Living Plus Health Care Limited

# Living Plus Healthcare Ltd t/a Queen Anne Lodge

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

We carried out a comprehensive inspection of this service in September 2015 and found the provider was not meeting the legal requirements in relation to standards of care and welfare for people who lived at the home. We served two warning notices against the registered provider requiring them to be compliant with Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks associated with people's care within the home had not been assessed and there was a lack of clear accurate records and systems in place to monitor the effectiveness of the quality of the service people received. We also required the registered provider to submit action plans to tell us how they would address other areas of non-compliance we found at the home during this inspection. The home was placed into special measures following this inspection.

We carried out a focused inspection of this service on 9 May 2016 to follow up the warning notices we had served on the registered provider. At this inspection we found the home to be compliant with these Regulations although further work was required to embed this work.
We carried out a comprehensive inspection of this service on 5 and 6 October 2016 and found the registered provider was now compliant with all the Regulations. The home has been removed from special measures following this inspection.

The home provides accommodation, support and care, including nursing care for up to 40 older people, some of whom live with dementia. Accommodation is arranged over three floors with stair and lift access to all floors.  At the time of our inspection 37 people lived at the home.

A registered manager was in post. 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.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Processes were in place to check the suitability of staff to work with people. There were sufficient staff available to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered, stored and ordered in a safe and effective way.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. External health and social care professionals were involved in the care of people and care plans reflected this.

People were encouraged and supported to make decisions about their care and welfare. Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were

legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People received nutritious meals in line with their needs and preferences. Those who required specific dietary requirements for a health need were supported to manage these.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care. The home used closed circuit television to promote the privacy, dignity and safety of people. There were appropriate policies and procedures in place relating to this.

Care plans in place for people reflected their identified needs and the associated risks. Staff were caring and compassionate and knew people in the home very well.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The service had effective leadership which provided good support, guidance and stability for people, staff and their relatives. People and their relatives spoke highly of the registered manager and their team of staff.

## 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.

Risk assessments were in place to support staff in mitigating the risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and they knew how to keep people safe. There were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner.

### Is the service effective?

Good

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People received nutritious food in line with their needs and preferences.

### Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were valued and respected as individuals and were happy and content in the home.

People and their relatives were involved in the planning of their care.

### Is the service responsive?

Good

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs.

People enjoyed a wide variety of events and activities of their choice.

Systems were in place to allow people to express any concerns they may have and complaints were recorded and responded to in a timely way.

## Is the service well-led?

Good

The service was well led.

People spoke highly of the registered manager and their team of staff. Staff felt very well supported in their roles.

Audits and systems were in place to ensure the safety and welfare of people in the home.

# Living Plus Healthcare Ltd t/a Queen Anne 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.

One inspector and one expert by experience completed this unannounced comprehensive inspection on 5 and 6 October 2016. 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 our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with seven people who lived at the home however others were not always able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with six visitors and eleven members of staff, including the registered manager, the support services manager, kitchen staff, the training coordinator, three registered nurses and care staff.

We looked at the care plans and associated records for six people. We looked at 15 medicines administration records and a range of records relating to the management of the service including; records of complaints, accidents and incidents, quality assurance documents, five staff recruitment files and policies and procedures.

Good

# Is the service safe?

## Our findings

People felt safe in the home and were supported by staff who knew them very well and understood how to support them to maintain their own safety. One person told us, "Yes I feel very safe and happy here. All the staff are good and kind people." Others told us staff were "reliable" and were "there when I need them". Relatives told us their loved ones were safe and supported by staff who understood their needs very well. One told us how they felt able to relax and stop worrying about their loved one as, "I know they are safe and being well cared for. " Another relative told us they had every confidence in all members of staff to ensure their loved one was safe at all times.

Staff had a good understanding of the safeguarding policies and procedures which were in place to protect people from abuse and avoidable harm. All staff had received training on safeguarding and knew the types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. The registered manager had worked closely with the local authority to address a recent serious concern which had been identified in the home. Clear records showed how the registered manager had reported the concern to the local authority and other agencies. Information on the investigation and learning from these was clearly recorded and shared in the service. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy.

Risks associated with people's nursing and care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, nutrition, choking and mobility. For people who were at risk of falls, risk assessments had been completed and used to informed care plans about their mobility and how to avoid the risks of falling around the home. A log of falls was recorded in each person's care records and was used to monitor and identify any patterns in their falls. For example, for one person staff had identified they were at risk of falling when trying to stand independently from a chair in a communal area of the home. They had identified a sitting area where the person was comfortable but could also be closely monitored by staff if they tried to stand from the chair without requesting support from staff. We saw staff were attentive to this person in the lounge area and ensured they were able to support them if they wished to stand from the chair, without removing his independence.

Risks associated with people's health conditions had been identified and appropriate plans of care were in place to mitigate these risks. For example, for two people who lived with diabetes, clear risk assessments and plans of care gave staff information on how these risks should be managed. For another person who was at risk of seizures, risk assessments and care plans in place were clear and provided information for staff on the possible triggers for these and how they should support the person with these. For a person who lived with Parkinson's disease, care plans reflected the risks associated with this condition and staff had a good awareness of these.

Personal evacuation plans were in place and available in the event of any emergency. A robust business continuity plan and emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

Staff knew people very well and demonstrated a good understanding of their needs and how to support them. For example, when one person became unwell during our visit, care staff identified the person was diabetic and required urgent attention and requested nursing support immediately. Nursing staff responded promptly and supported the person with their health condition.

We had received concerns from a member of the public about the recruitment of some staff to the home. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

On 24 September 2016 the registered provider had completed an audit of the recruitment process carried out at the home and found some of their records had not been completed in line with their own recruitment policy. For example, staff had not always completed a declaration of fitness to work. We saw the registered manager was working with the registered provider to ensure these records were complete. For staff who were employed through an external agency, we saw the provider had sought appropriate checks from the agency prior to the person starting and an induction to the service for all agency staff was completed.

There were sufficient staff available to meet the needs of people. The registered manager told us of their difficulties in recruiting registered nurses to the service and the impact this had had on registered nurses in the home, working additional shifts. They told us they had recruited additional registered nurses in the previous two weeks and this would provide more resources for the home.

Following a serious incident which had been reported to the Commission by the local authority and the registered manager, we had identified possible concerns about the lack of staff available at night time and early morning to support the needs of people. We arrived at the service on both days before night staff were due to leave the home and identified staff were working calmly and efficiently during the early morning.

People who chose to rise early were supported by night staff although most people chose to remain in bed until after the day staff arrived. Staff felt there were sufficient of them to meet the needs of people at night. People told us staff were available when they needed them. One person told us, "Yes, I have a call bell in my room but I don't use it much, but if I need help the staff have always come quickly to help me."

The registered manager told us they did not use a dependency tool to identify the numbers of staff required to meet the needs of people as they knew people very well and if they identified further staff were required they would liaise with the registered provider to address this.

Records showed staffing levels were consistent with two registered nurses available throughout the day at the home supported by nine or ten members of care staff in the morning and six in the afternoon. At night one registered nurse worked with three or four members of care staff. People and their relatives felt there were sufficient staff to meet the needs of people and staff told us they had sufficient time and support to ensure people's needs were met.

The registered provider had systems and processes in place to ensure incidents and accidents were reported, recorded and investigated in a way which ensured any actions or learning from these was completed and shared with staff. A log of incidents and accidents was recorded and the registered manager monitored this for patterns and trends to ensure they were reviewed and addressed. For example, the registered manager told us of one person who had recently left the home following a review of incidents

associated with their mental health which the home had identified they were not able to manage. A recent serious incident which had occurred at the home and was pending possible further investigation had been fully reviewed with staff to ensure they received the appropriate support. Actions had been taken to address any concerns raised and the registered manager was working with appropriate health and social care professionals to ensure all matters were addressed.

Medicines were always administered by registered nurses and were stored and administered safely. A system of audit was in place to monitor the administration, storage and disposal of medicines. An audit of medicines had been completed by an independent pharmacist on 27 September 2016 and they had also completed medicines assessments with some registered nurses. They had found no concerns.

People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records (MAR). For medicines which were prescribed as required (PRN) we saw protocols were in place for these and staff had recorded when these medicines were given although the effectiveness of these medicines had not always been identified by staff. For people who required medicines for pain, we saw pain assessment records were available to use to monitor the use of these medicines.

Risks associated with people's medicines had been identified. For example, one person was taking an anticoagulant medicine. These medicines thin the blood and people who take them are at increased risk of bleeding or clotting if the medicines are not managed appropriately. This medicine was being administered safely and effectively, and the risks associated with this medicine had been clearly provided in a care plan to ensure staff were fully aware of these. Staff we spoke with knew this person had been taking this medicine and had a very good understanding of the risks associated with it.

Good

# Is the service effective?

## Our findings

Staff knew how to meet people's needs effectively and offered them choices whilst respecting their wishes. They gave people time to make decisions including where they wanted to spend time through the day and what activity they would like to participate in. One person told us, "Sometimes I like sitting here [lounge] but sometimes I sit in my room and they [staff] respect that." Another said, "They listen to me, and ask me what I want to eat or drink or if I want to play any games or something." Relatives spoke highly of the way in which staff encouraged people to remain independent but respected their choices. One relative told us, "I know they really encourage [person] to be as independent as she can be but some days she really doesn't feel up to it and the staff are very respectful of that." Another said, "He gets what he wants even though it sometimes takes a while for him to make up his mind. They [staff] encourage him and let him choose what he wants."

At our inspection in September 2015 we found the provider had not ensured staff had received the necessary training to support them in the delivery of effective care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan on 28 January 2016 which stated they were now compliant with this Regulation and training was on-going. At this inspection we found that improvements had been made and the provider was now meeting the requirements of this Regulation.

A program of supervision sessions, induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported through these sessions to provide safe and effective care for people.

A training coordinator worked at the home Monday to Friday each week. They were trained to train staff in moving and handling practices and were planning to take other courses to allow them to train staff in the home in other subjects. They coordinated all training for staff and identified any training needs for staff to ensure they could meet the needs of people. This included mandatory training for all staff on safeguarding people, moving and handling, fire safety and first aid. A comprehensive log of all training for staff was closely monitored and updated by the training coordinator. They had a programme of training booked to ensure people's training was updated and the registered manager reviewed this to ensure all staff had the required training to meet the needs of people.

All new staff completed an induction which was followed by a period of shadowing other staff to gain confidence in the home. During our inspection we met two members of staff who were going through this induction process and they felt supported by staff and the registered manager.

All staff were encouraged to develop their skills through the use of external qualifications such as National Vocational Qualifications (NVQ) and Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

The training coordinator told us new care staff were being encouraged to complete the Care Certificate. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People and their relatives told us they thought staff were well trained and had the skills to meet people's needs. One person told us, "Yes they [staff] are good at their work and are confident in what they do." Another told us, "I feel that the staff are very well trained and they know what they are doing with us. If you ask them something, they will do it for you and if they can't they will explain why they can't." One relative told us, "The staff appear confident and competent to do their jobs and that is very reassuring for me."

Staff had a good understanding of their role in the home and the management structure which was present in the home to support them and people who lived at the home. The registered manager provided all management support in the home, whilst a support services manager managed the maintenance and domestic services in the home. Registered nurses supported the clinical day to day management of the home and led each shift to ensure people received the support they required. The registered manager provided supervision for all registered nurses and the support services manager and training coordinator provided supervision for all other staff. All staff felt there were opportunities within the home to develop their role and skills.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. For example, as we visited people in their rooms the registered manager sought the consent of people before we entered and asked people if they wished to speak with us whilst we were in the home.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. The registered manager and staff had a good understanding of the processes required to ensure decisions were made in the best interests of people.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). For several people who lived at the home an application had been made to the local authority with regard to them leaving the home unescorted. We found that the manager understood when an application should be made and how to submit one. Where these applications had been granted by the local authority and conditions were attached to these we saw staff had a good understanding of these and they were clearly documented in people's records.

For example, for one person a condition of this safeguarding was that staff must complete a document about their previous life history and their likes and preferences. We saw this had happened. For another person the condition stated staff must ensure they were offered activities and stimulation including one to one activities as they were at risk of isolation. Staff were aware of this condition and supported this person to reduce the risk of social isolation. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards placed on people.

People received a wide variety of homemade meals, of which there were two choices at each mealtime;

other options were available for people should they not like these choices. The kitchen staff had a good understanding and knowledge of people's dietary preferences and needs. A list of these was maintained in the kitchen and updated by staff should there be any changes in people's requirements. Care plans identified people's preferences, specific dietary needs, likes and dislikes. The kitchen area was a clean and well managed area.

People and their relatives told us they enjoyed the food which was of a good quality and quantity. One person said, "The food is so good." Another said, "The food is really lovely and we get plenty of it. We are given a choice with what we want to eat and drink. I can't complain of anything really. It's the best service."

People's weights were monitored regularly and action taken should any significant changes be noted. For people who were at risk of choking, information in care records clearly identified the need for staff to thicken fluids to reduce this risk.

Records showed health and social care professionals visited the service as and when required. The registered manager told us they worked well with community health and social care staff to meet the needs of people. Care records held feedback from GP's, speech and language therapists and community nurses and mental health nurses. Staff identified people's needs and involved health and social care professionals appropriately.

For example, one person had displayed signs of infection on the first day of our visit. Staff made an appropriate assessment of this person and then reported their concerns to a GP who prescribed antibiotics for them. For another person whose swallowing had deteriorated records showed staff involved the speech and language therapist quickly to ensure their safety.

Good

# Is the service caring?

## Our findings

People were valued and respected as individuals and were happy and content in the home. They were cared for by staff who understood their needs and who provided a calm, caring and happy environment for people to live in. One person said, "They respect and listen to me when I speak to them or I want something done." Another told us, "Yes they [staff] treat me with respect and they also respect my privacy and dignity as much as possible." One relative told us, "I feel able to leave her [relative] here and not worry; the staff are so lovely and caring." They told us their relative, "Always looks well cared for and all the staff know her really well." A visitor told us, "I have been in lots of homes and this one really is excellent, everyone is so caring and helpful. Lovely."

Staff knew people well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. For example, one person enjoyed quietly chatting to staff in their room and reminiscing whilst looking at photographs of their family. We saw a member of staff interacted with them in a calm and supportive way allowing them time to express their views and feelings. For another person who was a retired health care professional, the registered manager told us how they liked to be involved in general discussions about what was happening in the home and how they could help. The registered manager told us how they encouraged the person to understand they were no longer working whilst including them in any activity which helped them to feel valued and involved in the home, such as using reference books to help them identify or talk about a specific condition and find information for this.

Throughout the day staff spent time with people chatting and laughing whilst supporting them with their needs. The atmosphere in the home was calm and very friendly with staff supporting people to interact with each other.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed to people's rooms at all times through the day and staff knocked and waited for a response before entering people's rooms. Staff had a good understanding of how to ensure people's dignity was maintained. A system of signage in the home on people's doors meant staff were able to identify when they were supporting a person with personal care and they should not be disturbed. We saw these signs were respected. Screens were used in communal areas of the home when people required assistance to maintain their privacy and dignity.

Closed circuit television cameras (CCTV) were used in the home in communal areas to ensure the safety and security of people. The registered provider had completed a privacy impact plan to identify how the use of this equipment may affect people who lived at and visited the home. Recordings from the cameras were only able to be retrieved by appointed staff with the appropriate authority and live camera footage was only able for view at the nursing station. If any person objected to the use of this equipment the registered provider had committed to investigate a solution. A policy of the use of CCTV in the workplace was also in place. Signage in the home identified the use of CCTV in the home and people were aware this equipment was in place. The registered manager told us how the use of this equipment had been able to inform an

investigation in the service.

People were able to express their views and be actively involved in making decisions about their care. People had a registered nurse allocated to review and maintain their care plans and records. People told us they spoke with staff about their care plans although they did not always have a clear understanding of what these were. One person told us, "Yes I talk to the nurses and staff with my wife and we discuss what I need." Another told us whilst they discussed what care they wanted with staff, "I don't know much about my care plan but my son and the management handle that on my behalf." Relatives told us they were actively involved in ensuring their loved ones care plans were up to date and reflected their needs.

The support services manager held meetings every second month with people who lived at the home and their relatives. These meetings were informed by survey questionnaires which were given to people to gain their views about the service. These meetings showed people were offered opportunities to discuss any changes at the home.

Recent meetings had explored forthcoming activities for people, the complaints procedure, changes to the building or environment at the home and information on how people could and should be involved in the writing of their care plans. Minutes from these meetings were displayed for people to see in a communal area along with feedback from other organisations such as Healthwatch.

Good

# Is the service responsive?

## Our findings

People were able to express their views and be actively involved in making decisions about their care. They were encouraged to be active and healthy in the home and were supported by staff who knew them very well. One person told us "I get involved in as much as I can to keep me going." Relatives told us they were encouraged to participate in the planning of care for their loved one. One relative told us, "I have been involved right from the word go and have been really pleased with how well [relative] has improved in the home as they have really worked with her to be independent and they understand her needs." Another told us, "Staff always involve me as my [relative] sometimes gets muddled and we talk about what he wants."

At our inspection in September 2015 we found the provider had not ensured care planned for people was in line with their individual needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan to show they would be compliant with this Regulation by 14 February 2016. At this inspection we found that improvements had been made and the provider was now meeting the requirements of this regulation.

People were assessed prior to their admission to the home by the registered manager and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs were discussed and documented with them and their relatives prior to and during their admission to the home. Care plans were then informed from this assessment and staff told us how care plans were adjusted and amended as people settled into the home. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for.

Care plans provided clear information on people's specific likes and dislikes, hobbies, and their abilities to manage their own care. They also gave clear information about people who were important to them and who needed to be involved in their lives and in helping them to make decisions. Whilst people and their relatives told us they were involved in planning their care, care records did not always reflect this. Records showed the registered manager had ensured people and their relatives were invited to participate in the planning of care at meetings and this was also discussed at staff meetings.

Staff had a very good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans in place gave clear information for staff to meet the needs of people with specific health conditions such as diabetes, epilepsy and Parkinson's disease. Nursing plans of care to support people who had wounds or specific clinical needs were completed and updated by registered nurses.

Two activity coordinators worked at the home across six or seven days of the week to support the coordination and management of activities for people. A comprehensive program of activities included ball games, art and craft, bingo, hand massage, manicure and music events was displayed in the entrance to the home. The lead activities coordinator told us they adapted activities to suit people on the day and ensured a wide variety of activities was available each day to meet people's individual needs. The activities coordinators were very passionate about the need to ensure people received support to participate in activities which were meaningful to them.

People who remained in their rooms and were at risk of isolation were supported to participate in activities on a one to one basis. For example, for one person who enjoyed bingo but was unable to come to a communal area, the activities coordinator told us how they would support this person, with another member of staff to participate in bingo in their room. Records reflected this activity.

Regular social activities such as parties to celebrate birthdays and special events (recently the National Care Homes Open Day and the Queen's birthday) took place and plans were in place for a Christmas party. People told us they enjoyed the activities in the home and there was always something to do. One person told us the activities coordinators, "Go out of their way to get us doing something we like to do." Another said, "We have lots of games and the two girls [activities coordinators] there will try to involve everybody."

The registered provider told us of plans to convert flat roof space in the upper floors of the home into conservatory areas with garden features to enable people to have a variety of places where they could meet and interact with others. The activities coordinator told us how this would improve the availability of space for people to participate in different activities out of their own rooms.

At our inspection in February 2016 we made a recommendation that the registered provider update their complaints policy. This had been completed and this policy was displayed in the home and copies were available for people and their visitors. The registered manager told us they worked closely with people to enable concerns to be addressed promptly and effectively. The home had received no written complaints since our last inspection in February 2016. The registered provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these.

The registered manager encouraged staff to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Staff met visitors in a warm and friendly way and encouraged them to express any views about the service their relatives received. Relatives were able to express their views or concerns and knew that these would be dealt with effectively.

Good

# Is the service well-led?

## Our findings

People told us the registered manager was very visible in the service and the service was very well led. One person told us, "I think the home is very well managed and I can't think of anything to complain about." Another told us the home was well managed and "They [staff] will always talk to you nicely and politely and I am happy with that. That to me has to do with good training and management." Relatives spoke very highly of the registered manager and the support and guidance she provided for all staff whilst managing an efficient home. One told us, "She [registered manager] really is the key. She works hard and all the staff are very well supported by her in my opinion." Another said, "She is just great, nothing is too much trouble." Staff felt they were well supported and encouraged by the registered manager and senior staff to develop in their roles. Health and social care professionals had provided feedback to the service about the good response they received from all staff who knew people very well.

At our inspection in September 2015 we found the provider had failed to notify the Commission of incidents which were reportable under the Regulations. This was a breach of Regulation 18 of CQC (Registration) Regulations 2009. At this inspection we found that improvements had been made and the provider was now meeting the requirements of this regulation. Information regarding incidents which were reportable under the Regulations had been sent appropriately to the Commission.

At our inspection in February 2016 we recommended the registered provider reviewed their involvement in the quality assurance system at the home to ensure this was fully embedded and supported in service. At this inspection we saw the registered provider had completed an unannounced monitoring visit on 6 September 2016 to review and audit the quality of the service provision at the home. They reviewed audits and actions completed by the registered manager and support services manager and added any actions for completion by the registered manager following their visit. The registered manager told us the registered provider visited the service regularly and they were always able to contact them if they required assistance.

Audits were in place to review and monitor the effectiveness of care plans and records. The registered manager completed these audits and identified actions for registered nurses to complete which we saw were completed. Information regarding care plans and records which needed updating was discussed at staff meetings. Registered nurses had requested protected time to support the completion of care plan and record reviews. The registered manager told us that they had taken steps to implement this and minutes from a staff meeting reflected this. Care records were reviewed monthly or more frequently as required.

Whilst care plans were mostly up to date and well organised, the registered manager told us they had identified daily records were not always completed effectively and this had been identified as a matter for urgent attention of all staff. Following a recent serious incident at the home where records were noted to not be a clear and accurate reflection of the care people received, the registered manager had spoken with all staff on the importance of accurate timed records which reflected the support and care they provided for people. Staff meeting notes and information provided to staff at each daily handover reiterated the need for staff to maintain accurate and orderly records which reflected the care people received.

During our inspection most daily care records including fluid and nutrition charts, and day and night observation charts were completed. We saw the registered manager had taken action to address this matter and they identified people did receive care in a timely manner. For example, they completed spot checks of people's care records each day to identify any gaps in these and ensured registered nurses were aware of their responsibilities to review daily care records for people and ensure they were maintained accurately in line with the care people had received.

Audits were in place to ensure the safety and welfare of people including the environment of the home, health and safety, infection control, medicines, maintenance and equipment. The support services manager completed regular audits around the home and had recently updated safety audits on each room in the home.

A daily 'walk around' of the home was completed by the registered manager and the support services manager to review the safety of the home and the environment. Any faults or actions identified were then logged in a maintenance book and addressed promptly. Visitors to the home were warned of building and maintenance work which was on-going in the home at the time of our visit as signs were placed in a prominent position in the home. Maintenance staff worked discreetly and efficiently in the home to carry out necessary works and advised staff of any interruptions in amenities when these were necessary, such as power being switched off for short periods of time and noisy activity from tools.

Incidents and accidents were recorded and monitored for trends or patterns. The registered manager reviewed all incidents and accidents and ensured appropriate actions were taken to investigate these and share any learning outcomes from these.

A staffing structure in place at the home provided strong leadership and support for staff. The registered manager had a clear understanding of their roles and responsibilities and gave clear direction and guidance for staff on their responsibilities in the home. They were visible in the service and supported the day to day running of the home whilst maintaining involvement in people's care. They knew people' their relatives and all staff very well. Staff had clear roles in the home and knew who their line manager was and how they could seek support from them and other managers in the home.

The registered manager told us they were supported by the provider with systems and processes in place to ensure the safety and welfare of people. Staff felt able to speak with the registered manager about any concerns they may have and these would be addressed promptly and effectively. Staff felt supported through supervision, training and team meetings. Staff felt the registered manager promoted a fair and supportive culture in the home whilst encouraging staff to be open and honest about any concerns.

The registered manager and all staff we spoke with were very proud of the home and the care people received there. Staff and relatives told us the registered manager promoted an ethos of high standards of person centred care in all that they did. One member of staff told us, "They [the manager] just want the very best for everyone. I love working here." Another said, "We are encouraged to work well as a team, and we do." One relative told us, "They [registered manager] are very caring and this really is reflected in all the staff. Nothing is too much trouble; the home really is very well run."

People, their relatives and external health and social care professionals were asked for their views of the service and the quality of the care delivered at the home. A survey of people's views was competed in June 2016 and the results from this and any actions needed were discussed at a meeting of people and their relatives. Staff views were sought in March 2016 and a follow up staff meeting addressed any concerns or comments raised. Feedback from external health and social care professionals was positive and identified

they had no concerns with the service provided at the home.