Hallmark Care Homes (Kings Lynn) Limited

Goodwins Hall Care 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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 20 and 22 July 2016 and was unannounced. Goodwins Hall Care Home is a care home providing personal care and nursing for up to 75 people, some who live with dementia. On the day of our visit 70 people were living at the service.

The home has had the current registered manager in post since January 2011. 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.

Staff were aware of safeguarding people from the risk of abuse and they knew how to report concerns to the relevant agencies. Individual risks to people were assessed by staff and reduced or removed. There was adequate servicing and maintenance checks to fire equipment and systems in the home to ensure people's safety.

People felt safe living at the home and staff supported them in a way that they preferred. There were usually enough staff available to meet people's needs and action was taken to obtain additional staff when there were sudden shortages. The deployment of staff at some times meant that people sometimes had to wait. Most recruitment checks for new staff members had been obtained before new staff members started work but more action was needed if information was not available.

Although medicines were securely stored, temperature checks of storage areas had not been taken, which put the effectiveness of medicines at risk. Medicines were safely administered, and staff members who administered medicines had been trained to do so. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The registered manager had acted on the requirements of the safeguards to ensure that people were protected. Staff members understood the MCA and presumed people had the capacity to make decisions first. Where someone lacked capacity, best interest decisions had been made.

People enjoyed their meals and were able to choose what they ate and drank. Staff members worked together with health professionals in the community to ensure suitable health provision was in place for people.

Most staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. People's needs were responded to well and support was always available.

Most care plans contained information to support individual people with their needs. They did not always provide staff with enough guidance about behaviour that may challenge or upset others. People's relatives said that people were happy at the home and that they were able to be as independent as possible.

A complaints procedure was available and people were happy that they did not need to make a complaint. The manager was supportive and approachable, and people or other staff members could speak with her at any time.

The provider monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible and to improve the quality of the care provided.

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 not always safe.

There were usually enough staff although deployment of staff at some times meant people were kept waiting. Most checks for new staff members were obtained before they started work but additional actions were required when information was not available.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines were safely administered to people when they needed them but the security of medicines was a risk.

Is the service effective?

Good

The service was effective.

Staff members received enough training to provide people with the care they required.

The registered manager had acted on recent updated guidance of the Deprivation of Liberty Safeguards and staff had access to mental capacity assessments or best interests decisions for people who could not make decisions for themselves.

Staff worked with health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to prevent people becoming dehydrated.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Most people had their individual care needs properly planned for and staff responded quickly when people's needs changed. There was not always enough information about people's mental health needs to adequately guide staff in caring for people who have behaviour that may challenge or upset others. There was not enough information to tell staff how much people should drink each day.

People were given information if they wished to complain and there were procedures to investigate and respond to these.

Is the service well-led?

Good

The service was well led.

Audits to monitor the quality of the service provided were completed and identified the areas that required improvement. Actions had been taken that addressed any issues raised from the completion of the audits.

Staff members and the registered manager worked with each other, people's relatives and people living at the home to ensure it was run in the way people wanted.

Goodwins Hall Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 22 July 2016 and was unannounced. This inspection was undertaken by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return. 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 reviewed this and other information available to us about the home, such as the notifications they had sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with eight people using the service and with four people's relatives. We also spoke with the registered manager, ten care workers, five registered nurses, a health care professional visiting at the time of our inspection and a member of the provider's senior management team.

We spent time observing the interaction between staff and people living at the home. 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. We looked at the care records for seven people, and we also looked at the medicine management process and records maintained by the home about staff training and monitoring the safety and quality of the service.

Good

Is the service safe?

Our findings

We checked three staff files and found that most of the recruitment checks and information was available and had been obtained before the staff members had started work. We saw that in two of the three staff files, information about staff members' previous care employment was not available before the staff member had started work. We spoke with the registered manager, who confirmed that staff members completed training but did not work with people living at the home until information had been returned. However, information for one of these staff members did not show details about their conduct or why they left a care position.

All of the people that we spoke with told us that the received the care that they needed. However, they gave us differing views about whether there were enough staff available and how long they had to wait for staff to help them. Two people commented that there were enough staff and that they found this reassuring. One person told us how quickly staff were available, "I only pressed it [my buzzer] by accident – three staff came running." However, three other people commented about how busy staff were. One person told us "… they'll take a while, it all depends if they're busy – they don't come and tell me, I have to wait. Sometimes it's ten minutes, sometimes I wait an hour."

Visitors also had differing views. One visitor, who had also recently used the service, said, "I felt there were enough staff." While another visitor told us, "I feel sometimes they are sometimes short of staff." We spoke with staff who told us that there were times when they were very busy and that on some occasions they had been short staffed. They went on to say that these were when there had been sudden sick leave and staffing levels could not be increased at short notice. However, actions such as transferring other staff to care work and the registered manager working on the floor all helped to make sure people did not wait any longer than they had to.

On the first day of our visit when three staff members were off sick, actions were taken to find additional staff. The registered manager told us that in situations where staffing numbers were reduced, work within the home was prioritised and work that could be completed at another time was put on hold. For example, a small number of staff had been trained to carry out the role of care worker in addition to their usual role. One staff member did this during our visit to reduce the impact of three fewer staff members than had been planned for. We saw that the reduction in housekeeping staff had little impact on the cleanliness of the home, which was clean, tidy and pleasant smelling. The registered manager also told us that existing staff were asked if they could stay on, to change shifts or if they wanted to work additional shifts to increase staffing numbers. This provided us with assurances that when sudden reductions of staffing levels were experienced, some action was taken to obtain additional staff.

The registered manager told us that usual staffing numbers were 16 care and nursing staff in the morning, 14 staff in the evening and eight staff at night. These were establishment staffing levels and could be increased or decreased as people's needs changed. We examined staffing rotas for a three week period prior to our visit and found that except for one morning shift, staffing numbers were more than those described as the lowest required each day by the registered manager.

We saw that people's dependency levels were assessed and this information was collated to provide overall numbers in each category of low, medium, high and total dependency. However, there was no information to show how many staff or staffing hours each dependency level required. This was discussed with the registered manager and the provider's representative at the time of the inspection, who agreed that they would look at this.

We observed that call bells rang throughout our visits to the home and staff answered these quickly most of the time. We saw on the first day of our visit that four staff members took a break at the same time, and during this time one person's call bell went unanswered for ten minutes. Since our visit to the home, the provider has shown us that no more than two staff members from each area were allocated to take a break at the same time. We concluded that there were usually enough staff on duty and the registered manager took action to increase numbers on those occasions when there was a sudden reduction. However, there remained times when people were kept waiting

People told us that they felt safe living at the home and would know who to contact if they were worried about anything. One person told us, "That's why I moved here, I know this is my home and I'm safe here, I can lock my door and I can get any help that I can have." Another person said, "Oh yes, I feel safe – there are people around, they're a good lot." While a further person made the comparison with their previous home by saying, "I was living alone in a bungalow… we're secure here, very much so."

The provider had taken appropriate steps to make sure the risk of people experiencing abuse was reduced. Staff members that we spoke with understood what abuse was and how they should report any concerns that they had. There was a clear reporting structure with the registered manager responsible for safeguarding referrals, which the other staff members were aware of. They told us that they would also report concerns immediately to the local authority safeguarding team or other agencies, such as the Care Quality Commission, if needed. These contact details were available on noticeboards around the home for everyone to see.

Staff members had received training in safeguarding people and records we examined confirmed this. A whistle blowing policy was also available and information about this was posted on a notice board in the middle of the home. The provider had reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission, as was required. This meant we could be confident that the service would be able to recognise and report safeguarding concerns correctly.

Risks to people's safety had been assessed and documented in each person's care records. These were individual to each person and covered areas such as; moving and handling, risk of falls, risk of pressure ulcers and evacuation from the building in the event of an emergency. Assessments had clear and detailed guidance for staff to follow to ensure that people remained safe. We saw that assessments for the risk to people of using bed rails included references to gaps between the bed and the rails. They also considered whether having additional equipment, such as pressure relieving mattresses, put the person at an increased and unacceptable risk. Staff members were aware of these assessments and our conversations with them showed that the guidance had been followed.

Servicing and maintenance checks for equipment and systems around the home were carried out. The registered manager confirmed that systems, such as for fire safety, were regularly checked and we saw records to support that these had been completed. Regular and frequent fire drills had been carried out and we saw that different staff members were involved in these. This contributed to the safety and security of people in an emergency.

People told us that they received their medicines when they were due and on time. Comments such as, "They're never late (medications, three times a day)…", and "I have a lot of medical treatments, it's very efficient I think", all reassured us of this. One visitor's comment showed that staff members safely administered medicines. "They (staff) give [person] their meds, they're not left on the table for them to take themselves – the carers make sure they take it."

Medicines were stored securely in a locked cupboard and trolleys for the safety of the people who lived in the home. We noticed that staff members recorded temperature checks for medicines stored in fridges and these were kept within acceptable temperature ranges. Staff members told us that a new purpose built treatment room was being developed, which would ensure medicines were not at risk of temperature fluctuations.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' (PRN) basis, we found detailed guidance for staff on the circumstances these medicines were to be used. We observed staff members administering medicines, which they completed appropriately by giving people medicines in the way best for them. We saw one staff member use a spoon and drink to give the person's medicines, they waited until and made sure the person had swallowed one tablet before giving another and making sure the person had enough liquid to drink.

Good

Is the service effective?

Our findings

Staff members told us that they received enough training to meet the needs of the people who lived at the service. Their responses were immediate, enthusiastic and one staff member jokingly told us that there was too much training. They said that they had completed a mixture of practical and theory training from senior staff and external trainers. During our visit we saw staff complete a training session with the Speech and Language Therapist in monitoring people's swallowing abilities.

We checked staff members' training records and saw that they had received training in a variety of different subjects including, food hygiene, infection control, first aid, eating and drinking, and moving and handling procedures. Records showed that staff had received the training they were required by the provider to complete each year or every three years. Training records also indicated when updates to training were required, so that completion was not overlooked. Staff also completed training in medical conditions affecting people living at the home, such as diabetes and sensory impairment.

Staff members told us that they had regular supervision meetings with the registered manager and felt well supported to carry out their job. They told us that the support came in different forms, such as formal meetings, where their performance was discussed, and team meetings, in which they could raise any issues 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 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff members provided us with an explanation of the Mental Capacity Act 2005 (MCA) and their role in ensuring people were able to continue making their own decisions as much as possible. We saw that staff members had received training in this area. We saw evidence of these principles being applied during our inspection visit. For example, people were supported by the staff to make decisions about the care they received, activities they took part in and what they did during each day.

We saw that care records for two people noted that they lacked capacity to make their own decisions in some areas. Mental capacity assessments had been completed for those decisions that people had difficulty making. These records contained details about how the decision had been determined and the process the registered manager and staff members had gone through to assess this. Best interest decisions had been completed and information about how best to support people had been written into care plans. We saw that these records were clear and detailed in regard to how staff members were to support people in continuing to make their own decisions where possible.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of their liberty. Applications had been submitted to the local authority for people living at the home. The registered manager was aware of DoLS and the actions they needed to take if they had to deprive someone of their liberty in their best interests.

People told us that they liked the meals available to them and that a choice was available to them. One person told us, "It's very good, the way it's served, it looks nice and tastes very nice." "If you want anything in particular she (chef) gets it for you." This person went on to tell us, "Now I always have fresh fruit salad after my meals ... If you ask for fresh fruit you get it." Another person told us, "They (staff) ask me, they provide a menu and if I don't like it I have a salad with meat, prawns, and I'm very happy with what I have, nicely presented."

People also told us that they were able to eat their meals where they wanted and where they were most comfortable. One person said, "I choose to eat in the dining room. There's about three or four of us go to the dining room for breakfast." Another person who had recently used the service and was visiting a person at the home said, "I had my meals in my room."

People had enough to eat and drink to meet their nutritional needs. They were provided with a choice of nutritious food and people told us that they enjoyed the food that they ate. We saw that the lunch meal was a social affair, with conversation around each table and staff that were available during the mealtime. This promoted people's experience of mealtimes as positive and ensured that staff were available to assist them if needed.

A menu was available by the dining room for each day's meal choices and this helped remind people of what to expect before sitting down to their meal. We saw that people had a choice of drinks during the mealtime and there were condiments on each table for them to use. People were able to eat at their own pace and they could choose where to eat their meal, whether that was in the dining room or in their own room. We also saw that hot and cold drinks were available throughout the day in communal areas and a staff member went round to people's rooms frequently with hot drinks.

Records showed that people's weight was recorded and this enabled staff to take the necessary action if there were any concerns about unintended weight loss. We looked at care records for three people with nutritional assessments. These showed us that assessments to determine the risk to each person from not eating enough had been completed accurately. Appropriate actions, such as providing soft or puree meals, meals fortified with extra calories or nutritional supplements, to reduce these risks had been put in place. We also saw that people who had lost weight were referred to an appropriate health care professional, such as a dietician or Speech and Language Therapist. We were reassured that, where people were at risk of becoming underweight, this was monitored and that actions were effective in minimising this.

People told us that they had access to the advice and treatment from health care professionals and that staff members were available to accompany them if needed. One person told us, "If I was unwell I would get one (doctor)" and, "They (chiropodist) come every six weeks." Another person told us, "They always say, 'would you like a helper to go with you to your hospital appointment?'."

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. We found evidence that people saw specialist healthcare professionals when they needed to. For example, one person had been referred to the local community matron as their health had deteriorated.

Good

Is the service caring?

Our findings

People told us they were happy living at Goodwins Hall Care Home and that staff were kind and caring. One person told us, "For me it's more like a family", while another person said, "They're all really nice people, and they've got big hearts as well. …they do make me feel wanted … I do get on with them so well." Other people told us that the staff were, "Marvellous" and "Kindness itself."

Visitors to the home echoed people's views of staff members and that they trusted staff. One visitor commented that, "The staff are lovely, we have so many laughs, they're so kind to [person], I can't fault them" and "I feel the staff are caring, they're always good humoured, they do their absolute best."

During our inspection we found that most staff were kind and considerate towards people, and developed caring relationships with them. We heard and observed laughter when people joked and talked with each other and with staff members. They were relaxed with the staff who were supporting them and the interactions we saw them have with staff were positive. Staff engaged in meaningful conversations with people and we saw that they were treated as individuals. The registered manager and the staff members knew people well and spoke with people in different ways to ensure the person they were speaking with understood their meaning.

Most of the staff that we saw were polite and respectful when they talked to people. They made eye contact with people and we observed staff communicating with people well. They were patient with people who found it difficult to verbally communicate and consequently understood their requests. However, we observed one staff member who was not polite when referring to one person. We spoke with the registered manager about this and immediate action was taken to address this with the staff member.

Staff involved people in their care and listened to their responses. One person told us, "I can get up when I feel like it, they [staff] come and ask – I'm an early riser, I go to the small dining room for breakfast about eight. It's my choice when I want to go to bed." Another said, "I can always talk to the staff, they listen and I can tell them how I feel." A visitor to the home said, "It's important [person] makes their own decisions, they (staff) do promote their independence."

We saw that staff asked people what they would like to do and offered them options to help them decide. For example, we saw that staff members asked people whether they wanted to come to the dining room for the midday meal or to eat in other areas of the home. Once in the dining room we saw staff members discuss with people where they were to sit. People were given choices about what to eat, drink and where to spend their time within the home. We saw that people were able to complete personal care tasks when they wanted to throughout the day and this was not limited to first thing in the morning. From our observations it was clear that people were consulted about their care.

We spoke with one person who told us, "When I plan my care my brother is with me, they (staff) talk with us about my care." One visitor told us how staff had listened to their relative and acted to arrange for someone to talk to them about the power of attorney process.

Care records provided staff members with guidance about how able people were and we saw that people were encouraged to continue as much as possible for themselves. There was information in relation to the person's individual life history, likes, dislikes and preferences written within the person's care records.

People agreed with us when we asked if staff respected their right to privacy. One person told us that, "They do respect me, great respect, I think they do with everyone – I always hear them knock and call out as they go in." One person's visitor told us that staff were always very welcoming and they were able to have lunch with their relative.

We observed that staff respected people's dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. We saw that the registered manager spoke with people often to discuss how their day had gone and to talk about any difficulties they had. Care records indicated where people had contact with their families and information was recorded when staff members had involved family members in people's care.

People were helped to stay as independent as possible by continuing to go out as they wished or by carrying out everyday tasks, such as preparing vegetables for the midday meal. One person told us that, "We consider ourselves to be very fortunate to be here, we walk around independently, walk around the garden." During our visit we saw that people were able to leave to go for a walk when they wanted.

Requires Improvement

Is the service responsive?

Our findings

We saw during our visit that some people who lived in the home displayed behaviour that might challenge or upset others. We spoke with a visiting health care professional about how staff cared for the person at times when this occurred. They told us that some staff members had the skills to care for the person properly, but they did not think staff members had enough guidance to meet this person's mental health needs. We spoke and observed two staff members caring for the person during our visit. One staff member did not have a good knowledge of how to meet the person's needs. The other staff member displayed behaviour that showed they also did not have an understanding of how to meet the person's mental health needs.

We looked at the care records for this person and saw that the information was not a reflection of the person's current mental health needs and it did not provide any guidance about the action staff should take. Therefore any staff members who were less familiar with a person's needs would not have adequate information to help them care and support that person appropriately.

We examined records that were kept of the care that had been given to people, such as those recording when people had been repositioned and how much people had to eat and drink. We found that most records showed that care had been given as often as was required to maintain the person's health and well-being. However, records that detailed how much people drank did not always show that people drank enough each day. Although we observed that people were offered drinks frequently throughout the day, records did not indicate how much each person should drink each day. For two people, their records showed that the amount they had to drink on some of the hottest days of the year was lower than a litre a day. We spoke with a staff member who confirmed that there was no guidance about how much each person should drink each day. They told us they would review this.

We received information before this inspection in regard to the guidance available to staff members about caring for people with diabetes and that care plans did not contain enough detail. However, we were also advised by a social care professional that staff had developed a new care plan for the person that was more detailed and contained all of the information required to guide staff. We looked at the newly developed plan for the management of one person's diabetes and found that it was detailed; it described the effect diabetes had on the person and what staff members should do in specific circumstances. The registered manager told us that they were in the process of updating all care plans for the management of diabetes to include personalised information.

The care and support plans that we checked showed that staff had conducted an assessment of people's individual needs before they moved into the home. This was to determine whether or not they could provide them with the support that they required. We saw, however, that for one person information about an allergy in these records had not been recognised in their everyday care records. We discussed this with senior staff at the home, who updated the records immediately.

Care plans were in place to give staff guidance on how to most support people with their identified needs

such as personal care, communication, nutrition and with mobility needs. One person told us, "They keep a constant record of the care I receive." Staff members told us that care plans were a resource in terms of giving information to help provide care and that all staff members helped to record details about people's daily lives.

People told us that they were cared for as they wished. One person said, "I just say I'm showering in the morning, they come in and just stand by with the towels – I have said when I would like it and they accommodate me. It doesn't matter who you ask they'll say, 'We'll take that for you'."

A visitor who had recently used the service told us, "They helped me to get back on my feet." These sentiments were echoed by other visitors, who told us that their relatives had complete control over their daily routine and one said, "Our friends and family all say to me when they visit "isn't there a lovely atmosphere, everybody speaks to them, the rapport is excellent." However, another visitor felt that staff were not always available.

We observed that staff were responsive to people's needs. They encouraged people to drink when they indicated that they were thirsty, to eat when they were hungry and to attend to personal care if this was required. Care records were written in a way that promoted people's wishes and preferences. They included details about people's preferences, such as particular food likes and dislikes, and hobbies and interests people had. Staff members told us that they used the care records to provide information about people so that they were better able to hold conversations with them. From our discussions with staff it was clear that they knew people and valued their opinion and company. They were able to tell us in detail about the people living at the home. Staff members continued to support one person in their wish to walk, despite this being difficult and a risk to them.

People told us about the many activities, events and entertainment that was available for them to participate in. One person told us, "Sometimes there's amateur theatre and music, I like classical music, I've got CD's and a CD player in my room." While another person told us that they danced during a music night when a band came to play. Another people told us about their monthly trip out with an organisation. Yet, another person told us of other activities in this comment, "Excellent, I enjoy reminiscence mostly, things about the past, what my dad and my parents used to do. Sometimes there are quizzes, I enjoy them all."

Visitors to the home were similarly complimentary about how people were able to spend their day. One visitor told us, "They love the activities, they have Scrabble on Fridays and [person] loves playing that." Another person, who had recently used the service said, "They have arts and crafts on Tuesday, I want to do a demonstration (art on wood), we did gardening, hanging baskets, they're hanging at the front."

We talked with a member of staff who confirmed that the Lifestyle coordinator worked full-time 8am to 5pm Monday to Friday, and every other weekend. They told us how they made sure that people who stayed in their rooms did not become isolated by carrying out individual visits on specific days. They explained to us how people were encouraged to continue activities that they had completed while in their own homes. People had their own plots in the garden where they grew their own vegetables and fruit from seed. A member of staff maintained the garden and helped to support people.

We saw that there were organised activities and things for people to do each day. Staff encouraged people to participate and information about what was available was posted on a notice boards. Themed events included turning the reception area into a pub and a theatre group 'Absolutely Funtastic' visited. There was a regular trip to the Sandringham estate and shopping trips into town every week. The staff member told us, "Between us [staff] we make sure that everyone who wants to, goes into town." They went on to explain how

people living at the home were able to decide what they did, "On Monday we were going to play bingo but they asked if they could go outside to the garden instead."

People told us they would be able to speak with someone if they were not happy with something. One person told us, "Any problems you can discuss things then (residents committee meetings). Yes, they (staff) will listen …Any problems I'll talk to the team leader." Another person said, "You can go to the bosses office anytime, it's a lovely place here. I've not made any complaints – I wouldn't improve things for myself because I'm very happy." Visitors told us that they would raise any concerns with the registered manager or another senior staff member.

A visitor to the home told us that their relative's clothing had occasionally gone missing. We spoke with a member of staff responsible for laundry who confirmed that they had been made aware of this and explained the actions that they had taken as a result. They explained the system that was in place to ensure people's clothing was returned if at all possible. One person, who represented other people at meetings, told us that they had also been approached about lost clothing. They had told staff, who had looked into and resolved the issue.

Staff members told us that information was available for people if they wanted to make a complaint. A copy of the home's complaint procedure was available and provided appropriate guidance for people if they wanted to make a complaint. There were appropriate details about other organisations to contact if a complaint had not been resolved.

The registered manager told us that complaints were immediately dealt with and we saw that 10 complaints had been made in the previous six months. Records showed that these had been acknowledge and investigated, although information about the response to complainants was not always available. The registered manager told us that this had been when a verbal response had been made and that they would record these in future.

Good

Is the service well-led?

Our findings

Every person we spoke with liked living at the home and enjoyed spending time with the staff who worked there. They described staff members and their work ethic in positive terms. One person said, "It's the atmosphere, it's happy." This was echoed by a visitor, who told us, "It's (the home) got a very positive air about it." One person who had recently used the service and was visiting a person at the home said, "I said I'd like to come here when I get old and can't manage – they welcome me back to visit." Other people described how staff worked together. One comment we received was, "… they work well together, don't waste any time … they work as a great team."

Staff members spoke highly of the support provided by the whole staff and provider team. They told us that staff worked well together and that they all got on and covered for each other if additional staff were required. They told us the registered manager was very approachable and that they could also rely on any of the provider's representatives for support or advice. We observed this during our inspection, when staff were able to discuss their concerns and any aspects of their work with the registered manager. They were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues.

Staff said that they were kept informed about matters that affected the service through supervisions, meetings and talking to the registered manager regularly. Staff knew what was expected of them and felt supported.

The home has had the current registered manager in post since January 2011. The registered manager confirmed that she had support by the provider's Operations Director, who was available at any time if the need arose.

People and staff all told us that they knew who the manager was and that they were approachable and available at any time. One person told us, "[Manager] does a lot, everyone talks to you, that's what I like – I've no complaints, they do a perfect job." A visitor echoed this statement but saying, "If the family come and want to go and see the [manager] the door is open." Another person told us, "[Manager] said to me the other day, 'Is there anything you need?' and I said I had no complaints at all. It's team work, they're wonderful the way they work together."

When we spoke with staff members they were overwhelmingly supportive of the registered manager and told us this in clear and unequivocal terms. One staff member told us that the registered manager was, "A very motivational and inspiring person." Staff told us that they had nominated the registered manager for a motivational leadership award, which was presented at the Norfolk Care Awards. They said that the registered manager supported them in any way possible.

Staff members told us how the registered manager had supported them to take English lessons, so that they were better able to understand people living at the home, or to complete a pre-nursing foundation degree. Other staff told us how the registered manager supported them during periods of staff illness at the home,

when she worked in other roles or made sure they had enough support when staff were off sick.

People told us about meetings where they could share their views of the home. One person said, "I'm a member of the (residents) committee, we meet once a month and I represent other people there." Another person told us that they were asked to complete surveys about their views and experience of living in the home. We saw from meeting minutes that updates to issues that had been raised were discussed in subsequent meetings.

The registered manager completed audits, such as for the domestic environment, catering, care plans and medicines management, that fed into the organisation's quality monitoring report. We found that most audits identified issues and contained clear information to show the actions that had been taken to address them. For example, we found that the catering audit identified that not all catering staff had received training on nutrition for people. Action had been taken to address this and this was reflected in the next catering audit. The medicines audits also showed that issues, such as medicine errors, had been identified. We saw that where issues had been identified, information was also available to show how these had been rectified.

We found that care plan audits also identified when records had not been completed and these were followed up with staff members to make sure all required records were completed. However, we found that these audits did not examine the quality of care records or whether all of the information about people was available. We spoke with the registered manager and the provider's representative, who agreed to look at reviewing the audits so that this was included.

Analysis of accident and incident records had been carried out and looked in detail at the type of accident or incident occurred, the time and day, and where it occurred. This was completed each month and subsequently fed into ongoing analysis. The analysis identified trends and themes, such as whether there were more falls on any one particular day or time of day. This also provided an ongoing graph to show how many of these had occurred over a period of time. We saw that the majority of entries over a five month period were in regard to people falling and that most of these occurred at night. However, there were also more people falling on a Sunday in the morning and at night than at any other time of the week. Information was available in the analysis to show actions that had been taken to address each incident and to reduce the risk of it occurring again.

We found that incidents had been reported to us and to the local authority as required. All of the information about how the service was monitored and people's views of the home showed that there were effective processes in place to assess and monitor risks to people and to develop and improve the service.