their meal. One person who had not touched their main meal but who was capable of feeding themselves was provided with alternative choices by two staff on separate occasions before the pudding was offered. This ensured that the individual was provided with as many opportunities as possible to eat a nutritious meal. Staff worked with people to ensure they had sufficient to eat and drink and according to their preferences. Each person's preferences, likes and dislikes were recorded in their care plan. We were told about and saw menu cards being used which featured the choices available to help people decide what to have. People were supported to be involved with menu planning and they were asked for feedback about the food and meal plans. When a staff member asked if the lunch had been enjoyed one person said, "We did indeed", and this was accompanied with a number of nodding heads from other people. Staff recorded and monitored people's diet and nutritional intake as a routine and when they were at risk of insufficient sustenance.

Each day a member of the care staff was allocated food preparation duties. The food provider was a recognised organisation which pre-prepared meals for reheating at the service. Temperatures were checked at the point of serving from the food trolleys. We saw that there were records for detailing each person's preferences and/or allergies/dietary needs.

The home was a converted and extended building which was arranged over two floors on one side and three floors on the other. However, the second floor was not used by people using the service. Some bedrooms had an en-suite fitted but most did not. Bedrooms we saw had some personal effects evident. Relatives of one person said, "They have a lovely bedroom with family photos all around." People who were able told us that they were happy with their rooms. We were told that when a room became available it was subject to refurbishment ready for the next occupant. We received some feedback which suggested that some rooms could be made a little more homely. There was a range of assisted bathing facilities available. Maintenance issues could be raised by any member of the staff team and were picked up by the maintenance personnel employed by the home and rectified without delay. We noted that a room name was missing from one bedroom and some handles on furniture were missing. We were informed by the registered manager following the inspection that this had been addressed.

Good

Is the service caring?

Our findings

On the day of the inspection we saw that people looked relaxed and calm. We observed positive interaction between people, the team leader and supporting staff. People told us that they liked living in the service. People were supported by care staff who were committed to their well-being and were kind and patient. We saw that staff explained to people what they were doing and why and asked for their permission before they undertook any task. People responded to staff's gentle approach and were comfortable to communicate their feelings. We received feedback from a relative who told us, "The staff genuinely care about the residents – I have been very pleased with this", and, "Staff are very pleasant, cheerful and courteous." Another said, "I cannot fault the care". Another said, "I have no complaints about any of the staff that I have met nor the care they give to my [relative]."

Staff had detailed knowledge of the people using the service. They knew what people liked to do, the type of thing that may upset them or help them to feel content. They told us they were kept informed and up to date with any changes in people's support requirements. This was achieved through handover meetings, informal discussion with other team members and reading the communication book at the start of every shift. Staff did say that some colleagues did not always read the communication book which was frustrating. Feedback from staff about the service and care provided was overall very positive.

People were supported to maintain their independence as far as possible. One local authority commissioner told us that the person they had placed had become more independent in the short time they had been in Life Care. Staff encouraged people to make choices and take part in activities such as music, singing and religious ceremonies. Individual care plans gave staff guidance on how to promote people's independence and choice. Support was offered in a calm and patient manner. Staff always asked people for their opinion and offered choice and help when required. People were as involved in the care planning and review process as they were able to be and their involvement was recorded in daily notes. With people's consent their families or others who could represent them, were kept informed of how they were progressing. One relative told us, "[name] (the registered manager) always keeps us informed of what's happening." Another said, "I feel like a weight has been lifted off me. We are always updated with his progress." Families and representatives were invited to reviews of care if people wanted them to be there and if it was appropriate.

Staff maintained and promoted people's privacy and dignity. Staff received training in privacy and dignity issues and were able to describe what action they took to make sure that people were respected. They also told us how they encouraged people to maintain their own privacy. One visiting social care professional told us, "From what I have seen residents are always treated with respect and dignity." A health care professional told us, "I have never heard any disrespectful conversations." Everyone in the home was dressed in their own clothing which had clearly been laundered well. One relative said of their family member, "She always looks nice and clean."

People's diversity was respected as part of the culture of individualised care. Care plans gave detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well with the involvement of people themselves. People

were provided with activities, food and a lifestyle that respected their choices and preferences. Care plans included people's life choices and preferred occupational activities. Some people told us they liked to read or watch the television. While others told us they like to join in with organised activities. Without exception people told us that they were treated with kindness and respect. The registered manager showed us letters she had sent to a local church and a school with the intention of involving community activities such as religious gatherings and school performances in the home.

Relatives told us that there had been some next of kin meetings held where their views on the care provided in the home was sought. These meetings were recorded and all relatives received a copy of the minutes whether in attendance or not. Relatives and people living in the home were encouraged to suggest improvements or to comment on any aspect of the running of the home. Food taster sessions were on-going and provided regular feedback about the quality and choice of food provided. Relatives said that the registered manager always asked them about how things were going whenever they visited the home. All the relatives we spoke with said that they felt included and involved with what was happening in the home.

Good

Is the service responsive?

Our findings

The service offered people person centred care and was committed to improving this approach at every opportunity. One community professional told us that, "Yes – I have never heard negative feedback regarding this establishment." Another described the service as responsive to advice and guidance. Two visiting professionals told us that the home strives to provide person centred care. Staff were trained and guided to provide person centred care and people's care plans were individualised and focussed on them. We were told regular reviews of care plans which entailed constructive feedback for staff had resulted in improvements in the standard and quality of recording. Information in support plans included people's daily routines, their preferences and how to support their emotional needs. It was clear if a person could do things independently or if they required support. The skills and training staff needed to offer the required support was noted and provided, as necessary.

Each person had their needs assessed to capture relevant information prior to moving into the home. The registered manager usually undertook the initial assessments. A formal review of the care provided was held once a year and if people's care needs changed. People's interests, hobbies and previous experiences were recorded as they became known. This helped to ensure that care was provided which was individual to each person. People were provided with a range of information when they moved into the home which explained some of the procedures and what they could expect with regard to their care.

We saw that there had been significant improvement to the layout and content of care plans. Sections were more logical and were supported by relevant risk assessments. One local authority commissioner told us that they found the information in care plans easy to access and follow. Care plans were reviewed regularly by the registered manager or team leaders with the person and took account of the daily notes and any changes in needs. Additional reviews took place if people's needs changed whether in the short or long term. We saw that there were a number of forms used to record areas such as communication, mobility, emotional wellbeing, tissue viability and behaviour if relevant for the individual.

We spoke to a visiting social care professional who had been visiting people living in the home on a periodic basis for some time. She told us that the care provided and care plan recording had been person centred and had been very helpful in ensuring that people had settled into the service as smoothly as possible. One particular individual was now thriving in their care and family members were extremely complementary about the registered manager, the staff and the care provided. This social care professional told us that other local authority colleagues who had placed people in the home were equally impressed with the care provided and the progress that had been made with individual people.

People were offered a variety of activities and supported to participate in those they enjoyed. Activities ranged from one to one sessions such as manicures and hand massages to group activities such as gentle exercise, quizzes and crafts. One local authority representative confirmed that they had seen one to one activities being conducted during the course of their visits. We were told that the activities co-ordinator had recently left but a replacement had already been identified. One relative described the outgoing activities organiser as a "breath of fresh air." It was hoped that their replacement would be as keen, enthusiastic and

organised. During the course of the inspection we were shown an area which was being developed into a combined staff rest room and hairdressing area for people. Part of this development included opening an access between the two adjoining buildings which would negate the need to leave the premises to move between each wing of the service.

People, their families, friends or advocates were able to complain if they wanted to. The service's complaints policy and procedure was produced in an accessible format. Staff were aware that some people were unable to make a formal complaint without assistance and were able to describe how people would let them know if they were not happy. The service had received two complaints during the previous six months. We saw the complaints log which detailed the nature of each complaint, the action taken and the outcome which had been communicated to the complainant. One person told us, "I have no complaints about any of the staff or the care." Relatives told us they knew who to approach should they have a concern or complaint and that they were confident that it would be taken seriously and acted upon.

Good

Is the service well-led?

Our findings

The registered manager and staff were consistently described as approachable and accessible. The registered manager was highly regarded by the majority of visiting professionals with comments including, "First class manager", "She works in the best interests of people", "She is very knowledgeable about people's needs", "She is very responsive to the health care needs of people and she advocates on behalf of people." We were told by relatives that senior staff could be contacted out of hours should they have concerns about their family member. The service had a culture of openness. This was reflected in meetings that took place with the provider and the relatives of people in order to seek their views.

The service had previously introduced team leaders to the management structure. There was a team leader for each side of the service which had been intended to develop leadership within each wing and to support the registered manager. Feedback from two health care professionals indicated that this had been successful with one describing how they had observed a team leader appropriately guiding staff. The management team were described as approachable and supportive by people, their relatives and staff. Staff felt much happier in their roles and understood their responsibilities more clearly. One visiting health care professional told us that team leaders wore different coloured uniforms which had helped with identifying relevant staff. They reported that there was a much improved management structure and staff were clearer about their roles and responsibilities.

It was clear from talking to staff that they were aware of their responsibilities and understood how they related to the wider team. Staff told us the registered manager or senior staff were always available to provide guidance and advice when required. Staff told us that they felt supported by the management team and they were approachable with regard to any issues or concerns. Health care professionals told us that the registered manager and staff were approachable, knowledgeable and eager to improve the service for the benefit of the people they cared for. The service worked closely with the local authority and other professionals to ensure they improved the care they offered to people.

Throughout the course of the inspection the registered manager and team leader were observed being approached by staff and people in a relaxed manner and they were responded to positively and with respect. Staff confirmed there was a good team spirit that encouraged staff to work well together for the benefit of people using the service. We were told about a recent incident that occurred during the night when a person had become unwell. One of the team leaders had responded by going to the home in order to support the night staff despite not being asked to do so. This had made staff feel supported and had enhanced team working.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. They had strong links with the specialist district nursing health team, local authority commissioners and GP's. One community nurse said of the manager, "She has always been able to answer any questions I have about any of the residents. I believe we are informed when they need help or support although they are able to manage many of their problems within their own resources." A member of the local authority commission team sent feedback when asked for their view of the management of the service

and stated, "I believe so, I am often updated with any relevant information by the home manager."

The registered manager told us that the quality of care provided was paramount to ensure that people's well-being was maintained and that their quality of life, choices and preferences were central to the approach of the service. People and their relatives told us that they were well cared for and that staff were knowledgeable about their needs and interests.

The registered manager and the management team undertook quality audits which covered a wide range of areas including medication, infection control, recruitment and staffing, staff training, social activities and meals and nutrition. Any areas found to require improvements would lead to the formulation of a non-conformity/deficiency report which included the actions required to secure improvement together with timescales for completion. Examples of deficiency reports covered cleaning products found without corresponding data sheets, stained sheets in a store cupboard and some activity recording omissions. There were systematic reviews of policies and procedures to ensure they were up to date and relevant. We saw a report resulting from a review of the quality of management systems which had been undertaken by an external organisation and concluded that the home was compliant in all areas. Monitoring of significant events such as accidents and incidents was undertaken regularly by the registered manager. This was in order to identify any trends or patterns so that action to prevent reoccurrence could be taken without delay.

People, staff and stakeholder views were collected and listened to. A formal system for capturing people's feedback and views was also used in addition to the individual review process. We saw some of the comments from the most recent exercise conducted in June 2016. Overall the comments were very positive with the majority of respondents rating either as very or quite satisfied with the service. An exercise to obtain feedback from stakeholders and staff was planned.

People's needs were accurately reflected in detailed and up-to-date records which were improving all the time. The records informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were kept securely, detailed, accurate and up-to-date.