Country Court Care Homes Limited

Abbey Grange Nursing Home

Inspection report

Cammell Road
Firth Park
Sheffield
South Yorkshire
S5 6UU

Tel: 01142560046
Website: www.countrycourtcare.com

Date of inspection visit:
15 August 2016

Date of publication:
21 September 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Abbey Grange is a care home which is registered to provide accommodation and personal care for up to 74 older people who may have nursing and dementia care needs. The home is purpose built and was registered in 2013. On the day of our inspection there were 72 people living in the home.

This inspection took place on 15 August 2016 and was unannounced. This meant prior to the inspection people were not aware we were inspecting the service on that day.

There was a new manager at the service who had recently been employed and was in the process of registering with CQC. 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.

We last inspected Abbey Grange on 2 December 2013 and found that the service was meeting the requirements of the regulations we reviewed at that time.

People who used the service, their relatives and staff told us staffing numbers were not always sufficient in order for people's needs to be met in a timely manner. Their comments included, "It's not the girls [staff] fault, they try but there's just not enough of them sometimes" and "I sometimes feel like I'm waiting a long time for help."

On the day of our inspection we observed one unsafe practice during medicine administration. This was because the medicine trolley was left unlocked and unattended in the dining room, which left people at risk of harm.

People who used the service and their relatives told us they had no concerns about their safety at the home.

People told us the staff were caring and supportive. They said they enjoyed the company of the staff and felt that staff knew them well.

Two healthcare professionals spoken with said, "This is a really good service which has very caring staff. Staff report things to us straight away so we can provide treatment quickly. We have a really good working relationship and mutual respect for each other."

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who were not able to make important decisions themselves.

Staff said the programme of training they were required to complete provided them with the skills and

knowledge they needed to do their jobs. Care staff said they understood their role and what was expected of them. Staff said they were happy in their work and wanted the best for people who used the service.

Relatives told us they were contacted when their family member was ill and they needed to call the GP. Relatives told us the staff phoned them and kept them updated about how their family member was and what the GP had said. One relative said this was, "Good, especially if I cannot get down to the home."

People's personal preferences and interests were recorded in care plans and support was being provided in accordance with people's wishes.

People told us they wanted to do more social activities. Some people told us they were "Bored." We saw people falling asleep during the day, due to lack of stimulus. One person told us, "I'm not used to sitting down all day watching TV, I would prefer to be outside going for a walk." Another person said, "There is nothing to do here." One relative said, "[Name] often tells me they are bored and have got nothing to do,"

The service had a complaints policy and procedure. We saw the policy was on display in the foyer area of the home. Five people who used the service spoken with said they would either speak to a staff member or manager if they had a problem or complaint. People and relatives told us they were confident staff would sort out their concern.
We found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in Regulation 18: Staffing and Regulation 12: Safe Care and Treatment.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff numbers meant that people had to sometimes wait before their health and welfare needs were met.

Medicine administration was not carried out safely and put people at risk of harm.

Staff had received training in recognising the signs of abuse and were aware of who they must report this to if they suspected abuse was occurring.

Is the service effective?

Good

The service was effective.

People who used the service received effective care and support because staff had a good knowledge of their needs and how to meet their individual needs.

People who used the service had access to health and social care professionals to make sure they received effective care and treatment.

Training was monitored to ensure staff had relevant skills and knowledge to support people they cared for.

Is the service caring?

Good

The service was caring.

We saw that staff respected people's privacy and dignity and knew people's preferences well.

Staff were caring in their approach and interactions with people. They assisted people with patience and offered prompting and encouragement where required.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The service employed an activities co-ordinator, however, the range of activities provided did not always meet people's diverse needs.

People's and their relatives were included in their care plans which were reviewed regularly.

People and relatives told us they felt confident to raise any issues with staff and managers.

Is the service well-led?

Good

The service was well led.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

There was a quality assurance system in place which identified and acted upon areas for improvement and highlighted good practice.

Feedback was sought by way of customer satisfaction surveys sent to people who used the service and their relatives. This showed people had the opportunity to put their views across.

Abbey Grange Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 15 August 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information sent to us, for example, notifications from the service and the local authority contract monitoring report.

Prior to the inspection we contacted people who had an interest in the service. We received feedback from the local authority safeguarding team, one social worker, a contract officer for Sheffield local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

In order to understand what peoples experience was of living in the home we carried out a Short Observational Framework for Inspection (SOFI) in the home. SOFI is a way of observing care to help us determine the experience of people who could not talk with us.

During our inspection we spoke with 14 people who used the service, eight of their relatives, the home manager, the deputy manager and eight members of staff, including nurses, senior care workers, care workers and ancillary staff. We also spoke with two healthcare professionals who visited the service during the day and a person employed by the provider to assess how the service could be improved for people living with dementia.

We looked at five care plans, six staff files and records associated with the monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they thought there were not always enough staff to deal with everyone's needs. People told us, "They [staff] always seem busy," "Sometimes there is not always a lot of staff, it's down to staff holidays really" and "Staff have been cut down, in the mornings there are only two staff at breakfast time and this means breakfast can be late, 9.00-9.30 instead of 8.00-9.00 when we start to arrive."

Relatives told us they thought there were not enough staff at times to deal with the needs of their family member. Relatives said, "The staff are always so busy and on the go. They never stop. I'd like some help to take [name] outside but I just don't like to ask, they've so much to do," "During the bank holiday there has been a shortage of staff. There's normally seven staff covering 35 rooms, but there were only four staff to cover the same amount of rooms" and "Sometimes there are staff shortages at weekends and agency staff have to be called in."

Staff told us, "Staffing can be a problem. Recently a lot of staff left at the same time, but I know they [managers] are trying to recruit new staff," "We can be 'run- ragged' quite frequently, there just isn't enough staff" and "It can feel unsafe on some shifts because of low staff numbers and this impacts on everything."

On the day of our inspection there were 72 people living in the home. Two qualified nurses, two senior care workers and nine care workers were on duty. There was also an administrator and ancillary staff working in the laundry, kitchen and throughout the home. This met the minimum number of staff that had been assessed as required by the home manager when taking into consideration the dependency needs of people who lived in the home.

Our observations on the day of the inspection were that staff were very busy supporting people with their personal care needs. We saw people waiting for assistance with their care and support needs during busy times, for example, during the morning and just after lunch. We observed when the call bell rang it was often several minutes before staff were able to go and attend to the person who was requesting assistance. This meant the delivery of care did not always meet people's individual needs.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

Qualified nurses and senior care worker's undertook all aspects of the homes medicines management and administration. These staff were responsible for obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of people's medicines.

We saw medicines at the home were stored in medicine trolleys on each unit. When the trolleys were not in use they were kept securely in the medical rooms, in the temperature controlled refrigerator or the locked metal (CD) cabinet. The refrigerator temperature was checked daily and records showed it was working within normal limits. When people were prescribed creams and lotions these were kept safely in their bedrooms.

There was a photograph and details of each person who was receiving medicines which included any allergies and their Medication Administration Record (MAR).

Qualified nurses were responsible for administering medicines to people who were receiving nursing care and senior care workers were responsible for administering medicines to people receiving residential care. Senior care workers told us they had completed training in the safe administration of medicines and we saw evidence of this through the training records we looked at.

We observed a qualified nurse and a senior care worker administering morning medicines on the dementia unit. Staff took time and showed patience and empathy with people they were administering medicines to. We saw one member of staff close (but not lock) the medicine trolley and then leave the dining room. The member of staff did this twice. This meant the medicine trolley was left unlocked and out of sight of staff. There were many people in the dining room having breakfast and this put people at risk of harm.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

People spoken with told us they felt safe living at Abbey Grange. People said, "I feel totally safe here," "I am happy here and well looked after" and "I feel safe here but suffering from boredom."

Relatives spoken with were confident their loved ones were safe. Relatives told us, "Totally happy with here, it's the best thing that happened," "Being here has taken the worry away and I can go back to being a spouse rather than a carer" and "Yes they [family member] are safer here than they were at home. Although staff may take some time to get to them at least they aren't on their own."

We saw when people were sitting in their rooms they had a call button within easy reach. Comments from people included, " We are given a button," " Some people can over do it and keep pressing it," "I know where it is if I need it" and "I think I have one but I'm not sure."

We found safeguarding vulnerable adults and whistleblowing policies and procedures in place, including access for staff to South Yorkshire's local joint working protocols to ensure consistency in line with multi agency working. Staff told us and records confirmed all staff had received safeguarding vulnerable adults and whistleblowing training. Whistleblowing is one way in which a worker can report suspected wrong doing at work, by telling their manager or someone they trust about their concerns. This meant staff were aware of how to report any unsafe practice.

Staff were able to tell us how they would respond to allegations or incidents of abuse. Staff spoken with were confident the home manager would take any concerns seriously and report them to relevant bodies. They also knew the external authorities they could report this to, should they feel action was not taken by the organisation or if they felt uncomfortable raising concerns within the service.

The home manager said they were aware they must report any safeguarding concerns to the Care Quality Commission (CQC) and the local authority in line with written procedures to uphold people's safety. On the day of the inspection a healthcare professional told us about a safeguarding concern that we were unaware of. We found this concern had been reported to the local authority but not to CQC. We discussed this with the home manager who told us they hadn't reported this to us as they were unsure if it met the threshold for reporting to CQC. We asked the home manager to make themselves more familiar with the requirements around reporting to CQC.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. Some people had asked the service to 'safe keep' a small amount of money for them. We saw the financial records kept for each person, which showed any money paid into or out of their account. The record was signed by the person who used the service or their advocate and senior staff at the home. Money held for people was checked by an external auditor each year.

We looked at five people's care records. There were individual risk assessments in place for people who used the service in relation to their support and care. Risk assessments were designed to ensure that any identified risks were minimised, whilst still allowing independence, to ensure people's safety. There were also generic risk assessments in relation to such things as accompanying people on appointments, cleaning up spillages, electrical safety and exposure to blood. Staff had signed to confirm they had read and understood these.

We looked at the system for recruiting staff. The six staff files we viewed contained all the required information and checks. Staff spoken with told us they had provided reference details and had a Disclosure and Barring Service (DBS) check prior to starting their role. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The home manager confirmed to us that no members of staff were allowed to commence working with people until their DBS check had been received.

Good

Is the service effective?

Our findings

People who used the service had access to healthcare professionals to make sure they received appropriate care and treatment to meet their individual needs. Records showed that people who lived at the care home had access to doctors, dentists and chiropodists to manage on-going healthcare needs. Staff we spoke with during the inspection had a good knowledge of the individuals they supported. Staff were able to give us information about people's needs and preferences which showed they knew people well. One healthcare professional told us, "I feel proud to be working with these staff, they really care about people and I trust their clinical judgement."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The home manager had applied for a number of people to have a DoLS authorisation in place. We saw 'best interest meetings' with appropriate healthcare professionals had taken place to make decisions regarding such things as using bed rails and leaving the home unaccompanied.

Staff said they had received MCA and DoLS training. Staff spoken with were clear about the importance of ensuring decisions were made in the best interests of people and correct procedures were followed. One healthcare professional told us, "They [staff] have a good understanding of DoLS, what it means and why it's important. The senior and nursing staff have attended training provided by Sheffield city council and are aware of when to refer people in."

Staff told us they had been provided with an induction. During the induction they had received training in all mandatory subjects and also spent time with other staff learning about the service and getting to know the people who used the service. They told us they were able to do this until they felt confident enough to work on their own. Staff told us they had found the induction very useful. Staff we interviewed told us that the home had a good atmosphere and that people worked well together and cooperatively.

Most staff were experienced in care and had NVQ's (National Vocational Qualifications). All staff had undertaken their mandatory training. This included training in a wide range of topics, for example, fire safety, safeguarding, food hygiene, dementia awareness, moving and handling and health and safety. Additional training had also been provided to staff in such things as care planning, medication and record keeping. Staff told us they were encouraged to learn and felt free to ask for advice and guidance from their unit manager's.

We found a policy on staff supervision and appraisal was in place. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.
Staff we spoke with were unsure how often they had received formal one to one supervision. Staff said they did receive support when needed from their unit manager's and senior staff. We looked at the supervision planner and found prior to June 2016 all staff had received at least one supervision. From June 2016 onwards no supervisions had been completed. The provider's policy and procedure stated that all staff would be provided with six supervision sessions per year. This meant staff had not received supervision in line with the supervision policy and procedure. The home manager said they were aware staff supervisions were overdue and they were looking at how they could improve this, for example by delegating this to unit manager's. Staff said they had a yearly appraisal and we saw evidence of this.

The first floor was designed to meet the needs of people living with dementia. Corridors were straight and wide to aid visibility and accessibility and leaving the floor was by means of a security code panel. The corridors were in the process of being painted, white on the walls and bedroom doors and grey doors for bathroom areas. Comments from relatives included, "It looks very institutionalised," "It looks like a sterile environment especially with no pictures on the walls like downstairs have," "It's very different to downstairs, its much nicer down there" and "I did recommend colour coding the corridors instead, like blue corridor, pink corridor. I mentioned this to the staff and they agreed the same thing."

One relative said on the first floor one of the bathrooms was very old fashioned and the bath panel was chipping away. We noted three large laundry bins were being stored in there and that the bathroom was quite old. It did not have any hoist or lifting equipment and it generally had an air of not being used.

The bedrooms varied in size and whilst some bedrooms had en-suites others only had a sink. The bedrooms we saw were well furnished and bright and people were encouraged to personalise their rooms with pictures and soft furnishings. A relative spoken with had chosen a room with a view of the garden as opposed to an ensuite because the view reminded their family member of their previous home.

People's opinions of the meals provided varied. Their comments included, "There is a good choice of food, like chicken curry," "I always have enough" "The food is all mashed up" "The food is alright, I am not very choosy," "We can sit where we like, I always sit with [name]," "We get choice of two mains and two or three sweets," "I would like more sugar alternatives as I am a diabetic," "The food is bland it needs salt and pepper adding to the cooking" and "The drinking cups used are all different sizes I would like to see sensible drinking cups, clean ones. It's not the fault of the staff, they need descaling."

Two people told us, "We like fish and chip nights these are great and the Chinese night is good, you get to choose off the menu."

Comments from relatives about food choices included, "The food is very good here, the staff are always very helpful" and "[Name] likes salad and they don't serve salad here even though it's highlighted in their care plan.

One relative said, "They do give you a choice for lunch and dinner and you can ask for more if you wanted to. My relative had an issue with losing weight initially but has since put weight on and is weighed weekly. I am informed if [name] loses weight. Another relative said, "They always give fortified drinks and supplements if you need them, or if you're losing weight, they are pretty good about that."

We saw a MUST (malnutrition universal screening tool) was in place for people who were at risk of malnutrition. Staff told us they were able to contact the dietitian and SALT (speech and language therapist) for advice about any concerns they may have. Records confirmed that people were weighed each month or more frequently if there were any concerns about their health or food intake.

Good

Is the service caring?

Our findings

We received positive feedback from people about the staff at the home. People who used the service told us, "I've been here six weeks and I love it. The staff look after me very well," "The staff are great, very kind" and "No problems with the staff, they are lovely."

Relatives told us, "I am really pleased with the care. Without fail the staff are kind and patient, even when they're short staffed," "They're lovely staff here, [name] wouldn't be here otherwise" and "It depends who gets [name] up if they are co-ordinated [matching clothes] or not."

During our inspection we found the atmosphere in the home was lively and friendly. We saw many positive interactions between the staff on duty, visitors and people who lived in the home. The staff we spoke with told us they were proud of the service and the care provided.

We observed care workers being kind and patient during lunch time when assisting with meals and not rushing people. We observed appropriate moving and handling interactions when care workers were assisting people to move to the dining rooms and noted people who wanted to mobilise independently, but slowly, being allowed to do so. We saw a care worker had noticed a person who was sat in a chair in full sun, so they moved their chair into the shade.

People who used the service told us the staff were polite, respectful and always knocked on their doors before entering. One relative said, "Staff don't always knock on the door, they just walk straight in." While another relative said, "If the door is closed the staff always knock before coming in."

We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect. Two members of staff were trained as 'dignity champions'. They had attended training workshops and then arranged 'dignity meetings' with people who used the service and staff from the home. Staff told us that the issue of privacy, dignity, confidentiality and choice was discussed at training events and at staff meetings that were held. They were able to describe how they maintained people's privacy and dignity and how important this was for people.

We observed a relative requesting to book out one of the ground floor lounges, known as the 'green lounge' for a family visit. This request was booked out in the diary. One relative told us, "It's nice to sit in the green lounge on a visit because it's so homely and we feel like we're visiting [name] at their own home and sitting in their lounge. It brings back memories for us and enhances our visit."

The ethos of the service was to try and keep people living in the home until the end of their life. Staff worked closely with other healthcare professionals to provide end of life care for people, taking into consideration their personal preferences and wishes. We saw people had completed 'advanced care planning' documents which gave details of how the person wanted to be cared for at the end of their life. Families and advocates had also been involved with these.

One healthcare professional told us, "The staff are very skilled and trained in end of life care." The healthcare professional told us about a 'debrief session' that took place following a person's death. They said they met with the person's family, staff and other healthcare professionals involved in the person's care to discuss what had gone well and if there were any lessons that could be learned to improve end of life care for others.

Requires Improvement

Is the service responsive?

Our findings

Three people we spoke with could recall being involved in their care plan when they came to live at Abbey Grange. One person said, "We talked through what I liked and disliked." One relative told us, "They [staff] asked [name] all sorts of things like when they wanted to get up in the morning."

Each person had a care plan. Care plans reflected people's current care and support needs and their preferences and wishes. We saw people's preferences about how their care was delivered had been discussed with them and their advocates. Care plans gave details about the assistance people required to promote and maintain such things as personal care, nutrition, sleep, mental and physical health. Each care plan was individualised and it was easy to build up a pen picture of the person by reading through their plan of care.

Staff told us care plans were reviewed each month and we saw a record of this. Relatives spoken with confirmed they had been involved with completing initial care plans and then had also been asked to contribute to any updates.

One healthcare professional told us they visited the service twice each week. They held a surgery at the service during which people were given medical assistance and advice. They said they worked very closely with the staff at the home to ensure people were seen promptly. They commented, "We find the staff open, responsive and eager to improve people's life and well being."

The activities co-ordinator was on annual leave on the day of the inspection. The home manager told us the activities coordinator worked 30 hours on the ground floor and they were recruiting another activities co-ordinator for 30 hours for upstairs. People we spoke with were unable to recall any recent activities. Care workers told us that activities were often personalised, such as painting nails, rather than group activities.

On the ground floor after lunch we observed care staff assisting people into a seating area away from the TV. We noted most people slept in their chairs. We did not see any newspapers, magazines or radio available so there was nothing to stimulate them. One person spoken with said they had only been at the home one week and they were "So bored." They went on to say "I'm not used to sitting down all day watching TV, I would prefer to be outside going for a walk." Another person said, "There is nothing to do here." One relative said, "[Name] often tells me they are bored and have got nothing to do,"

The entrance area on the ground floor had photographs of previous activities such as making hanging baskets, growing tomato plants and celebrations for the Queen's 90th Birthday, where families had been encouraged to attend. The celebration included a local choir visiting to sing.

In the first floor dining room there were laminated signs highlighting bingo, movie nights, knitting and hairdresser. We spoke with two people who had played bingo and one person who had taken part in the knitting, but could not find anyone else who had used these activities. One person said, "We have never had a movie night" whilst another person said, "I'm not aware of any activities at Abbey Grange."

Overall, the impression from people who used the service was there was nothing to do at Abbey Grange and there was no scheduled outside activities taking place and nothing advertised as taking place inside the home on a regular basis other than those options mentioned.

However two relatives told us their family member's had made a bird box, painted gnomes, made Easter bonnets, Christmas cards and flower garlands for the Queen's Birthday. All the activities mentioned seemed to be on an ad hoc basis and not many people seemed to be aware of what activities had been carried out or were planned.

The split between floors highlighted there were different activity requirements. People downstairs wanted activities to go out on day trips, be more active and ball related games. One person said, "I would like to do drawing or pottery." Whilst upstairs, some people had used some of the current activities but more variety needed to be given to their specific needs. One person said "I have not been outside since I came here [three years ago]" and another person said, "I have never sat so much."

The provider had employed a person to roll out a programme called 'Enriched Dementia and Meaningful Opportunities Programme.' As part of this programme 'Dementia friend' sessions were being offered to all employees, relatives and friends. Their aspiration was to have all employees registered as 'Dementia Friends' by 2020. We saw a poster in the entrance hall advertising the first session on 1st September 2016. Part of the process was to identify types of occupation and activity for people who use the service to enhance their well being and also to provide employees with educational tools and resources to deliver high levels of dementia care.

We observed push button key pads at entrances and exits on the dementia wing and the exit of the ground floor. We saw people could choose whether to have their doors open or closed whilst they were in their bedrooms on the ground floor. On the dementia wing, bedroom doors were closed. A care worker told us, "People can choose to have their doors open or closed." Corridor areas were easily visible so people who preferred to walk around could be seen and assisted if necessary.

People who used the service and their relatives told us they were able to talk to the staff about any concerns or issues. They said they were confident staff would listen to their concerns and help them to resolve them.

The complaints log showed there had been four complaints made to the home in the last six months. Each complaint had been investigated and the complainant had received a written response detailing the outcome of the complaint. The complaints policy/procedure was on display in the home and included in the 'service user guide.' The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them and included timescales for responses. We also saw the service had received numerous compliment cards or letters in the last 12 months.

Good

Is the service well-led?

Our findings

The service was led by a manager who was in the process of registering with CQC. The manager had been working at the home for six weeks. Many of the people we spoke with had not met the manager. The registered manager was supported by senior staff, a regional manager, the provider and their representatives.

Staff told us, and duty rotas for the care home confirmed, there was always at least one qualified nurse and senior care worker on each shift. Senior staff allocated workloads at the beginning of each shift which ensured that all staff knew their role and responsibilities for the day. The senior member of staff was responsible for ensuring care was provided to an appropriate standard. They also offered support and guidance to less experienced staff.

Staff told us they felt well supported and were never asked to undertake any tasks they did not feel confident with. The programme of training showed that training was arranged and competency was monitored to make sure staff had the up to date skills they needed to support people.

Staff said communication throughout the service was good and they felt able to make suggestions. There were monthly meetings for people who used the service, relatives and staff. Minutes of these meetings showed this was an opportunity to share ideas and make suggestions as well as a forum to give information.

People who used the service were all aware of the 'resident and relative meetings' and all had attended at some point and thought it was a good opportunity to air their opinions and make suggestions. Comments included, "We requested raised planters for the garden area outside so people in wheelchairs can access them for planting but we were told due to health and safety we can't have them. Our tomato plants outside keep getting eaten, if they were in raised planters, this would help stop that" and "I suggested an Indian night, as it makes a change from the food here."

We saw 'resident and relative meetings' were advertised in the reception area and were held monthly in the afternoon between 2pm and 3pm. One relative knew that residents meetings were held but said they had not attended because they had no problems to discuss. The person said, "If I did want to talk about anything, I would go to the manager." Another relative said they would go to the meetings but due to their shift pattern they were always working when they were held. The person said, "I would go if they changed the times once in a while."

There were various regular health and safety checks carried out to make sure the care home building was maintained to a safe standard for those people using the service, staff and visitors.

The home manager and regional manager carried out monthly audits including auditing care records, medicines, staffing, complaints and safeguarding. This enabled them to monitor practice and plan on-going improvements. When issues where identified a 'corrective action plan' was formulated which showed what needed to be done and who was responsible for this. We saw that feedback from these audits were included

on the staff meeting agenda. This meant that any shortfalls identified could be discussed with staff and action plans put in place to address any issues.

All incidents and accidents which occurred were recorded and monitored by the home manager and regional manager. We saw where a person had a number of incidents, action had been taken in partnership with other health and social care professionals. This showed the service had taken action to make sure this individual received effective support and treatment to meet their needs and maintain their well-being.

People who used the service, relatives and staff were asked for their views about their care and support and these were acted on. We saw evidence the provider carried out satisfaction surveys each month. The surveys asked people and their relatives their opinions on a specific topic. The most recent survey sent to people asked them about respect, meals and cleanliness. The information was collated into a report which was on display around the home.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Staff responsible for the management and administration of medicines must be suitably trained and competent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be employed.