Sanctuary Care Limited

Hatfield Residential and Nursing Home

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 23 October 2018 and was unannounced. At their last inspection on 15 August 2017, they were found to be meeting the standards we inspected, however they were rated as requires improvement. At this inspection we found that they had continued to meet all the standards and had improved their rating to Good. However, consistently promoting people's dignity was an area that required improvement.

Hatfield Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hatfield Residential and Nursing Home provides accommodation for up to 118 older people, this included people with nursing care needs and some people living with dementia. At the time of the inspection there were 102 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People told us that staff were kind and caring. However, we found that people's dignity was not always promoted by staff. This related to a lack of ironing of people's clothes and ensuring beds were made properly.

Confidentially and privacy were promoted. Visitors were made welcome.

People were supported by staff who knew how to recognise and report any risks to people's wellbeing. Accidents and incidents were reviewed to reduce a reoccurrence and there were effective infection control practices in place. Medicines were managed safely and people received them promptly.

People were supported by enough staff who were recruited safely. Staff received a robust induction, regular training and felt supported.

People enjoyed a variety of food and drink, and there was appropriate access to external health and social care professionals. Staff had a good understanding of the Mental Capacity Act 2005 and adhered to its principles.

People said the care met their needs and people's care plans included information to guide staff. People were supported at the end of their life with compassion and care.

The activities plan would benefit from further development to ensure activities reached everyone but people were happy with what was offered.

People and staff were positive about the registered manager and how the service was run. The management team kept an overview of the service and addressed any issues. The quality assurance systems were effective and complaints were responded to and people's views were sought.

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 supported by staff who knew how to recognise and report any risks to people's wellbeing.

Accidents and incidents were reviewed to reduce any reoccurrence.

People were supported by enough staff who were recruited safely.

Medicines were managed safely and people received them promptly.

Effective infection control practice was adhered to.

Is the service effective?

Good

The service was effective.

People were supported by staff who received a robust induction, regular training and felt supported.

People enjoyed a variety of food.

Staff had a good understanding of the Mental Capacity Act 2005 and adhered to its principles.

There was appropriate access to health and social care professionals.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Dignity was not always promoted. This related to ironing of clothes and ensuring beds were made properly.

People told us that staff were kind and caring.

Confidentially was promoted.

Visitors were made welcome.

Is the service responsive?

Good

The service was responsive.

People said the care met their needs.

People's care plans included information to guide staff.

The activities plan would benefit from further development but people were happy with what was offered.

People were supported at the end of their life with compassion and care.

Complaints were responded to and people's views were sought.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the registered manager and how the service was run.

The management team kept an overview of the service and addressed any issues.

The quality assurance systems were effective.

Hatfield Residential and 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by two inspectors, an assistant inspector and two experts by experience. An expert by experience is a person who had experience of using this type of service or has a family member who has used this type of service.

During the inspection we spoke with 16 people who used the service, five relatives and visitors, 12 staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to nine people's care and support. We also reviewed records relating to the management of the service.

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 due to their complex health needs.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "Oh yes I do feel safe, [staff] are lovely to me, I get my medication on time and if I press the call bell they are quite quick to come that's what makes me feel safe I would say." Another person said, "I am safe because of the help I get and I am cared for." Relatives also told us that they felt people were safe.

People were supported by staff who understood how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates.

Where potential risks to people's health, well-being or safety had been found, these were assessed and reviewed regularly. Risk assessments were in place for people at risk of falling, poor skin integrity, the use of equipment and the use of bedrails. These assessments were detailed and found potential risks to people's safety and the controls in place to mitigate risk. Staff were familiar with people's individual risks and were able to describe the type of support people needed. Staff told us they were informed in handover sessions and meetings in case peoples` needs and risks changed. For example, we saw that a person had a swallowing assessment recently and the consistency of their thickened fluids changed. We asked staff to tell us how many scoops of thickeners the person needed in their drinks to help with their swallowing, and staff were able to tell us.

All accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced. This was collated on a spreadsheet to identify if there any lessons to be learnt from events and this was shared with staff appropriately. One staff member said, "[Registered manager] tells us about anything that has happened and any changes we need to make or monitoring we need to carry out."

There were regular checks of fire safety equipment and fire drills were completed. However, the management team would benefit by having this documented in such a way they were able to identify any staff who had not attended a drill. We noted that in August 2018 an incident in the laundry had activated the fire alarm and staff had responded promptly and safely, moving people away from the affected area. Staff knew how to respond in the event of a fire and each person had a 'Personal Emergency Evacuation Plan' (PEEPS). Staff were aware of these. However, some staff needed more prompting regarding how and when they would physically transfer someone in an emergency. For example, if they needed to use a hoist as some PEEPS were not clear. The management team ensured that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

People told us they felt there were enough staff to meet their needs. One person said, "It can differ how long they take to come when I ring my bell, not very long, it depends if there is a lot of staff on that day." Another person told us, "The call bell, it can depend on how busy they are to answer it but not too long." Some people had said sometimes the service may be a bit short of staff but not to the extent they would feel the need to complain. Relatives told us that there were enough staff available to meet people's needs. Throughout the course of the inspection we noted that there was a calm atmosphere and that people

received their care and support when they needed it and wanted it.

Staff said there was mostly enough staff but at times they were busy. Staff did say that the staffing numbers were more in the mornings to the evenings but the level of care needs did not change in the afternoon. However, we did not see an impact of this and people did not complain about staffing issues impacting on their needs being met. We spoke with the management team about the reason for the staffing numbers changing in the afternoon and they told us that mornings were peak times and usually busier. We also noted that not all beds were occupied on the units and the registered manager told us that this was a factor. They told us that they would continue to review people's dependency needs and if required, would review the numbers of staff deployed.

There had been an ongoing recruitment process and the registered manager told us that they had needed to use higher number of agency staff in recent months. They confirmed they had now been successful in recruiting 18 new staff. These were currently going through the induction process. One staff member told us, "We've been okay with the agency staff, some are good, some not so good, but we tell [registered manager], she takes it up with the agency and we don't have them again. The ones that are good get to know the home and people so they're fine." A person who used the service said, "It still seems to run smoothly because the staff always work as a team even when it's agency staff on."

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. They ensured all required documentation was received before a member of staff began employment. This included written references and criminal record checks. A recently recruited staff member said, "I felt the managers who interviewed me were interested and valued me so I came here and I am very happy with my decision."

People told us that they received their medicines on time and as they needed it. One person said, "Medication is like clockwork." We saw someone was in pain, they told the nurse and the pain relief arrived promptly.

People's medicines were managed safely. Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that most stocks were correct with the records. We did note that in two instances that Paracetamol prescribed on an 'as needed' basis had been given and not signed for. The management team were able to identify where this had occurred due to other records kept and told us that they would address this. People received regular reviews to help ensure medicines they were taking were still appropriate for their needs. There was a record of antibiotic history to help staff identify if a person was suffering reoccurring infections and what antibiotics had been successful. Temperature records of storage areas where documented, handwritten entries were countersigned and there were instructions on how people liked to take their medicines. We also saw that there were plans in place for medicines prescribed on an as needed basis, with guidance on how to identify if a person needed pain relief but was unable to verbalise this.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that staff used gloves and aprons appropriately and the home had no malodours on the day of our inspection. We did see that some tables had not been thoroughly cleaned from the night before and a staff member did this just before breakfast started. We raised this with the management team.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One person said, " I worked for [profession] for 13yrs, so I know, they have been trained well I would recognize poor training."

Staff received training to support them to be able to care for people safely. This included training such as moving and handling and safeguarding as well as specific training such as Parkinson's, skin care and dementia care. We saw, and staff confirmed, that new starters received a week of induction training, delivered as face to face training. They then received a week of working with a buddy shadowing on the units to learn about the home and get to know they people they supported. One staff member said, "I am given time to know people and the routine." Another staff member said, "It is good because any training we ask for, the managers will consider it and we get it. It is a very good skill mix on the unit and people are looked after well."

We saw some people on induction during the inspection. Staff were supportive and helpful. For example, we saw one new starter asked if they were comfortable to complete a task. The experienced staff member told them not to complete the task if they didn't feel comfortable and reassured them that it was absolutely fine for them not to be ready yet. This showed that staff were not expected to support people alone until they were trained, comfortable and competent to do so. New staff were also completely the nationally recognised induction, the care certificate.

Staff told us that they felt supported and could approach the management team for more support at any time. One staff member said, "I really like the support here. You don't feel left out or just put on the floor to get on with it." We saw that there were recorded one to one supervision sessions for staff. These were opportunities for staff to discuss how things were going and any development needs they had.

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).

The registered manager showed a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty to keep them safe. They had awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. This helped to ensure they had their human rights to freedom protected. The appropriate applications and documentation was in place. We also found that staff were also very knowledgeable about the MCA which indicated that they were equipped to work in such a way to ensure people's rights were respected. One staff member said, "It doesn't matter if people lack [mental] capacity, choices can be offered

like what they want to eat or drink or wear."

Staff offered people choices each day even if they were assessed as not having capacity to make some decisions. Staff acknowledged that this did not mean they could not make any decisions and how they wanted to spend their day, what to eat or wear. One person told us, "They are respectful to me they will always say (name) can I do this or, is it alright if I take this." Another person told us, "They are very respectful, they wouldn't move anything or do anything without asking."

The home was designed in a way so that people could move around easily, whether this was independently or with the use of mobility aids. Equipment was well situated in bedrooms and bathrooms to enable people to be independent where possible. There were large lounges with ample seating for everyone and a large dining room so people could enjoy a meal together if they wished. Bedrooms were personalised. There was an accessible garden that people had enjoyed in the better weather. There was a refurbishment plan in progress and this was to update the decoration and improve on some tired furnishings but also to improve facilities. There were plans for an arts and crafts room, a café and a shop.

People were supported to enjoy with a variety of food and their individual likes, dislikes and dietary needs were well known by staff. People and their relatives told us they food was good and they gave examples of how the service had accommodated their preferences and cultural tastes. However, we noted that staff needed to get into the habit of replacing the lids on the serving trolleys in between serving. This would ensure the food stayed hot throughout the whole serving process. One person told us, "The food is very good, no complaints I find it very tasty, they always make sure I have drinks in my room and I get a thickener to have in my drinks." Another person said, "The food is good, they ask me to choose what I would like to eat, if you don't fancy what's cooked they will make you something else."

We saw positive interactions during lunch. Staff were talking about lunch, including people, who were being assisted to eat. Staff remained sitting at the table next to people they assisted. We noticed a staff member including the person they supported in the conversation by remarking, "I can see you thought that was funny" and remarking to staff, "You've even made [person] laugh at that." Everyone was relaxed and enjoying lunch together. We heard staff who were supporting people say, "You seem to be enjoying the fish today. Oh, sorry that's a bit too big I'll just make that smaller for you. Would you like a sip of drink now? Have you had enough? Shall I take it away? Staff gave the people they were assisting time to communicate, relax and eat.

Assessments had been undertaken to identify if people were at risk from of not eating or drinking enough and if they were at risk of choking. We saw staff supporting people appropriately. People's intake and food choices were record on daily care notes. Staff were aware of the reason for any weight loss and were supporting people as needed. One person told us that they had been off their food. We noted that they had been prescribed supplements to help with their calorific intake. We also noted that another person was offered a milkshake. People had their weights monitored and if they lost weight they were referred to their GP or dietician for support. Some people had their food and fluid intake monitored. We saw that in some cases there was no fluid target set for people when staff were monitoring this. However, the amount of fluid people drank was kept as a running total and nurses were checking and signing off monitoring charts as part of their daily routine. This was to ensure people were drinking enough or remedial action could be taken if they were not.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, speech and language team (SALT) and a chiropodist. One person told us, "They are quick to respond to for you to be seen by the doctor, but they also tell me,

before I can say I'm not well, they say (name) are you ok, you don't look very well, they are on the ball." Another person said, "If you want a doctor or a nurse they will call one straight away, everything is on hand." People told us staff supported them with appointments. One person told us that when their transport didn't arrive for a health appointment, the registered manager paid for a taxi. Another person said, "I see a dentist but I have to go there. Staff make the appointment and make sure a [staff member] is free."

Requires Improvement

Is the service caring?

Our findings

Staff were respectful when supporting or greeting people. However, in some instances dignity was not always promoted. We noted that not all the domestic staff spoke with people when in the rooms or passing them in the corridor. One person said, "Staff always knock before entering; sometimes the cleaner doesn't and then doesn't speak –can just hear rustling out of sight and wonder what's happening." We also saw people whose clothes were not ironed, beds not being made properly, for example, missing pillow cases and in one instance a duvet cover used as a sheet. One person had a small blanket on the bed and told us at night they sometimes felt cold. Some people and their relatives told us that at times clothes were not returned promptly from laundry and this left them without the clothes they needed. For example, underwear or a night dress. One person had to wear a jumper in hot weather on one day as their clothes were not returned in time. We spoke with a staff member about this who told us that the duvet must have been taken to wash. Another person's curtains needed to be fixed as were hanging off of the rail. We raised this with the management team and they told us they have ample bedding and duvets to be used so they would expect all beds to be made appropriately. They also told us that they had a new laundry team and they would address the concerns in supervision and ask the supervisor to check more closely.

A visitor told us that their relative received a shave of an evening and this meant that by the morning they had stubble which was not something they were used to. We raised this with the management team and they told us that they would look into this and ensure that if this was happening, it was the person's choice. There were some people who were left in their wheelchair in the lounge and two people left sitting in wheelchairs at the dining table an hour after lunch while staff were in the lounge. We were unable to confirm that this was due to choice. The registered manager did tell us that one of these people liked to visit a relative on a different floor so normally stayed in their chair to make this easier for them. However, ensuring that people's dignity was always maintained was an area that required improvement.

People told us staff were kind and caring. One person said, "They know me from top to bottom, they know I love my cups of tea, I can ring the bell anytime and get one, they are very caring towards me genuinely, they always knock on my door even if it's open." Another person said, "I think they know all about me because they bother to ask, they ask about my family and say, 'will so and so be coming today (name), they (staff) are friendly on a genuine level." Relatives told us that staff were kind and attentive.

People told us that they felt staff knew them well. One person said, "I don't mind male or female [staff] they are all very respectful, I do think they care about me, I haven't been here long but I think they know me and what I like, they seem to, they do everything for me, they do wear gloves, when they wash me, they are very gentle and don't rush me." Another person said, "The [staff] are very caring and respectful towards me, they know about my past that I worked for [profession], they know I like to read books, and I like a cup of tea."

Staff were calm and friendly with people and we saw them interact with people in a warm and caring way. For example, we noticed a person walk along to a room with a visitor so we asked staff if person would like to talk. The staff member said, "I am sure she would. I'll introduce you." The staff member knocked, waited for answer and introduced us. One person told us, "I love it here, I really do. It's given me the confidence to

live again because they (staff) are here all the time. They feed me, amuse me and found me new friends. I didn't feel lonely when I lived on my own but I do enjoy living here now with all the company." Staff listened to people and gave people time when it took time for them to verbalise what they were communicating. There were clear plans giving staff guidance on each person's communication. They detailed any triggers to anxiety or behaviour that may challenge and documented how to support people with this. One person told us, "They will come and have a chat if they have time or pop their heads in to say are you ok do you need anything."

People and their relatives, as needed, were involved in planning and reviewing people's care. We saw that agreement with the plan of care and care delivery was sought on admission, at a four to six-week period after admission and then at regular intervals following this. Where relatives were involved, there was documentation supporting their legal right to be involved.

People's records were stored in locked offices to promote confidentiality for people who used the service. We also noted that any information sent to us was sent securely.

Relatives and friends of people who used the service were encouraged to visit at any time and felt welcome. One relative said, "I visit occasionally and can only speak as I find. I am welcomed when I arrive by staff." Staff knew people's families and friends and chatted with them or about them with people. One person told us that the home's cordless phone was no longer available. We spoke with the management team about the need for this and the benefit of an electronic tablet so that people can skype family member's if they wished. The registered manager told us that they would look into this to support people's contact with people if they were unable to visit.

Good

Is the service responsive?

Our findings

People told us that they received care in their preferred way that met their needs. One person said, "When they wash me they look after me properly make sure I'm not cold, cover me up, they are very kind." Another person said, "They are very thorough, always with respect whatever they do for me." A third person said, "I have only one word to say to everything you're asking me that is excellent care throughout." A relative told us, "[Person] was very poorly in hospital for [number] weeks and has come back. The whole staff have been very supportive and helpful. Mention anything to [registered manager]) and she is on it. Even the kitchen staff – as soon as [relative] wakes, [person] is sleeping a lot, [person] is asked if they fancy anything and [person] gets it. [Elderly spouse] and comes in and they look after [them] too. Nothings too much trouble, couldn't ask for better care."

During the inspection we saw staff being prompt in supporting people and responding to their needs in a way that confirmed they knew people well. This included ensuring they had items around them that they enjoyed using. For example, one person was comforted when holding a doll.

In some cases, people's care plans were detailed and person centred. They included information that enabled staff to promote independence where people were able and provide care in a way people preferred. Some personal information like the gender of staff people preferred to deliver their personal care was recorded. People or their relatives where appropriate completed a life history document which gave personal information about people`s past lives, hobbies and interest. However, this information was not always used by staff to create opportunities for people to continue to pursue their hobbies and interest.

On the nursing unit's plans were more clinical and would benefit from a more social care approach to capture the well-being needs of the whole person. However, we found that all staff we spoke with knew people well and were familiar with people's needs, likes and dislikes. The registered manager told us that the service would be moving to electronic care plans. These would make it easier to ensure all areas were covered and any gaps in information, or care delivery, would be identified through the built-in monitoring system. The plan was to start these electronic care plan early next year.

The service provided nursing care and supported people at the end of lives. Support plans were in place to help ensure staff had the information the needed to care for people appropriately. People told us that nurses were on hand whenever they needed them. We noted that staff had received training to support people who were nearing the end of their life. Staff supported people who were frail and did so with kindness and patience. The service was also working with a local hospice. They were working together on a pilot scheme to help prevent hospital admissions by recognising and managing symptoms. One staff member said, "It is good because we have [hospice representative] coming two days a week and in between we have a 24-hour access to the hospice telephone help line where we can be advised." The registered manager told us that they hoped this would ensure everyone they supported were able to die with dignity and were comfortable and pain free.

People gave mixed views on the activities. One person said, "I don't go to the entertainment, they would

take me there if I wanted to, but I am happy here with my television, and my bed." Another person said, "The [staff] come and ask me if I would like to go to the activities, sometimes I do, I don't always like everything they do, I like singers, I like music." However, a third person told us, "To me the activities are a shade childish, whilst I understand there are quite a few people who would relate to that sort of thing, there are other people with different mentalities in the building."

People told us that there were quizzes and crafts available but many people told us they enjoyed their own company. One person said, "I like to read, and we have a good choice of books, there are bookcases everywhere full of them, and a good choice, one of the [staff] brings me a newspaper now and again." We did not see much in the way of activities on the day of inspection. We noted an armchair balloon activity was in progress on one unit and in the afternoon Bingo was offered. However, we were not sure that activities available were reaching everyone as some people were not engaged on the day. The registered manager told us that there were four activity organisers to ensure that an activity organiser was in the building seven days a week.

One person in their room had a staff member do a crossword with them. We also saw one person go to a walking football group. They told us, "I have been to walking football. I loved it, brilliant. I went in a taxi. No youngsters, all older like me so we just get on and do it with a bit of banter. It's not just walking, we end up jogging." Staff told us that they went each week. The staff member told us, "When [person] was in the garden we noticed [they] enjoyed walking around kicking a football. We found a group online where [they] can and do this. [Person] really enjoys it, there are people there similar in age so [person] has made friends too."

Meeting notes of resident meetings talked about activities and what people wanted to do. We saw that by the next meeting these activities and events had happened. This included a Pimms and BBQ event, a trip to the seaside, a cruise afternoon, entertainers and singers. There had also been a recent animal encounter where people got to meet and hold a variety of small animals.

An activities survey was completed where people were invited to tick a number of activities that they might enjoy and encouraged to add anything else that they might enjoy. Following this, an action plan was developed and a new activities plan. We saw that most people who responded ticked movies as an interest. This was added as a weekly event on the plan. Another popular choice was exercise, also included. Reminiscence also proved to be popular so contact was made with the local library to obtain reminiscence memorabilia. This was shown to be a regular feature on the plan.

We also saw that there was a weekly breakfast club held in the home's pub and visits from a PAT dog and also local group who provide one to one activities, particularly for those living with dementia. The registered manager told us about the pans to have a 'magic table'. This is a projector that projects games and puzzles onto a table top to help engage with people and stimulate people's minds. This was being installed as part of the refurbishment.

Complaints and concerns raised had been fully investigated. Letters of apology were sent to the complainants where the management team acknowledged they had failed in an area. This was shared with the staff team to help ensure this did not reoccur. People and their relatives told us that they knew how to raise concerns. One person said, "I feel very confident in voicing anything I may need to say, there is no feeling of a repercussion here." One relative said, "It is a good home. If there is something not right [registered manager] is on it. There is a residents meeting and we would speak up if need be." We saw that the complaints process was displayed in communal areas and there was also a suggestions or comments post box that people could use to raise issues anonymously if they preferred. A theme from meetings and the feedback during inspection was in relation to the laundry. The management team were aware of the

issues and were working to address them.

People, relatives and professionals were asked for their views through a survey. There was an internal survey by the provider and an external impartial feedback survey by a provider association. The results for these recent surveys were not yet received by the home.

There were regular resident and relative meetings were people decided on menus and activities and were asked for their views on the service. At each meeting, the previous meeting notes were recapped to ensure they had completed any actions. We also noted that there were recent meetings to help keep people and relatives informed of the refurbishment programme.

Good

Is the service well-led?

Our findings

People and their relatives were positive about the management team and how the service was run. One person said, "Everything runs well here." Another person told us, "It's very homely and [registered manager] comes to speak often and asks, 'Are you happy here?'" A relative told us, "I think we are extremely lucky to have [person] here. It is quite a comfort also that the different floors have different levels of care. [Person] came to this floor after a spell in hospital and the facilities are here on the upper floors if [person] needs them. [Registered manager] is such a workaholic – she is always here and ready to help. That's how I can go home knowing [person] is safe and being looked after well."

Everyone we spoke with knew the registered manager and said they saw her regularly. Comments included, "She is always helpful and quick to sort complaints."
The management team were visible on the units. People and staff told us that this was normal. One staff member said, "They always come around in the mornings to check everyone and staffing is ok. Then they pop up through the day and come around every mealtime." A person who used the service said, "I know the manager, [name], well. She comes most days at lunch time so she sees at first-hand what is going on. There's always someone who isn't happy at lunchtimes about the food. But that's because we all have different tastes and preferences and don't enjoy everything. Yesterday she saw the hard meatballs. She sorts things out." We noted that the hospitality manager was walking round at lunchtime with the registered manager and chef to get feedback about the meal.

Another person told us, "Both [Registered manager and deputy manager] approachable and always speak. In fact [registered manager's name] recently said good bye she was off on holiday and I replied have a wonderful time and don't forget the postcard, as I would to everyone. Few days later I received a postcard – addressed to me but for everyone here in the home, very nice of her."

Staff also told us that the management team were approachable and available. One staff member said, "I never seen anywhere I worked before the managers on the floor all the time. They come and ask if everything is okay and if shifts are covered."

There were quality assurance systems in place. These were used consistently and appropriately. As a result, any issues found, an action plan was developed to address them. For example, care plan audits found gaps in record keeping and an audit of staff files identified any missing documentation. The checks, audits and meetings had also highlighted issues with the laundry and they were working to address them. They had introduced a new team.
The management team had been working on developing the activities provided since our last inspection. A survey was issued to people to help ensure the plan was created around things people enjoyed. We found that this had improved since our last inspection but there was still some development to be done to help ensure activities were accessible to everyone.

The registered manager kept a clinical overview of all weight management, infections and pressure care requirements. We discussed the recording keeping for one person who had developed a pressure ulcer

rapidly and documentation was not clear. Although we acknowledged that the outcome for the person would not have been different, the management team told us that they would review records in this instance to ensure their accuracy.

There was a regular regional manager visit and they carried out audits to ensure the staff were working well. These reviewed all areas of the home. We saw that actions arising from these visits were shared with the registered manager and these were dated when completed. We noted that actions were completed at the next month's visit. For example, issues raised about staff taking a break before supporting everyone and gaps found in care plans.

The management team worked with the local authority to ensure they were working in accordance with people's needs and obligations with the commissioning contract. A recent monitoring visit from the local authority had been mainly positive with just a couple of areas to address. We noted that these areas had been addressed by the management team as they were no longer an issue as part of our inspection. The service was also supported by a local care providers association who provided support with activities and training to help keep staff's knowledge up to date.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes to the home and future plans. Staff told us that there were also reminders about policies, safeguarding and whistleblowing and ensuring records were up to date.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken. The registered manager also had an open and transparent approach and kept us informed of other events which were not notifiable. This helped us to monitor the service and assured us that the management team took appropriate action as needed.