Lanemile Limited

Haven Lodge

Inspection report

Reckitts Close
Holland Road
Clacton On Sea
Essex
CO15 6PG

Tel: 01255435777
Website: www.havenlodgeclacton.co.uk

Date of inspection visit:
23 August 2016

Date of publication:
14 September 2016

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

Haven Lodge provides accommodation and personal care for up to 50 people, some living with dementia, physical disabilities or require end of life palliative care. The service is provided over two units where people are placed dependent on their primary care needs. The first floor is Speedwell Unit providing nursing care for people with physical frailty or with palliative care needs and the ground floor is Mayflower Unit for people who require nursing dementia care.

There were 37 people living in the service when we inspected on 23 August 2016. This was an unannounced inspection.

There was a registered manager in post, who was also a provider. 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.

During the inspection we found there was sufficient staff to meet people's needs. However some people, relatives and staff raised concerns about the staffing levels in the service. We have recommended the service reviews their staffing arrangements including the assessment and deployment to ensure that people were provided with their personal care needs when they needed it.

There were procedures and processes in place to ensure the safety of the people who used the service. Risk assessments provided guidance to staff on how risks to people were minimised. There were appropriate arrangements in place to ensure people's medicines were stored and administered safely.

The recruitment of staff was done to make sure that they were suitable to work in the service and people were safe. Staff were trained and supported to meet the needs of the people who used the service.

The service was up to date with the Mental Capacity Act (MCA) 20015 and Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner. People and/or their representatives were involved in making decisions about their care and support.

People were provided with personalised care and support which was planned to meet their individual needs. People were provided with the opportunity to participate in activities which interested them. A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open and empowering culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

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.

We have recommended the service reviews their staffing arrangements including the assessment and deployment to ensure that people were provided with their personal care needs when they need it.

There were systems in place to minimise risks to people and to keep them safe.

The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their individual needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Haven Lodge

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 23 August 2016, was unannounced and undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of caring for older people.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We also reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We observed the interaction between people who used the service and the staff. 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 may not be able to verbally communicate their experience of the service with us.

We spoke with six people who used the service and eight relatives. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with the registered manager, a member of the regional support team and 11 members of staff, including the deputy manager, nursing care, administration, activities and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service. We also received feedback about the service provided from the Clinical Commissioning Group.

Good

Is the service safe?

Our findings

People's comments varied regarding the staffing levels in the service. One person said when they used their call bell, "They [staff] come in most cases within two to three minutes and occasionally a bit longer but not often and they are very friendly. I called them this morning at 6.30 as my mouth felt like an ash can and they came and got me a cup of coffee which was what I wanted." Another person told us, "Staff are worked out, I have not had a wash and brush up [this was 12:10pm] and I will not be done for dinner. There is not enough staff and it is worse in the mornings, evenings and weekends are ok, it is Monday to Friday when they are short. Occasionally I go down to the lounge, I always have lunch and breakfast and tea in my room, such a performance to go to the dining room. I need a hoist and I would go down more often but they have not got the staff so I don't push it." Another person commented, "Staff are a bit busy, [when the person used the] buzzer they come quickly, it is worse in the mornings." One relative told us, "It is nice but it never feels as there is enough staff, they have got five residents to one staff and some need more care. I am here [time of visiting] and then I look after [person]. Mornings when they have having a wash is worse, some don't get washed until the afternoon. Staff are very nice and they do their best, just not enough of them and they are always rushing about." Another relative said, "Not enough staff, absolutely not enough staff, I am here across [time of visiting] and it would be better if there was one or two more staff, there could be auxiliary staff and that would take the pressure off the carers who are dishing up and feeding, five staff is not enough. Very often it is short staffed here, it is the height of the holiday period and this afternoon a carer told me that there will only be three carers downstairs instead of the five."

Staff we spoke with commented on if there were enough staff to meet people's needs. One staff member told us, "There is not enough staff, some residents have to wait until 1.30 for lunch. There is not enough staff in the mornings, we have still got some to wash and dress this afternoon and we have to do the tea trolley and meetings. We don't have meetings on Saturdays and Sundays as there is no management then so staff at weekends can get on at weekends, it is better than the weekdays." Another staff member said, "This morning we had not time to finish washing, so pads were changed and people made comfortable for lunch, they were not offered the option of getting up. [Person] has just been washed 2.45 and has now gone to the lounge. The last two weeks have been really difficult, there are lots of complex needs, some frail and some take 45 minutes for personal care. Five and a float can do the tea trolley and keep an eye on the residents in the lounge to keep them safe." Another commented, "I have never been as rushed as at this home." Another staff member said that they did not have the time to spend with people, other than providing their personal care needs. This was confirmed in our observations, care staff were busy supporting people with the tasks relating to their care.

We spoke with senior staff on both floors about which people had been supported to get up if they chose to. They were able to provide detailed information on each person, if still in bed, the reasons for this, and the personal care they had been provided with and/or the plans for when they were to be supported with their personal care. For example, one person had been supported to wash part of their body during the morning, but due to them feeling unwell, the remaining support was to be provided in the afternoon. We found that the reasons for people not being supported with getting up and/or with their personal care needs may not always be related to the staffing levels in the service.

Despite feedback received, we saw that staff were attentive to people's needs and requests for assistance were responded to. We looked at the call bell system which showed the times that it took for staff to respond to them and found that calls were responded to in a timely manner. The registered manager told us how they kept the call bell response times under constant review to ensure people's needs were met appropriately. People's care records identified where people had chosen not to or were unable to use the call bell system. Arrangements were in place to ensure that for these people safety checks were regularly undertaken. One person said, "No I don't have a buzzer but the staff pass by and always speak, nine times out of ten they [staff] come in straight away, only if they have another job do they come back later, the waiting time is acceptable."

The registered manager told us that the service was fully staffed, however, there were staff on long term sick leave, this was confirmed in records. They told us about the systems in place to address the levels of staff sickness. The registered manager said that there were times when they had used agency staff, but before this was considered existing staff were offered with the opportunity to take on extra shifts. We saw records which showed that agency staff were inducted into the service. We spoke with an agency staff member who told us that the senior staff on duty were supporting them to know about the people in the service. This was confirmed in our observations. Two staff members told us that they had volunteered to work long shifts to ensure that people were provided with a consistent service. We talked with the registered manager about how they ensured that staff were not too tired to work, they said that this was monitored and staff received regular breaks during the working day. This was confirmed in our observations. In addition work life balance was identified in personal development reviews.

Due to the refurbishment in the service, the registered manager told us that they had limited the numbers of people moving into the service and staffing levels were in line with the people currently living in the service.

There was a system in place which calculated the staffing numbers required in line with the numbers and needs of people. When people's care records were updated to show an increased need, this was reflected in the system. The registered manager told us that if people's needs increased or they had identified the need for increased staffing numbers, this was provided.

We recommend that the service speaks with people about the times that they prefer to be supported with their personal care needs and seek guidance from a reputable source on staffing levels which takes into account the needs of people and the layout of the building.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were safe living in the service. One person said, "It is very good, I feel safe because if I have a bad day I know it will be over, everyone is so kind, I have got no complaints at all. I have the hoist first thing in the morning, that is alright, I have gotten used to it." One person's relative commented, "[Person] is 100% safe here and some of the staff are fantastic."

We saw staff ensuring people's safety. For example, when mobilising around the service, and intervening when people showed signs of anxiety.

Staff had received training in safeguarding adults from abuse. Staff understood their roles and responsibilities regarding safeguarding and how they could raise safeguarding concerns to the local authority, who are responsible for investigating concerns of abuse. Staff were also provided with guidance in

their portfolio, which was provided to them when they started working in the service. This included information such as signs and indicators of abuse. The registered manager told us that the service had a positive relationship with the safeguarding team and sought guidance where needed. This meant that there were systems in place to protect people from abuse. The registered manager told us about examples of actions taken when there had been previous concerns, which included disciplinary action to reduce the risks of similar issues happening.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, falls and pressure ulcers. The risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated. Where people were at risk of developing pressure ulcers records showed that there were systems in place to reduce and monitor these risks. This included the use of pressure reliving equipment and repositioning.

Risks to people injuring themselves or others were limited because equipment, including hoists had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. The service was being refurbished and there were risk assessments in place relating to this. Risk assessments specific to each floor were in place which provided guidance to staff on how the risks to people were reduced. A new bath had been installed on the first floor, the registered manager told us that staff were due to have training in using this before people used it to ensure that they were supported safely.

People told us that they were satisfied with the arrangements for their medicines administration. Staff responsible for administering medicines were provided with training to do so safely and undertook competency checks to monitor their practice.

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people when they were needed. Regular audits checks on medicines were completed which ensured that any shortfalls were promptly identified and addressed.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person's relative said, "They seem to know what they are doing."

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. There was a plan in place for ongoing updated training, on the day of our inspection a group of staff were attending training in dementia and the day after training in dietary needs was planned. As well as mandatory training such as moving and handling and safeguarding, staff were provided with training in people's diverse needs, including epilepsy, diabetes, tissue viability, nutritional needs and Parkinson's disease. Staff responsible for leadership, for example senior care and nursing staff, were provided with training and coaching in their role. Staff were knowledgeable about their work role, people's individual needs and how they were met.

There was a comprehensive induction in place which incorporated the care certificate, a set of standards that staff should be working to. Staff were provided with a portfolio at their induction which they kept records of information such as their probationary reviews, training and reflective diary records.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. Staff were knowledgeable about people's needs and conditions, for example one staff member explained to us the stages of dementia and how these affected a person. We saw a staff member telling the registered manager about their recent assessor visit for their qualification in care. The staff member told us that they were almost completed. This showed that staff were supported to undertake qualifications relevant to their role.

Staff told us that they were supported in their role. Records showed that staff were provided with one to one supervision and staff meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. However, one staff member told us that they had only received supervision when they first started working in the service and had not received an annual appraisal. The registered manager showed us appraisal documents which had been started for some of the staff in the service, there was a plan in place for all staff to have these. The appraisal was to run throughout the year, including a mid-year and end of year review. This process looked at all aspects of the staff's performance, including action plans to enhance their development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. They told us how they had made applications to ensure that any restrictions were lawful. These were kept under review where required. Staff were provided with training in MCA and DoLS.

People told us that the staff asked for their consent before providing any care. We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals and where they wanted to spend their time in the service.

Care plans identified people's capacity to make decisions. Records included information which showed that people and/or their representatives, where appropriate, had consented to the care set out in their care plans. Where people lacked the capacity to make their own decisions, this was identified in their records.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "The food is pretty good. I am a glutton for the roasts and the bread and butter and marmalade." Another person commented, "The food is very good and if I want anything and if it is possible I get it, had egg and bacon on toast this morning." Another said, "The food is excellent."

People were encouraged to eat independently and staff promoted independence where possible. For example, staff prompted one person to eat independently and when they stopped eating, the staff member sat with the person and asked if they needed help. Where people required assistance to eat, this was provided on a one to one basis allowing people to eat at their own pace. Where staff identified that people may need assistance this was offered in a caring manner, for example, by cutting up their meal. People ate at their own pace and were not rushed by staff.

There was a range of snacks available in the communal areas on both floors that people could have when they chose to. These included pastries, cakes, crisps and fresh fruit.

People were provided with choices of hot and cold drinks throughout the day. There were also cold drinks available for people in the communal areas and in their bedrooms, for people who spent their time there. However, not all people in their bedrooms had their drinks within reach but we did see staff supporting them throughout the day with their drinks. We saw a staff member assisting a person with their drink, whilst the person was in bed. They assisted the person using a straw and then recorded what they had to drink in their care records. This meant that there were drinks available for people to reduce the risks of dehydration. There were systems in place to monitor people who were at risk of dehydration and records of their fluid intake were kept. If a person was found to be taking less that the assessed amount of drinks action was taken to support them, including seeking medical advice and further encouraging drinks.

Staff had a good understanding of people's dietary needs and abilities. Members of the catering staff were knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet. There was information in the kitchen which provided staff with guidance on people's specific needs and how these were met. There had been a piece of equipment recently purchased, which blended food to the required consistency for people to assist them to swallow and eat safely. We saw where people

were provided with a softer diet, this was served in an attractive way on plates. This made the food look more appetising.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support was sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake. One staff member told us about the processes in place to support a person who was at risk of choking, "We watch [person] in the dining room and [person] manages [independently] but if in bed [person] has a risk of choking if lying down. There is less risk in the dining room, I am left here to keep an eye on them." Another staff member told us how a person had thickener in their drinks to reduce the risks of choking. Records showed that the risks of people were choking were assessed and acted upon to reduce these risks.

The kitchen had recently been refurbished, this included new walls which allowed more effective cleaning and a cooker which could be programmed to cook food in a specific way and at the required temperatures. This meant the service had improved their systems to ensure that food was prepared in a safe and appropriate way.

The registered manager told us that there was training booked the following day with the local speech and language therapy team. Monthly weight loss meetings were held, with care, nursing and catering staff, where issues were identified and methods of minimising risks to people were identified.

People told us that they felt that their health needs were met and they had access to health professionals when needed. One person said, "They cut my finger nails and I have my toe nails done every six weeks. The doctor comes, he came the day before yesterday."

People's health needs were met and where they required the support of healthcare professionals, this was provided. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person said, "Excellent here and staff treat me exceedingly well, all of them. I have no complaints. I am very happy here." Another person commented, "Staff are very caring and helpful and they could not improve." One person's relative told us, "We were told about it being homely and that we could come and go as we pleased and can bring personal items for the room, we were given enough information and staff were welcoming and staff said that they will make time to come and see us today. Staff have been lovely."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff communicated with people in a caring and respectful manner. They communicated in an effective way by making eye contact with people and listening to what people said. People responded to staff interaction in a positive way, for example by smiling and laughing.

We saw that people's dignity was respected. This was because, for example, people's spectacles were clean, people wore hearing aids where needed and people's nails were clean. People were offered hand wipes to cleanse their hands before and after their meals.

Staff respected people's privacy by knocking on bedroom doors before entering. People's privacy was further respected by staff who communicated with people discretely, for example when they had asked for assistance with their continence.

Staff talked about people in a caring and respectful way. They knew people well and understood people's specific needs, how they were met. One staff member said, "I love my job and I love the people."

People's views were listened to what they said and their views were taken into account when their care was planned and reviewed. One person's relative said, "I would like more information on [person's] medical health, like weight, changes in [person's] health, daily medication information and general things which make the relative more at ease rather than trying to catch the nurse and having to ask, either a weekly or monthly meeting would help me." We saw that improvements in this area had been made following comments received from satisfaction questionnaires. Relatives were to be more involved in care planning and key worker communication with relatives to be increased. People's care records included documents which identified when people's relatives and/or representatives had been contacted or discussions in the service had occurred regarding people's wellbeing and if they were happy with the service they were receiving. One person's relative told us, "Staff are completely approachable and I feel I can ask questions and have always got the answer or they have found it out for me."

Records showed that people and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. People's care records provided information about their history which provided staff with knowledge of the person. The registered manager told us that staff were working with people on life books, which identified who and what was important to people and their likes and dislikes. This provided staff with

an insight to the people they were caring for.

People's bedrooms were personalised which reflected their choices and individuality. The service was in the process of being refurbished, plans were in place to ensure that the environment was more dementia friendly, for example the provision of memory boxes, colour scheme and bedroom doors in a style of external front doors. The registered manager told us that the provider's dementia specialists had been involved in the planning of the environment.

Good

Is the service responsive?

Our findings

People told us that they felt that they were cared for and their needs were met. One person said, "The [staff] are very good, they look after me." Another person commented, "I am alright, the staff look after me alright." Another told us, "I have a bath and it is refreshing. They [staff] are pretty good." One person's relative said, "It is pretty good, cleanliness fantastic, really good food is served up and care is pretty good." Another commented, "People bend over backwards for [person], they have been amazingly helpful in my opinion. [Person] seems to have settled and is chuffed with all the attention." One person told us how the service had responded to their requests in their bedroom, "They are putting up my big TV on the wall and I have got my newspaper and radio and they are going to put up two of my paintings on the wall tomorrow."

People received personalised care which was responsive to their needs. We saw staff interacting with a person in their bedroom throughout the day of our visit. The person called out for help and we saw different staff going into their bedroom at regular intervals and speaking with them in a quiet and caring manner. When we were with a person in their bedroom the staff came in and reported that their emergency call bell had sounded, but this had not been pressed. This was checked and the batteries were replaced immediately. A staff member told us how there was always staff in the communal lounge in one of the units, this was to reduce the risks of challenging behaviours between people. This showed that the staff responded to people's individual needs.

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes, diverse needs, and how these needs were met. Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This resulted in people showing signs of wellbeing. However, care staff were busy supporting people with their care needs and had limited time to spend with people on a social basis. One staff member told us, "Time, the smallest thing you can give is time talking and they respond and interact even with a fluttering of an eyelid, more time to give to the residents would help."

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs and preferences. This included information about people's specific needs and conditions and the areas of their care that they could attend to independently. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. If any changes in people's needs were identified these were included in the records. This showed that people received personalised support that was responsive to their needs. Records of shift change handover meetings identified that where there were issues in people's wellbeing or changes in their care this was discussed and appropriate actions planned.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "[Activities staff] comes quite a bit and [staff] is quite good, we play dominoes and cards and we talk." Another person commented, "When the weather is good I go down and go outside. I do like to go out if I get a chance." There were two activities staff that worked in the service, this was over

seven days a week.

During our inspection we saw people participating in various activities, including playing games, both in groups and one to one, with the activities person. There was a range of items in the dementia unit which people could use to stimulate their senses. These included rummage boxes, building blocks and hand muffs with raised items on them.

The activities staff told us how they spoke with people about what they wanted to do each day, as well as having a planned activities programme, including entertainers. They said, "One to ones are very important, I do nail care, I read to them. Wellbeing and comforting them by being there and talking to them even if they cannot communicate is very important. Even your voice makes a big difference and they get used to your voice and used to your presence. Music is very important and if the radio is on in rooms I sing along and the resident joins in." They were knowledgeable about people's interests and explained how they were supporting people to maintain these. For example, by providing magazines of their interests, obtaining photographs and pictures for their bedroom walls.

Staff told us about events that had happened in the service which people could choose to participate in. For example, visiting entertainers including Morris dancers and a fete which was opened by a local MP. There were plans for people to attend an Alzheimer's coffee morning at a local church.

A staff member told us about the work they had done by maintaining electronic communication with a person's relative who lived overseas. They had sought information about the person's spiritual needs and had obtained the support of an individual to regularly visit the person to ensure that their spiritual needs were met. People told us that they could have visitors when they wanted them. One person said, "My relations come and see me." This reduced the risks of isolation.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed. One person said, "I cannot find any fault, pretty good service and the food is good and the staff are good." One person's relative told us about when they had raised concerns and action had been taken to address them. Records also confirmed what we had been told.

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records of complaints showed that they were responded to and addressed in a timely manner. Records of relative communications in people care plans showed that concerns were responded to in a timely manner. People's concerns and complaints were used to improve the service and reduce the risks of similar incidents happening. For example, disciplinary action, the provision of further training for staff and referrals to the local authority safeguarding team.

Good

Is the service well-led?

Our findings

There was an open culture in the service. One person's relative told us how the service had a good reputation in the area, "I came to look around and was recommended by GP, friends, various people in difference places recommended it."

People were involved in developing the service and were provided with the opportunity to share their views. This included in satisfaction questionnaires and meetings. The summary of recent satisfaction questionnaires included an action plan which showed that improvements were made following people's comments, such as in activities. This summary was made available to people on a notice board in the service. Surveys were also undertaken with people's relatives, on the telephone and in writing. Actions taken as a result of comments made included the improvement of activities, encourage relatives to be more involved in care planning and key worker contact with relatives. Minutes to the resident and relative quarterly meetings showed that people's comments were valued and acted upon to improve people's experiences. One person's relative told us, "They have relative meetings and I have been once or twice and they leave a copy of the minutes in the room for me." This showed people's feedback was valued and used to improve the service.

The registered manager held regular surgeries where anyone including people and relatives could speak with them about any issues they had. However, the registered manager told us that in addition to this the management team made themselves available outside of these times.

The staff's views about the service were sought in questionnaires. The summary of the outcomes to the questionnaires was displayed on a notice board in the service with the actions taken as a result of their comments. This showed that their views were listened to and acted on, for example improvements in communication and investment in the environment.

The service operated the going the extra mile (GEM) awards for staff in the service. There was a box in the service where people, visitors and staff could place their nominations for staff they felt had demonstrated positive values in their work. Photographs of the winners of the monthly awards were displayed in the service and they were considered for the regional and national provider's awards. This showed that the work that staff undertook was valued.

Staff told us that they felt supported and listened to. They were complimentary about the support provided by the registered manager, deputy manager and the senior staff. One staff member said, "I love it here and I enjoy my job." However, one staff member described the staff teams as, "Clicky," and that they did not work together across their allocated areas. Another described staff morale as, "Good and bad." Another staff member told us that the staff team worked well together to ensure people were well cared for.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff were provided with the opportunity to share their views about the service in meetings. For example the daily 10 at 10 meetings and staff meetings. However, following concerns raised to us about staffing levels, one staff

member told us, "The 10 at 10 is a rushed meeting. It is more about e-learning, health and safety and any other training. It is not about problems, residents and staff and we don't feel we can bring these things up." Minutes from staff meetings showed that staff were provided with updated information on the service and the requirements of their role. During our inspection we saw that the deputy manager was planning to undertake a meeting with the night staff at the start of their shift. Records of shift handover meetings identified that staff had discussed people's wellbeing and any changes to their needs.

The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. They told us about the ongoing improvements being made in the environment, this included redecoration and refurbishment. There were risk assessments in place to ensure people's safety for this time. The first floor had almost been completed, the bathrooms and toilets had been refurbished, bedrooms and communal areas had been decorated and refurbished. The ground floor work was being done during our inspection. The registered manager told us that people had not been admitted to the service during the time to ensure that work could be done with less disruption. One staff member said, "Building works have not been too bad, the chaps have built up relationships with some of the residents." This was confirmed in our observations, the individuals undertaking the work greeted people by their name and people responded positively by waving and smiling.

The service was clean and additional air conditioning fans were in communal areas and also in a number or people's bedrooms. This ensured that people were kept cooler in the hot weather.

The registered manager told us that they felt supported in their role and members of the provider's quality and senior team visited the service regularly and were available when they needed them for support. They said that the provider had developed improved systems in the quality assurance of the service in line with changes in our regulatory processes. The quality team had expanded and visited the service two days each week, in this time they completed audits and supported the service with system improvements including care planning and compliance with the provider's policies and procedures.

The service's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as staffing, medicines, falls, infection control and care records. Incidents and accidents were analysed and checked for any trends and patterns. Actions were taken to minimise any risks identified. The registered manager told us that the systems in place to assess and monitor the service provided were on an electronic system which could also be monitored by the provider's senior management team. They showed us the systems in place to monitor any accidents and incidents, including pressure ulcers and falls. These showed that the management team were required to review these and include any further action taken to reduce future incidents. The registered manager, deputy manager and a member of the regional support team told us about examples of actions taken as a result of learning from incidents. This included replacing drinking beakers where a risk had been identified. Records confirmed what we had been told. This showed that the service had systems in place to identify risks to people and shortfalls and take action to ensure that the service continued to improve.