

Helen Mcardle Care Roseberry Court

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

We inspected Roseberry Court on 7 May 2015. This was unannounced which meant that the staff and registered provider did not know that we would be visiting.

Roseberry Court provides care and accommodation to a maximum number of 63 people. Accommodation is provided over three floors. The ground floor of the home can accommodate a maximum number of 18 people who require personal care. The first floor of the home can accommodate a maximum number of 24 people who require personal care. The second floor can

accommodate a maximum number of 21 people living with a dementia. Communal lounge and dining facilities were available within each unit. There is an enclosed garden/ patio area for people to use.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

There were systems and processes in place to protect people from the risk of harm. People were protected by the service's approach to safeguarding and whistle blowing (telling someone). People who used the service told us that they were safe, could raise concerns if they needed to and were listened to by staff. People told us that staff treated them well. Staff were aware of the different types of abuse and action to take if abuse was suspected. Checks of the building and maintenance systems were undertaken to ensure health and safety.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the care and support needed; this included the person's likes, dislikes and personal choices. We found that risk assessments were detailed and contained person specific actions to reduce or prevent the highlighted risk.

Staff told us that they felt well supported and they had received supervision on a regular basis. We saw records to confirm that this was the case. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that staff had received an annual appraisal.

Staff had undertaken training in fire safety, first aid, health and safety, infection control, safeguarding and dementia. Any shortfalls in training had been identified and training had been planned.

People, relatives and staff that we spoke with during the inspection told us that there were enough staff on duty to ensure that people's needs were met. During the day there were 11 staff on duty shared between three units until 2:30pm. After that time this reduces to 10 staff until late evening. At night there were six staff on duty shared across the units. We were told that staffing levels were flexible depending on need.

Staff had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff had an understanding of the principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions.

At the time of the inspection, there were some people who used the service who were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff had a good understanding of DoLS.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. People who used the service and relatives told us that staff were very caring, showed compassion and were patient.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

People's independence was encouraged and they were encouraged to take part in activities. People told us that they were happy with the activities provided by staff at the service.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken. This helped to ensure that the service was run in the best interests of people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and were aware of action to take if abuse was suspected.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Procedures were in place for the safe management of people's medicines. We found that medicines were managed safely.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food. People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People told us that they were happy with the care and service provided. We saw that the staff were caring and discreetly supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. The staff were knowledgeable about people's support needs.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and their care needs planned in a person centred way.

People who used the service had access to the local community, and could take part in activities or outings.

People and relatives had opportunities to raise concerns or complaints and felt able to do so if needed. People who used the service, relatives and staff told us that they were listened to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a registered manager and supportive management structure. People who used the service had various opportunities to give feedback or raise issues.

There were systems in place to monitor and improve the quality of the service provided.

Staff told us that the home had an open, inclusive and positive culture.

Roseberry Court

Detailed findings

Background to this inspection

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

We inspected Roseberry Court on 7 May 2015. The inspection was unannounced which meant that the staff and provider did not know that we would be visiting. The inspection team consisted of two adult social care inspectors and an expert by experience who had experience of residential care. 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 we reviewed all the information we held about the service. The provider completed a provider

information return (PIR) which we received prior to the inspection. 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.

During the inspection we spoke with 18 people who used the service and seven relatives. The registered manager was not present on the day of the inspection. We also spoke with the operations manager, the head of elderly care, the head of catering, the head of strategic development, the chef, the senior lead, the housekeepers, two senior care assistants and four care assistants. Before the inspection we contacted representatives from Redcar and Cleveland Borough Council to seek their views on the service provided.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at lunch time. We looked at six people's care records, staff member's recruitment records, the training chart and training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person said, “I get help getting from my wheelchair into the bath. The girls use the Hoist. There are always two of them and they make sure I am safe.” Another person said, “Yes, I feel safe with the staff, they are wonderful, and they will do anything for you. All you have to do is ask.”

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had undertaken training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. The service had safeguarding policies and procedures in place for recognising and dealing with abuse. Staff said that they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. All members of staff we spoke with were able to speak confidently about the provider’s whistleblowing policy. One care staff member said, “They [provider] include whistleblowing training/advice from the very start. We talk about it in staff meetings and the procedure is up in the staffroom too. I’m at ease to use it – I think we all are.” Another staff member said, “Everyone gets tested on their safeguarding knowledge during supervisions and this always includes a check of their understanding of whistleblowing.”

Staff at the service had worked with other individuals and the local authority to safeguard and protect the welfare of people who used the service. Safeguarding incidents had been reported by either the service or by another agency. Incidents had been investigated and appropriate action taken.

We saw that regular health and safety checks were undertaken by staff. This included testing of water temperatures, checking call alarms were working and checking that fire equipment was in good working order. We saw records of these checks. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire

extinguishers, gas boiler, fire alarm and hoists. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken in October 2014. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

The six care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, falls, skin integrity, nutrition and hydration. This helped to ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. The risk assessments and care plans we looked at had been reviewed and updated regularly.

We saw that the provider had an effective recruitment and selection process to make sure the service employed staff who were fit, suitable and had the appropriate skills and knowledge to work with vulnerable people. During the inspection we looked at the records of eight staff to check that the service’s recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and vulnerable adults. References had been obtained and, where possible, one of which was from the last employer.

We spent time speaking with staff about the staffing levels in the home. We found that senior care assistants and full time care assistants were organised into teams and worked together in the same parts of the home to provide consistency to people. The staff we spoke with were positive about this working arrangement, telling us that it meant they got to know people well and that it comforted people because they could expect to see staff familiar to them. One staff member said, “The way the teams and shifts are organised is a very good idea. It means we have time to plan a few days ahead around the needs of people.” The senior lead told us that there was one senior care assistant and two care assistants on each unit during the day and evening. On a morning from 7:30am until 2:30pm

Is the service safe?

an additional care assistant was on duty to help on where needed on any of the units. At night there was a senior care assistant and a care assistant on each unit. People, relatives and staff that we spoke with during the inspection told us that there was enough staff on duty to ensure that people's needs were met. One person said, "Whenever I need someone they will come straight away and help me."

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and that there was a clear evacuation plan for staff to follow in the event of a fire.

People told us they received all their prescribed medicines on time and when they needed them. One person said, "I took tablets before I ever came in here. I get them brought to me with a glass of water to help them down." Another person said, "I have to take pills because I have heart problems and I had a stroke. It is a good thing the staff sorts them out. I would forget them at times."

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

We saw that medicines were stored in a locked cupboard in the medicine room and the storage area temperature was monitored daily. We looked at four people's medication administration records (MARs) on the dementia unit and saw that medicines had been given in accordance with people's prescriptions. People were prescribed medicines on an 'as required' basis (PRN). We saw that PRN guidelines had been written for these medicines, providing staff with information on when they were needed and how they should be given to maintain the person's safety.

Staff told us that all staff had completed training on administering medicines and that this training was updated regularly. The staff we spoke to were able to describe the medicines used by the people who used the service. We spent time looking at the medication training records of three senior care assistants. We saw that each person had been mentored for their first twelve weeks of employment by the senior lead or registered manager to ensure that they were competent in administering medication. This had included eight observations and spot checks, the completion of a medication workbook and a final competency assessment that included an exam on what to do in various scenarios. The training programme included areas such as legislation on the handling, documentation and disposal of Controlled Drugs and what to do if someone refused their medicine. The senior lead said, "We check the medication competency of new starters very closely. They get a lot of supervision and time to practice and the manager is very responsive if someone needs some extra time to develop their skills." This showed that the provider had systems to ensure staff had the knowledge and skills they needed to help people manage their medicines safely.

Is the service effective?

Our findings

We spoke with people about the service, they told us that they liked the staff and were provided with quality care and support. One person said, “They know what help you need and they do their best for you. I get my legs creamed and help with putting my stockings on for me too. They are very kind.” Another person said, “Oh yes, I get help in all sorts of ways. I have to be helped out of bed in the mornings into my wheelchair, help with getting washed and dressed. I choose what I want to wear though. They do all my washing and bring it back for me ironed.” A relative we spoke with said, “My mother has a shower every day and staff has to do it. They don’t mind at all. I am really grateful for the help she gets. The staff are really so good to her.”

Before the inspection we contacted representatives from Redcar and Cleveland Borough Council to seek their views on the service provided. They said, “The home seems to offer a good service.”

We were shown a chart which detailed training that staff had undertaken. The training chart showed that staff had undertaken training in fire safety, first aid, health and safety, infection control, safeguarding and dementia. Any shortfalls in training had been identified and training had been planned. We spent time talking with staff about their training. All staff we spoke with were positive about their practical training, particularly where this had been delivered at the provider’s dedicated training centre. One staff member said, “We’re all on a three-monthly cycle of training that really keeps us up to date. The manager is very receptive of any training we ask for. I asked for some extra training on medication and they gave it to me really quickly, it makes me feel that we’re supported to do a good job. I especially liked the mental capacity and equality training that helped me to understand what some of the people here are going through and how to look after them better.”

We received mixed feedback from staff regarding the e-Learning training. One member of staff said, “The e-Learning is rubbish, it’s just to get the mandatory training out of the way.” Another staff member said, “I don’t really have a problem with the e-Learning although the practical training is always far better. The e-Learning from Boots for medicines is really good; I think that works very well.” Another senior care assistant said, “The e-Learning is straightforward and we’re given time to do it here. Some of

the mental capacity training is on e-Learning and I do think that would be better if it was more practical, especially with some extra DoLS training for when I have to cover the nursing floor.” Another care staff member said, “Our Mental Capacity Act training is online, it’d be much better if this was delivered practically. At the moment you just get asked a question at the end of it, it’s not comprehensive enough.”

Staff we spoke with during the inspection told us they felt well supported. We looked at staff files and saw that staff received supervision on a regular basis and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw that induction processes were available to support newly recruited staff. We looked at the induction records. We found that staff had undertaken a documented and robust induction process, which had included three days of practical instruction and the completion of a twelve-week initial training programme based on a workbook that was specific to the individuals’ role. For example, senior care staff had received specialist medication training and housekeeping staff had received extra training in the safe handling of chemicals used for cleaning. One staff member said, “The induction was really good – it gave me a really solid start, it made me realise how seriously the provider takes our training.” All of the staff we spoke with had a clear understanding of their role and were able to speak confidently about how they put their training and knowledge into practice. For example, one staff member said, “I’m not new to being in a supervisory role but the induction here really prepared me for leading my team. I’m very lucky that I have such good care staff, this is because the company gives all of us such a thorough start.”

Staff that we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff that we spoke with demonstrated a good understanding of the Act. Senior staff had a good understanding of the principles and their responsibilities in accordance with the MCA. We saw that appropriate documentation was in place for those people who lacked capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was clearly recorded within the person’s care plan.

Is the service effective?

At the time of the inspection, there were some people who used the service who were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff had a good understanding of DoLS.

We looked at the service's three week menu plan. The menus provided a varied selection of meals with an alternative available at each meal time. We spoke with the chef and head of catering who told us that the menus had been looked at to ensure that they were nutritionally balanced. Alternatives were available at each meal time. Staff we spoke with were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition. We saw that people received fortified snacks during the day. We spoke to staff who told us they were concerned about one person who used the service who was losing weight. We saw that staff helped the person to eat chocolate cake and cream to boost their calorie intake. We saw that other people were provided with milk shakes to help maintain their weight.

We observed the lunch time of people on the dementia unit. Lunchtime was relaxed and people told us they enjoyed the food that was provided. Some people who used the service needed help from staff with eating and drinking. We saw that staff were patient and caring when providing this support. We saw that people were offered both a hot and cold drink.

We asked people on all units about the food provided. One person said, "The cook is very good. We have a very good breakfast if we want one, or you can have toast or just a boiled egg if you want. It is up to you. There is always plenty to eat and drink. We get soup or sandwiches and cake at half past twelve then a hot meal later on." Another person said, "I only have toast at breakfast, I can't eat a lot but I do enjoy what I get. There are plenty of vegetables and I like that. We get really nice puddings too. The Custard is lovely. I always sit with two others, and talk."

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. This meant people were supported to maintain their hydration.

We spent time speaking with the head of catering. They told us about a recent project that had greatly improved the quality of food provided to people who needed soft food. This had included using state-of-the-art food moulds and special preparation techniques that enabled soft food to look and taste like their solid alternatives, such as chicken breast, gammon steak and cooked breakfasts. They said, "We worked alongside an NHS dietician and a specialist in the SALT team to get this new soft food just right. We can fortify any of the items as required on-site and all of our chefs have been trained in the dedicated training kitchen. We've had great feedback from staff and people about this new soft menu and I'm passionate about making sure this goes even further so that we can offer people on soft diets as much variety as possible whilst meeting their nutritional needs."

The home's head chef showed us examples of the new soft food items. We saw that they looked like their solid alternatives and that taste quality was very high, with the items' flavours fresh and distinct.

The head of catering told us about another product they were using for those people receiving end of life care. This product turned fluids into foam. Ordinarily when people were receiving end of life care their mouth would be kept fresh with a moist sponge. The new product they were trying meant that people could have foam put into their mouth and it would melt away without leaving any liquid. The foam was flavoured which meant that people would be left with a nice taste in their mouth. Records looked at during the inspection showed that the provider had arranged tasting sessions for families and health care professionals in another service within the organisation and found feedback to be positive.

Staff informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person who used the service said, "I was not well a few weeks ago. My doctor was called in and I got some antibiotics from her. My chest cleared up,

Is the service effective?

but it took a couple of weeks.” Another person said, “The nurse comes in to dress my leg. I have ulcers and they are looked after.” A relative we spoke with said, “When mum has been unwell we are told straight away by staff. Mum has a good doctor and she does call to see her.” From looking at care plans we saw that staff had a proactive approach to involving and documenting the input of multidisciplinary health teams when needed. Staff had

used the advice of medical staff to discuss people’s care needs with them and we saw that people were encouraged to be independent. For example, a person who had been shown how to apply their own moisturising cream to their hands had been given extra instruction when a skin condition worsened. Staff were able to make sure the person remained able to self-administer the cream after being shown how to apply it more thoroughly by their GP.

Is the service caring?

Our findings

People who used the service told us that they were happy with the care and service provided. One person said, "From coming in, I have been met with kindness. You only have to ask and they will do anything they possibly can for you. Yes when they bath me they keep me covered over as much as they can. It keeps you a bit more private." A relative we spoke with said, "They are great in here I have no worries at all."

During the inspection we sat in communal areas so that we could see both staff and people who used the service. We saw that staff had a good understanding of each person's personality, likes and dislikes. We saw that a one staff member sat with a person who used the service to discuss the book they were reading. We spoke with the member of staff about this. They told us that they shared a love of the same book series with the person and so they would often swap books and then talk about them. We saw that the person enjoyed this one-to-one time and that it was evidence of personalised care that made them feel happy and content. We asked the person about this. They said, "Oh yes, this is a lovely place to live. One of the staff goes out to the local bookshops to pick up copies of this series that might be hard to find. I love talking about them to [member of staff]; she's always got time for me." The member of staff told us, "I know all of the people and their relatives. I'm passionate about the people who live here; everything we do is for them."

We saw that staff were kind, caring and considerate. We saw that staff were reassuring when providing assistance to people. For example, some people who used the service needed to use the hoist to transfer. When using the hoist staff clearly told people what they were doing and what people should expect. Staff ensured that the person's dignity was maintained when moving them from one place to another.

We saw that staff interacted well with people and were respectful. Staff were patient when speaking with people and took time to make sure that people understood what was being said. We saw that staff were affectionate with people and provided them with the support they needed. We saw that staff explained what they were doing and were encouraging and chatty. Staff made sure that people were safe and comfortable.

Staff treated people with dignity and respect. Staff were attentive to people who used the service. Staff told us how they respected people's privacy. They told us how they always knocked on people's doors before entering and ensuring that they called people by their preferred name. They told us how they respected people as individuals and decisions that they made. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

There were many occasions during the day where staff and people who used the service engaged in conversation, general banter and laughed. We observed staff speak with people in a friendly and courteous manner. We saw that staff were discreet when speaking to people about their personal care. This demonstrated that people were treated with dignity and respect.

Staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time.

We saw that people were encouraged and supported with decision making throughout the day. People made decisions about food, clothes, activities and how they wanted to spend their day.

People told us that visits from family were encouraged and welcomed at any time.

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. There was a lockable drawer in bedrooms for people to store any personal items. One person said, "I have a key but I never use it. I have a drawer over there and I keep things in that. So I know where they are."

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

The service employed an activity co-ordinator to plan and arrange activities, entertainment and outings for people who used the service. People told us that there was a plentiful supply of activities. One person said, "I like the sea front when it is warm, but the cold wind spoils it at times. In the summer it is lovely." Another person said, "We watch pictures from the War. It is nice. I remember the things that went on." Another person said, "It is nice to be in the garden when we can." Staff told us about the activities such as arts and crafts, quizzes and trips out that took place on a daily basis. One person who used the service said, "I like to get out in the bus. It's nice to get some fresh air." One the day of the inspection some people from the dementia unit enjoyed a trip out to Saltburn. Staff told us that people had enjoyed other trips to garden centres, pubs, Coulby Newham, Saltburn and Middlesbrough. On a Tuesday some people who used the service visit the local church for a coffee morning. People told us that they enjoyed the entertainers that came into the home on a regular basis.

The home had a tuck shop which was well stocked with toiletries, sweets, magazines, tissues, cards and rinks amongst other things. People told us how they enjoyed being able purchase goods for themselves on a daily basis.

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. During the inspection we reviewed the care records of six people who used the service. We found that these were personalised and focused on the individual needs, wants and likes of each person. For example, each person had a comprehensive pre-admission assessment that had been completed before they used the service. The assessments had included gathering information on the person's cognitive ability, family, communication and their likes and dislikes. This meant that staff were able to understand each person's personality and important personal details before they moved in. Each person also had a section in their care plan titled 'My personality – what makes me distinct from others?' These documents had been completed by people

with the support of staff and were used to document significant life events such as having children, special holidays or getting married. They also included information to help staff understand their daily needs, such as their favourite newspaper, music and what their hobbies were. We spoke with a staff member about care plans. They said, "The personal histories in the care plans are great, they're what I studied when I started to work here so I could build relationships with people. Just little things like how someone likes to be spoken to or how they want to be treated when they're feeling happy or sad is really helpful."

We found that each person had a monthly review of their dependency needs, which helped staff to provide the most appropriate level of support to them. For instance, people were assessed on their ability to feed themselves safely and on their ability to maintain safe oral hygiene. Staff also noted any changes in a person's mood, sociability or memory. This meant that staff were able to provide person-centred care that was tailored to each individual because they maintained an effective system that monitored people's needs.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person we spoke with said, "No complaints. 'I would be telling a lie if I made a complaint about anything. I am very well looked after. They go out of their way to help you.'" Another person said, "It is as it should be. If you need any help then they help you. I would know how to make a complaint, but I have never had the need."

Discussion with the operations manager confirmed that any concerns or complaints were taken seriously. We looked at records which indicated that complaints had been dealt with promptly and appropriately. We saw that the service kept a record of compliments. We looked at a compliment received from the family of a person who had received respite care it stated, 'She [person who used the service] made some lovely friends.' They also said, 'We have absolute confidence in the service you provide.'

Is the service well-led?

Our findings

People who used the service, relatives and staff that we spoke with during the inspection spoke highly of the registered manager. They told us that they thought the home was well led. In our conversations with staff, each individual was keen to talk to us about how positive they felt about working in the service. One staff member said, "As a new member of staff it's been a really positive experience. I've never been made to feel like an outsider or that there are cliques here, it's been very welcoming." Another staff member said, "This is a friendly place to work – there are no cliques, if you have a problem then the manager is there to go to, we can always go and see her." In all cases staff were positive about their relationship with the management team. One staff member we spoke with said, "They [managers] really give you the space to grow and develop here. Look at this display of thank you cards – they let me put this together myself because I could tell them why it was a good idea. They're like that; they listen to you and give you respect."

Staff told us that they felt valued and supported by the registered manager and operations manager. Staff told us that management were proactive in their support and approach. They complimented the operations manager and told us that they visited the home on a regular basis to provide support and guidance.

One person who used the service said, "The manager is very nice; she knows us well enough and is always kind and asks after us." A relative we spoke with said, "I think the manager is very good. I am kept fully informed about my father, if there are any concerns at all, I get a phone call. It is very reassuring."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

The management team demonstrated an understanding of the principles of quality assurance. They recognised best practice and developed the service to improve outcomes for people.

The operations manager told us of various checks that were carried out on the environment, infection control, care records, medicines, care and health and safety. We saw records to confirm that this was the case.

The operations manager was able to describe the system they had in place to monitor accidents and incidents. This included a regular review of accidents and incidents at the service. This system helped to ensure that any trends in accidents and incidents could be highlighted and action taken to reduce any identified risks.

Records showed that the operations manager carried out a monthly visit to the service to talk to staff and people who used the service and check the quality of service provided. We saw that unannounced visits to the service took place during the night to check on staff, care and service provided.

We saw records to confirm that staff meetings had taken place on a regular basis. We saw that the last staff meeting had taken place in March 2015 and that a housekeeping meeting had taken place in April 2015. Staff told us that meetings provided staff with an opportunity to share their views.

Meetings for people who used the service had taken place on a regular basis. We saw that a meeting had taken place in October 2014, February and March 2015.

We spoke to the head of strategic development about the arrangements for obtaining feedback from people who used the service and their relatives. They told us that satisfaction surveys were used to gather feedback. We saw that a satisfaction survey for people who used the service had been undertaken in March 2014 and that the response rate was 57% of people. The results of the service showed that the vast majority of people were very happy with the care and service received. In addition employees and visiting professionals were also asked to participate in surveys (employees November 2014) and professionals March 2015) The results of surveys were positive.

In addition to the above, the provider had also signed up for a survey to be conducted by a market research organisation, Ipsos MORI. The survey undertaken during 2014 provided people who used the service to provide feedback via an independent and confidential survey. A total of 47 responses were received from people who used the service. The survey asked people about staff and care which included staff kindness and showing respect and dignity. People who used the service scored 893 out of 1000. People scored home comforts 886 out of 1000 which

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was about quality and choice of food and laundry including cleanliness. Choice and having a say scored 863 out of 1000 and for quality of life people scored 954 out of 1000.