Croftwood Care Ltd

Hourigan House Residential Care Home

Inspection report

Myrtle Avenue
Leigh
Wigan
Greater Manchester
WN7 5QU

Tel: 01942672922

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01 September 2016

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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

Summary of findings

Overall summary

This comprehensive inspection took place on 30 August and 01 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

We last inspected the home on 13 September 2013, when we found the service to be compliant with all the regulations we assessed at that time.

Hourigan House is situated in the centre of a residential area of Leigh. The home is registered to provide care and support for up to 40 people. The bedrooms are single occupancy and a number of the bedrooms have en-suite facilities. Bedrooms are located across two floors and are accessible by a lift. At the time of the inspection, there were 37 people living at Hourigan House.

At the time of our visit there was a registered manager 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.

All the people we spoke with told us they felt safe living at the home. We saw appropriate risk assessments were in place and support plans had been developed to meet people's individual needs and preferences.

The home had sufficient numbers of staff deployed which were formally calculated based on people's dependencies. The recruitment process was robust and there were appropriate safeguarding policies and procedures in place to maintain people's safety.

The management of medications promoted people's safety. Appropriate arrangements were in place to ensure that medicines had been ordered, stored and administered appropriately.

Members of staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff understood their roles and responsibilities. Staff were supported by management to maintain and develop their skills and knowledge through ongoing support and regular training. The staff liaised with a range of health care professionals to ensure that care and support to people was well coordinated and appropriate.

The manager and staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The experiences of people who lived at Hourigan House were positive. People were treated with kindness and compassion and people's privacy and dignity was respected. People were involved in their care planning and the care and support they received was personalised and staff respected their wishes and met their needs.

People led busy and fulfilled lives. The activities coordinator was motivated to ensure everybody's needs were catered for and we saw a varied activities programme was on offer. People spoke highly of their experiences and that they wouldn't hesitate to recommend the home to other people that were considering a care home.

People knew how to make a complaint and these were responded to within the timescales indicated in the policy. We saw the home had received a lot of compliments and appreciation for the care provided.

A range of audits were undertaken to help monitor and improve the quality and safety of the service. We saw actions were implemented timely following any deficits identified. Management understood their legal requirements and notifications had been submitted to CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People we spoke with told us they felt safe living at Hourigan House.

The home's staffing levels were determined using a dependency tool and we saw sufficient numbers of staff effectively deployed to meet people's needs.

Processes and systems in place ensured people's medicines were managed safely.

Is the service effective?

Good

The service was effective.

We received positive feedback from people living at the home regarding the quality of the food and we saw people's nutritional needs were monitored closely.

Staff told us they received training relevant to their role and had regular supervision.

Staff understood the importance of obtaining consent and supported people's rights under the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People and staff spoke fondly of each other and we saw people were treated with kindness, compassion and respect.

People's dignity was maintained and their independence promoted.

People's care was planned in conjunction with them and their end of life wishes were explored and actioned.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's choices and their preferences were taken into account by staff providing care and support.

There was a variety of activities scheduled and people were actively encouraged to participate.

A complaints procedure was in place and we saw complaints had been responded to in the required timeframe. The home had received 20 compliments since our last inspection.

Is the service well-led?

Good

The service was well-led.

The culture was open and inclusive. The manager was visible and people spoke positively of the leadership and the care provided at the home.

Audits were in place to assess the quality of the service and drive improvements.

Meetings were conducted regularly with people and staff to elicit feedback regarding the quality of the services provided.

Hourigan House Residential 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.

The inspection was carried out on 30 August and 01 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector from CQC (Care Quality Commission).

Throughout the day, we observed care and treatment being delivered in communal lounges and dining areas. We also looked at the kitchen, bathrooms and external grounds. We asked people for their views about the services and facilities provided. During our inspection we spoke with the following people:

- Eight people that lived at the home.
- Two visiting relatives.
- Nine members of staff, which included; the registered manager, deputy manager, care team leader, senior care staff, care staff, cook, activities coordinator and the administrator.

We looked at documentation including:
- Five care files and associated documentation
- Five staff records including recruitment, training and supervision.
- Five Medication Administration Records (MAR)
- Audits and quality assurance documentation.
- Variety of policies and procedures
- Safety and maintenance certification

Before the inspection we reviewed the information we held about the service. This included notifications

regarding safeguarding and incidents, which the provider had informed us about. A notification is information about important events, which the service is required to send us by law. We also looked at the Provider Information Return (PIR), which we had requested the registered manager complete prior to conducting the inspection. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

We liaised with the local authority and local commissioning teams and we reviewed previous inspection reports and other information we held about the service.

Good

Is the service safe?

Our findings

Without exception, people we spoke to told us they felt safe living at the home. Comments from people included; "I feel safe living here. Every now and then somebody might go in to your room but no harm is meant. The person just doesn't know any different." "I feel safe here. I can't find any fault." "I definitely feel safe. Everywhere is locked up at night." "I feel safe. I was terrified in my own house. I didn't know who was knocking at the door. Best move I made was coming here."
A relative told us; "[Person] is safe. I have complete peace of mind. [Person] needs support when they go out and staff provide it."

We saw staffing levels were sufficient on the day of the inspection to meet people's needs in a timely way. A person living at the home told us; "There is always enough staff around. If I press the alarm they come quick and they are always popping in to my room to check that I'm okay and offer me a drink. You don't get a chance to get thirsty. They replenish your cup."

We found staffing levels were determined using a formal method to calculate the care hours needed to meet people's needs. We saw a care staff member and a care team leader identified people's dependency, which was then inputted into a tool that calculated the care hours needed to effectively meet the needs of people living at the home. We looked at the previous three months duty rota and these consistently demonstrated there was sufficient staff deployed to meet people's needs.

We looked at five staff personnel files and found robust recruitment checks were completed before new staff commenced working at the home. The files included; application forms, interview questions, proof of identity and references. There were Disclosure and Barring Service (DBS) checks undertaken to determine that staff were of suitable character to work with vulnerable people.

There was an up to date safeguarding and whistleblowing policy and procedure in place. We saw the home had; 'see something, say something' posters displayed in communal areas, with identified people to contact if somebody living at the home, visiting the home or staff had a concern. The contacts included the home management, area manager and outside contacts such as the local authority and CQC.

All the staff we spoke with were confident that the provider would take safeguarding matters seriously. Staff demonstrated a good understanding of how to recognise signs of abuse and neglect. Staff were able to describe different types of abuse and the procedure to follow if it was suspected a person living at the home was a victim of abuse. Staff told us; "We've done training but we continue to discuss it during supervision and team meetings. Abuse could be absolutely anything, done by anybody; staff, family or another person. It could be about care, finances, how people are spoken too. I'd discuss it with whoever was in charge when I had the concern. If they didn't do anything straight away, I'd get on to the council myself." "Safeguarding could be institutional abuse, getting people up because it suits the staff. We know here that we work in people's home; they don't live in our work place. People should do what they want, when they want and we are here to make sure all their needs are met. I'd have no issue with reporting a concern to the manager or the person's social worker. I'd rather find out that it was nothing to be concerned about than that I'd done

nothing and it was something. The management all encourage that view."

We found people had appropriate risk assessments in place and care plans were devised detailing guidance for staff to mitigate the risks. These covered areas such as; cognition, mobility, communication, mood and behaviour, continence, personal care, nutrition/hydration, sleep, medication and skin. We saw people's risk assessments were comprehensive and actions taken were clearly identified to mitigate the risk of future re-occurrence. For example; one person at risk of falls had a falls risk assessment in place that identified the person would not wear their glasses and their poor vision was a contributory factor to their falls. As a result staff would support the person when mobilising further distances to reduce the chance of a fall occurring.

We saw the management had commenced completing individual personal emergency evacuation plans (PEEP's) for people, that detailed people's mobility and support needs in the event of an evacuation. However, we noted that not everybody living at the home had a PEEP in place which we identified with the registered manager. The deputy manager emailed us to confirm that the remaining PEEP's had been completed following the inspection visit.

There was a record of incidents maintained which detailed the incident, along with the cause and detail of any immediate and subsequent action that had been taken to minimise further risk. For example; if a person had been found on the floor an analysis of the incident had been undertaken which considered contributory factors such as the environment, lighting and so on. Observations of the person were conducted to maintain their safety and referrals were made to appropriate services when required.

We observed medicines being administered; spoke with the care team leader who was responsible for administering medication and spoke with eight people living at the home to ascertain whether they received their medications on time. We found medicines were administered and recorded correctly. We saw all medicines were given as prescribed and there was sufficient time between administration and food consumption to enable medicines to be absorbed and maintain efficacy.

We saw the medication administration records (MAR) were kept in individual folders, which displayed a picture of the person. The medication was in blister packs and stored with the folder in a locked trolley in a locked room. We saw all the MAR had been completed correctly and there were no omissions of the staff signatures. People's allergies were recorded in their care files and staff were able to identify who had an allergy and where this information was documented. We recommended that this information was also contained with the MAR as per national guidance.

Medicines were organised and there was a sufficient supply of medication available to ensure people received their medicines as prescribed. When medicines were not administered, for example when a person refused, the documentation reflected this. We found all the care workers responsible for administering medication had received training and we saw there was always a trained member of staff on duty to administer medicines.

Good

Is the service effective?

Our findings

We asked people living at the home for their impressions about the quality of the food provided. People told us; "Food is good and we get lots to eat." "The food is lovely. I like the fish fingers and we are having that tonight. We always get three choices. I think we get a good variety. The puddings are lovely." "The food is nice and we get plenty of it. I've put a bit of weight on." "The meals are good. Full dinners, puddings all sorts. We get a lot of choice. If there is nothing I like, they offer to make you something else." "I can't grumble about the food. You get choices and lots of different things to eat." A relative said; "I've no concerns with [person's] eating. They've put weight on."

We observed the breakfast and lunchtime meal experience. The tables were nicely set and condiments were available on the table. We saw the mealtime was a sociable time, people chose were to sit and people were engaged in conversation with people on their tables. People were offered a tabard to protect their clothes and staff obtained people's consent before putting them on.

The food was nicely presented and the meal was not rushed. We saw people were offered a variety of breakfast options; cereals, toast, cooked breakfast, beans on toast and cheese on toast. Lunch was salmon with a salad garnish and bread and butter. There were a variety of dessert options; chocolate, vanilla, upside down cake and ice cream. Tea and coffee was served in individual stainless steel tea pots with a milk jug and sugar bowl. People were offered refreshments throughout the day and fruit and biscuits as additional snacks.

We saw people's weights were closely monitored. Staff told us people's weights were recorded weekly or monthly depending on people's nutritional needs. The records we reviewed showed weights were completed consistently and that staff were responsive to people's changing needs. We saw one person had been referred to the community dieticians and a food and fluid chart had been implemented in the interim due to their gradual but consistent weight loss. Alternatively, we also saw that a person had gained a significant amount of weight and the staff had referred the person to the GP in case this was due to water retention. The GP had no concerns regarding [person's] health and indicated that [person] was evidently enjoying their food.

We saw further evidence of involvement with health professionals recorded in people's files. This included visits from the memory service, occupational therapist, opticians, podiatrists, continence team, audiology and speech and language therapists (SALTS). A relative told us; "I've no concerns with any health issues. They address things and call the required professional when needed."

We saw in each person's file a booklet entitled 'Transfer to Hospital form'. This contained clear information on people's health and social care needs to be passed to the hospital should an admission occur. This would promote consistency of care between services and provided hospital staff a 'snap shot' of a person's needs during the initial stage of admission.

We looked to see how new staff were inducted in to the home and at ongoing staff training, supervision and

appraisals, to see if staff were appropriately supported to undertake their role.

We found the staff induction programme for new starters was robust. The service followed nationally recognised 'Common Induction Standards' through the Skills for Care Framework. By following the common induction standards, new starters were provided with key information about their role as a care worker. This also included topics for personal development, safeguarding and person-centred care planning. New starters also received regular supervision and were required to complete a six month probationary period.

The staff we spoke with during the inspection told us they received appropriate training and support to undertake their role. We reviewed the training matrix, which showed staff had completed training in; moving and handling, infection control, food hygiene, fire safety, medicines, safeguarding, first aid and dementia. Senior staff had also completed further dementia training, MCA, DoLS and falls team training. Supervision was completed quarterly and covered staff issues, training and development, policies and procedures and information sharing. Staff had received an annual appraisal of their work.

Staff told us; "There is always something new so it does feel like we are always doing some form of training." "We do a lot of training. I've also done my level 2 in dementia and health and social care. I'm about to start my level 3. We have supervision but you could approach the management anytime if you needed support outside of supervision." "I feel very supported, there is also additional training that we are encouraged to do."

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

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

We asked people whether they were unduly restricted or discouraged from going out unaccompanied. People told us; "I come and go as I please. I let staff know that I'm going out because it's better that they know who is in or out in case of an emergency. I'm not prevented from going out though." "I'm always going out. I'm off to the pub in a bit." "I don't go out because there is nothing to go out for."

We observed staff seeking consent from people before providing care or support. For example, when administering medication. Staff told us they would always ask people for their consent before providing care and if a person declined then they would approach the person at a different time or ask another member of staff to approach the person if they had a better rapport with them. Staff told us they worked with people to maintain their autonomy and respected their choices.

We saw mental capacity assessments had been completed appropriately for people that were deemed not to have capacity to consent to their care and treatment. Restrictive practice screening tools had been completed identifying the restrictions and applications made to the local authority based on this information. We saw the registered manager had devised a matrix to monitor applications so that timely resubmissions could be made to the local authority. Staff were able to identify the people that were subject

to DoLS and those people awaiting authorisation. A staff member told us; "I wish we had a secure garden and then people who were subject to DoLS still had some independence to could come and go as they pleased. We have a person without capacity and although we have submitted an application to the LA, the person has not yet been assessed. We are stopping them from going out because it is in their best interest as they wouldn't be safe. If they had a garden they could go in, I'm sure it would be easier for them and us." We saw this person was frequently accommodated by different staff members to go out of the front door and to sit at the front of the home on a chair. We observed this occurring on numerous occasions throughout the inspection and felt it placed a further pressure on staff to accommodate this when a fenced garden would enable people living at the home to achieve this autonomously.

We observed Hourigan House was set within extensive grounds but at the time of the inspection there was no outdoor area that people could access and sit independently. We saw there were some adaptions to the environment, which included some pictorial signs on the doors but the corridors were difficult to distinguish and we provided feedback to the management that the communal areas were not representative of the people living at the home. Prior to us leaving, the management and staff had started to discuss named and themed corridors and how to engage people living at the home in art projects to display throughout the home which would orientate people and support them to connect with their environment.

We saw that the home had five lounges on the ground floor and a lounge upstairs that family members indicated they liked to use when visiting their relative. People and their relatives told us they always found the home to be clean and well maintained. We noted the shower was not working at the time of the inspection due to a faulty thermostat but the maintenance engineer attended the home during the inspection to address this. There was also a bath out of use on the ground floor but there was another bath available on the ground floor and a bath available on the first floor that were in working order for people to use.

Good

Is the service caring?

Our findings

We asked people living at Hourigan House for their overall impression of the home and the service received. People told us; "It's very nice." "It's lovely here. I'm so glad that I came here. This is my home now." "It's very nice here. I can't call it at all. It's a nice place to be and they really do look after you." "I love it here. Everybody is courteous." "I'm so happy here. It is the best move that I ever made." "I feel very lucky. I didn't do much research and I've got a good place. I worked in care all my life and I can't find any fault here."

Relatives told us; "It's a lovely home this. It really is. I know the comparison. I've had poor experiences before with a couple of homes so I know the difference. I've been in [name] home and it was terrible." The relative identified a home that has been rated as inadequate by CQC and is currently in special measures.

Without exception, we received positive feedback regarding the care staff. People told us; "The staff are great, all very kind. The staff have been nice every time I have stayed here." "The staff are absolutely fantastic. They really are lovely. I couldn't fault any of them." "They're lovely girls. Very nice but you can tell that can't you?" "Nice, pleasant, happy carers. Everybody is so pleasant." "The staff are so good. Very kind. You won't hear a bad word from me about the staff here." Relative comments included; "The staff are so friendly and helpful. Nothing is too much trouble. There are no prescriptive visiting times. I like that." "Staff are very nice. They are really friendly."

We found the staff were friendly and engaging which made for a relaxed and warm atmosphere. Staff were visible throughout the inspection and expressed being proud of the care they provided. Staff spoke with fondness about people and it was evident reciprocated bonds had formed between staff and people living at the home. We saw appropriate displays of affection between staff and people throughout our visit. For example, staff and people holding hands, people stroking the back of the care staff hands, hugging, and staff with their arms around people. Staff displayed a good understanding of people's needs. We observed a staff member comfort a person who was overcome with emotion and left the room during the sing along. The staff member asked the person if they were "happy tears" which the person confirmed they were and voiced that they had occurred as a result of the song triggering a fond memory. The staff member stayed with the person, gently rubbing their back as they recounted the memory. The staff member then disclosed songs that made them feel emotional and the person and staff member both burst out laughing.

We saw staff were polite and responded positively to requests from people requiring support. A staff member told us; "We have a sign hung up which says; We work in people's home. They don't live in our workplace and that's true. We all abide to that mantra." All the staff we spoke with told us they wouldn't hesitate to recommend Hourigan House to their friends and family if they required care.

People were treated with dignity and respect. People told us staff were kind and considerate when supporting personal care and always ensured windows and curtains were closed. We saw people's independence was promoted and staff told us further examples of how they achieved this to maintain people's skills. Staff told us; "We encourage people. Some people can't manage long distances but they can walk short distances and just need us at the side of them to give them confidence." "People tend to wash

their own teeth and can manage some personal care themselves. We're just there to support things that people can't do."

People and their relatives told us they felt involved in planning their care. A person told us; "I used to be a carer. The staff speak to me about my care needs so I do feel involved. They include me so they know what works for me." We saw people's communication and support needs were well documented in their care files. Initial assessments captured people's communication needs and this was well documented throughout people's support plans. We saw throughout the inspection that people that were identified as requiring glasses were wearing them and those that required hearing aids had them in. People confirmed staff were vigilant at ensuring their needs were met.

At the time of the inspection there was nobody in receipt of end of life care. However, we saw staff had discussed people's end of life wishes and support plans had been developed to capture people's wishes. We saw this had been discussed in conjunction with family members and the relevant services had been contacted to ensure things had been appropriately actioned, in order to enable people's wishes to be facilitated when the time came.

Good

Is the service responsive?

Our findings

Without exception people told us the staff were responsive to their needs and respected their choices and routines. People's comments included; "The home is responsive to my needs. Staff let me do what I want, when I want. I have the flexibility of coming in to the home when I need and then I go home again." "We are really well looked after. I do everything that I want, go to bed, eat, shower, watch television or join in things. They really cater for us very well." "Well, I'd say so. I have hearing aids and the staff always make sure that I've got them in." "Oh yes. I feel waited on." "It's nice to be looked after." "I get my paper daily. Staff sorted that for me and I wouldn't want to be without the paper." "I go to bed when I want and I get up when I want." "I like a lie in and the staff know that so they don't come in to clean my room or disturb me before I surface." A relative said; "They definitely meet [person's] needs. They keep me involved and ask me things."

People and their relatives told us that an initial assessment had been conducted to ascertain their needs could be met prior to them moving in to the home. Staff visited people in their own home and invited them to spend time at Hourigan House to see whether they liked the home before committing to the move. A person told us; "I wasn't sure about coming in to home but my GP recommended this one. I looked around, chatted to the staff and made the decision to move."
A relative said; "We visited the home and a member of the team visited [person] at home. They asked us all about [person], likes, dislikes and what [person] liked to do. They really know [person] well."

Care files were organised and important information could easily be extracted to meet people's individual needs. Care files included information about people's background, family, working life, favourite places, hobbies, interests, religion and spiritual needs. We saw that people's choices were respected and care was developed in conjunction with them to meet their individual preferences. This included information on mobility support, activity preferences, people's social histories, sleep, dressing and personal preferences and getting out and about. There was also a summary assessment outlining people's support needs at the front of the care file, which would provide a quick and accessible overview of how to meet people's needs.

A relative told us that the staff were flexible and ensured their relatives religious needs were met. They told us; "Once a fortnight, the staff clear a room so that [person] and whoever else is catholic can receive communion. They just accommodate us as soon as we turn up."

A person living at the home told us how they had wanted to move back to their birthplace. The person had pictures of a care home on their wall which we confirmed with the person was a home in their birth town that staff had taken them to look around. Staff told us they had put the pictures on the bedroom wall so that [person] was familiar with the home before they visited. Staff had accompanied [person] to the home to look around and person told us; "I wanted to move area to my birth place. Staff took me to look at a home there. It wasn't nice though in comparison to here. That has changed my mind about moving there."

We received positive comments from people and their relatives regarding the social programme and activities scheduled at the home. People's comments included; "The activities are really good. There is something going on every day." "There's always something going on. I go to the club with them. I like having

a game of bowls, bingo and a couple of pints." "The trips out are great. I've done a few now and I really enjoy them." "The activities are brilliant. The choir and entertainers are my favourite." Relatives said; "The activities and outings are brilliant. [Person] has been on a barge trip and enjoyed the meal out. They are looking forward to seeing the Houghton Weavers and they like going to the Subby club." "There are lots of different things going on. I feel it is enough to keep people occupied."

Chair exercises were conducted daily to promote people's movement. On the first day of the inspection, we saw eight people participating in chair exercises. People were engaged, laughing and singing along to the music. The activities coordinator motivated people to participate based upon their individual ability. Throughout the inspection we heard singing, games, poems, readings and people being engaged in social activity. The hairdresser came once a week and the activities coordinator had a trolley shop which was taken round once a week selling chocolate, crisps, wipes, deodorant, shower gels, tissues and boxes of chocolates to enable people that were reluctant to go to the shops to purchase things independently of their families and staff.

We spoke to the activities coordinator who was creative in raising money for the activity fund and arranging entertainers. The activities coordinator had scheduled activities that had involved their own family members contributing to an entertainment evening. This included being DJ's or manning the Karaoke to enable all funds raised to go back in to the activity fund for the people living at the home. The activities coordinator and all the staff spoken with demonstrated a commitment to people feeling fulfilled and enjoying their time at Hourigan House. Activities that were scheduled included; entertainers visiting the home, choir, singing, tenpin bowling, reminiscence, gospel choir, dogs for the blind. People were supported to the subby club monthly which involved drinks, raffle, bowls and entertainment. Fetes were scheduled and trips out based on people's interests.

There was an appropriate complaints policy and procedure in place. We saw the complaints process displayed in communal areas as a prompt to people should they wished to submit a complaint. People and their relatives confirmed that they were aware of the complaints process but told us that they had not had cause for complaint. People told us; "I've never had to make a complaint. I've nothing to complain about. If I did, I wouldn't be worried to make a complaint. I'd be straight down to that office." "I haven't had a complaint. If I've ever been unhappy about anything or needed something sorting, I just go to the office. They've put it right. That's common sense." Relatives told us; "I've not had a complaint. I'm confident to tell the manager if I had an issue."
"It wasn't a complaint as such. I just asked for a laundry basket for [person] and they put one in room. The management are very keen that you let them know any concerns that you have so that they can address the problem. Anything I've raised has been minor and been sorted. The only thing I can think I would change is the car park. They'd benefit from it being bigger."

We saw a complaint submitted by a family member which had identified that there was a lack of outdoor space for people to frequent independently. The registered manager had met with the family within two days of this being submitted to discuss. We also saw that the staff had received 20 compliments since our last inspection. Some of the comments from the compliments received included; "Thank you, you have always treated [person] with great care, love and compassion. You made things bearable to watch [person's] decline because they were cared for in a loving, happy environment." "Every single one of you are simply the best. Thank you for being my friends and making me feel so welcome." "Wonderful staff, we can never thank you enough for all your love and kindness." "We could not have wished for better care." "A massive than you to you all. You succeeded in succeeding where we as a family we couldn't and gave [person] confidence to go on the trip which they have thoroughly enjoyed. We have loved hearing about it." "How do we express in a few words the gratitude we feel for you all. When we couldn't be there you made sure [person] received

genuine love, compassion, lots of hugs and affection. This never faltered. You became [person's] second family and ours. God bless you all, you will be missed.

Good

Is the service well-led?

Our findings

There was a registered manager 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.

The home had an established registered manager who had been in post for several years. The registered manager was directly supported by a deputy manager. The management were knowledgeable about people's needs and familiar to people living at the home. This was reflected in the positive feedback we received when we asked people and their relatives whether they would recommend the home to others. People's comments included; "I would recommend this home to others. Everybody is very nice and I am made to feel very comfortable here." "This is a good home. It's now my home. I would definitely recommend it to others." "I'd recommend this home. I'd been here quite a few times for respite and really liked it. I've told people, if you need to go in to a home. Come here. You'll not find better." "I'd recommend the home. I'd only heard good things about it before I came which is why I chose here. I'd tell other people the same."

Relatives told us; "I'm always recommending this home. I know the manager and I can speak to them anytime. Nothings ever any trouble. I hadn't told them that I was coming today to take [person] out and when I arrived, they looked great and it's no problem that we went out." "I would recommend this place to others. It feels like a home. [Person] settled in really quickly and has been much happier since coming here."

Staff told us they worked well together as a team and said they received the support they needed from management to perform their role effectively. Staff were complimentary about the management and told us; "The registered manager is genuinely there for you. Their door is always open. They are supportive and you can go to them anytime." "The management and area manager are all approachable. I left the home to work elsewhere but I returned within a week. We have a good team here." "Everybody gets on really well and just wants the best for people. We are involved through regular team meetings etc."

We saw an annual satisfaction survey had been sent to staff and the analysis of results showed a variation across the staff team regarding how satisfied they were working at the home. In response to this outcome, the management had introduced an 'employee of the month' which involved staff nominating a member of staff explaining why they deserved the award. Management had received a mixed response to this initiative with staff not nominating a staff member some months.

We looked at the minutes of recent team meetings which had taken place. Team meetings were conducted with care team leaders, care staff, cooks and domestics separately so the agenda of the meeting was relevant to the staff in attendance. This showed that staff had an opportunity to contribute to the agenda and information was being shared with everyone involved in the operation of the home.

There was a business continuity plan which contained information regarding what

action to take as a result of an unforeseen event such as loss of utilities supply, adverse weather conditions, fire and flood. The plan included contact numbers for relevant persons and suppliers and a 'recovery action plan.

The home had a maintenance man that was on site Monday to Friday to undertake regular maintenance checks and action repairs. People and staff spoke highly of the maintenance man and we saw that they had a good rapport with staff and people living at the home. The maintenance man went out of their way to ensure things were running effectively when they left for the weekend. They had also been known to come in at the weekend if an unforeseen repair had arisen, to ensure staff weren't left struggling and people's needs could be met.

We saw a full range of policies and procedures available in electronic and hard copy.
These covered all areas of care provision as well as providing specific guidance and safe systems of working in relation to use of equipment.

The culture of the home was open and transparent. Staff and management sought people and their relative's feedback through regular meetings and there was a suggestion box in the foyer of the home encouraging regular feedback. A resident satisfaction survey had been sent which was in the process of being analysed to drive improvements.

The home had effective systems in place for quality assurance and audit. The management completed regular audits in a number of areas which included; life plans, medicines management, accidents and incidents, staff competency, infection control and quality assurance. Action plans were generated from these audits which we saw had been completed. The area manager also completed further audits to ensure issues were identified and actioned. The registered managers who worked for the Croftwood group had also started to complete audits of an alternative home within the group to encourage further transparency and learning across the homes.

Accident and incident forms were completed correctly and included the action taken to resolve the issue. Where necessary the required corresponding statutory notification form had been sent to CQC. The management appropriately submitted Statutory Notifications to the Care Quality Commission (CQC) as required and had notified the CQC of all significant events, which had occurred in line with their legal responsibilities.