Hallmark Care Homes (Brighton) Ltd

Maycroft Manor

Inspection report

2-8 Carden Avenue, Brighton, East Sussex, BN1 8NA
Tel: 01273 799622
Website: www.hallmarkcarehomes.co.uk

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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 Maycroft Manor on the 14 and 15 December 2015. Maycroft Manor provides care and support to people with personal care and nursing needs, many of whom were living with dementia. The home was arranged over three floors and offered residential and nursing care based on people's particular needs and requirements. Individual units were referred to as 'communities'. One area was a specifically designed unit which provided an environment that supported people living with dementia. The home provided care and support for up to 99 people. There were 75 people living at the home on the days of our inspections. Maycroft Manor belongs to a large corporate organisation called Hallmark Care Homes. Hallmark Care Homes provide residential and nursing care across England.

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

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "Yes we are very safe here". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to

Summary of findings

ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including diabetes management and the care of people with dementia. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, “I think the training is really good and it’s always encouraged. They’ve put me on an NVQ 2 course (National Vocational Qualification)”.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, “The food is good. The kitchen is basically open all day and you can always have something to eat whenever you want”. Special dietary requirements were met, and people’s weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included Tai Chi, quizzes, singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. One person told us, “There is lots going on, I like to go to the cinema and I love it when we have entertainers coming in. We had children from a local school performing Christmas carols in the cinema last week and it was just lovely”. People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, “It’s marvellous and the staff are wonderful, they do anything for you”. Care plans described people’s needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an ‘open door’ management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Maycroft Manor

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.

The inspection took place on 14 and 15 December 2015. This visit was unannounced, which meant the provider and staff did not know we were coming. Maycroft Manor was previously inspected on 13 and 14 January 2015, where we found the provider was in breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to the management of medicines. After our inspection of 13 and 14 January 2015, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines.

Five inspectors and a pharmacy inspector undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and over the three floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including 12 people's care records, five staff files and other records relating to the management of the service, such as policies and procedures, accident/ incident recording and audit documentation.

During our inspection, we spoke with 10 people living at the service, eight relatives, five care staff, the registered manager, the clinical care manager, the lifestyle team leader, a regional care specialist, the customer relations manager, three nurses and the chef. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At the last inspection in January 2015, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to the management of medicines. After our inspection of 13 and 14 January 2015, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines. Improvements had been made and the provider was now meeting the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the management of medicines at Maycroft Manor, and found that appropriate arrangements were in place to manage people's medicines safely. Medicines were stored securely and appropriately. Records were kept of regular checks of temperature where medicines were stored to ensure they did not exceed suitable levels. Appropriate storage was available for controlled drugs, and accurate records of these medicines were kept.

Medicines were available for people when they were needed. The service had processes and records in place for obtaining and disposing of medicines. The service had an electronic medicines administration recording (eMAR) system in use, which we checked. These eMAR records were completed to a satisfactory standard, and included up to date photographs of people, with any allergies clearly indicated. Regular review of the eMAR systems was being used effectively to support care provision at the service.

All of the people in the service were assessed using a medicines need assessment and offered varying amounts of support with their medicines. The effectiveness of medicines were appropriately monitored, and personalised information was available for people prescribed 'when required' medicines to help take them correctly and consistently in response to their individual needs. We observed the regular use of medicines audit tools to ensure people were kept safe from the risks associated with medicines.

People told us they considered themselves to be safe living at Maycroft Manor, the care was good and the environment was safe and suitable for their individual needs. One person told us, "I absolutely feel safe. There wouldn't be any of that silly stuff you read about going on here". Another person said, "Yes we are very safe here". A relative added, "I feel [my relative] is very safe here and well looked after".

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people coming and going from the home. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. The registered manager told us, "We have one resident with dementia who has a dog. They like to walk the dog, so we have risk assessed for them to leave the home each day. We also gave them a room on the ground floor to make this easier for them". Risks to people's safety when going out and about independently were assessed and reviewed. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity.

There were further systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the home so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered

Good

Is the service safe?

manager told us, “We have enough staff on each unit. We work out the staffing levels for each unit separately and staff can move around the units to cover where needed”. We were told agency staff were used on occasion and existing staff would also be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, “They get a bit busy sometimes, but yes, there are enough staff”. Another person said, “They come pretty quickly to be honest”. A further person added, “I’ll see someone pretty quickly when I ring my bell, I’ve never had to wait long”.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. Nursing staff were registered with the Nursing Midwifery Council and had up to date registrations. Staff told us they had submitted an application form and attended an interview. We saw evidence that staff had been interviewed following the submission of a completed application form.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. The provider employed a dedicated maintenance worker who carried out day-to-day repairs and staff said these were attended to promptly. Regular checks on equipment such as wheelchairs took place, and were regularly serviced and maintained. Weekly fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People’s ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "I'm very well looked after, I have no problems here". A relative said, "I feel [my relative] is very safe here and well looked after, we have no concerns and feel confident that [my relative] is in good hands". A further person added, "The staff are great and the food is good".

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. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One staff member told us, "We always ask first and explain what we are doing. I know about consent and we've had training about mental capacity". Staff members recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this. The service had made 22 DoLS applications at the time of our inspection.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, equality and diversity and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia, continence and Parkinson's disease. Additional training had also been sought from a local hospice around end of life care and the use of syringe drivers. A syringe driver is a small, battery-powered pump that delivers medication through a soft plastic tube, into a syringe with a needle which is placed just under the skin. They are used to help control pain and sickness. Staff spoke highly of the opportunities for training. One staff member told us, "I think the training is really good and it's always encouraged. They've put me on an NVQ 2 course (National Vocational Qualification". Another added, "Training is always available for us".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Maycroft Manor and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One staff member told us, "The induction and shadowing were really good, it helped me to get to know the residents". The registered manager added, "Induction is a minimum of two weeks. It involves mandatory training and varies depending on the skills and experience of the individual. The new staff shadow on each community and they are signed off when they are competent. There is no pressure, it is when they are ready". There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff members commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries.

People commented that their healthcare needs were effectively managed and met. One person told us how if they felt unwell, staff always acted upon their concerns and sought advice from their GP. Visiting relatives/friends felt confident in the skills of the staff meeting their loved one's healthcare needs. A relative told us, "When [my relative] became ill and needed medical help, they kept me up to date with all the developments. I liked that as I felt in the loop and involved". Staff were committed to providing high quality, effective care. One member of staff told us, "We recognise when people are unwell. One man had swollen legs today, so we called the GP". The registered manager told us, "We have nurses in place and all staff would recognise when somebody became unwell." People's health and wellbeing was monitored on a day to day basis. Where required, people were supported to access routine

medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors, occupational therapists, speech and language therapists and dieticians whenever necessary. The registered manager added, "We will support people to access healthcare services and explain to them the benefits and options. We have one person who has toothache. We've explained the process to them, but they don't want to go to the dentist, so we manage the symptoms through pain relief, it is their choice".

People were complimentary about the food and drink. One person told us, "The food is good. The kitchen is basically open all day and you can always have something to eat whenever you want". Another person said, "The cook is excellent and the food is fantastic." A further person told us how they could make specific requests to the cook. They said, "The meals are very nice and there's always a choice. I can be a fussy eater and they always make something for me. I like to stay in my room so they bring meals to me". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as vegetarian, gluten free and culturally appropriate diets. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The chef told us, "Basically people can have whatever they want, whenever they want .There is no restriction on budget with food in here". The chef confirmed that if relatives wanted to eat with their loved one, a meal would be prepared for them. The menu showed that fresh vegetables were used daily, as well as fresh fish and fresh meats.

We observed lunch in the dining rooms, lounges and bistro. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or the lounge. We saw that one lady had been asleep and was asked if she'd like to eat in the bistro, she said no, and asked to eat where she was seated, which was respected by staff. Tables were set with table cloths, place mats, napkins, wine glasses. The cutlery and crockery were of a good standard, and condiments were available. One person told us, "It's rather nice. They are kind, we are fed well and they help if you need it". On the first day of the inspection, people were enjoying a starter of home-made soup and bread followed by three choices of main course. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was calming and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. We observed some family and friends were sitting enjoying lunch with their loved ones.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP, dietician and speech and language therapist.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "It's marvellous and the staff are wonderful, they do anything for you". A relative said, "I'm very happy with the carers, they are lovely and so welcoming". A further relative added, "I am very happy with the care and all the staff are lovely".

Positive relationships had developed with people. One person told us, "They all like me and I like them". Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. We saw that one person became upset, as they thought they had missed a dinner and dance in the evening. A member of staff gently reassured them that it was only lunchtime and they were not to worry. We also observed a member of staff give a small miniature Christmas tree to a person living at the service. The staff member said, "My daughter knows you don't have any family and she wanted you to have this so you could decorate it". The person was clearly touched by this gesture and told us that this is typical of the staff, they added, "They are a cracking bunch of girls and have a heart of gold".

Maycroft Manor had a calm, relaxing and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the various lounges. People's rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags to hand which provided them with reassurance. Ladies were also seen wearing jewellery and makeup which represented their identity.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "We can go to bed or get up whenever we want and they do the laundry very well". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "We always give people choice in what they do. For example, what they wear and what they would like to do". The registered manager added, "Choice is respected, we have lots of early risers, some at 5:30am. We now have a kitchen assistant who comes in earlier to help with breakfast at this time. We also have another resident who likes to shower at 11:30pm".

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction, privacy and dignity was covered and the registered manager undertook competency checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "We always make sure that doors are closed and that people feel comfortable". People confirmed staff upheld their privacy and dignity, and we saw doors were closed and signage was displayed to indicate that a member of staff was engaged with a person.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One member of staff told us, "We encourage people to do things for themselves, for example getting dressed or eating independently". We saw examples of people assisting to lay the table, and care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair.

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. One person told us, "We have a tea party on special occasions and families can visit anytime". A visiting relative said, "They are always very happy to accommodate family and friends". A further

Good

Is the service caring?

relative added, “I come every week and it’s very pleasant. I am made to feel welcome and it’s a homely atmosphere”. We also saw that there was a guest room available and areas could be hired for special events like birthday parties.

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "There is lots going on, I like to go to the cinema and I love it when we have entertainers coming in. We had children from a local school performing Christmas carols in the cinema last week and it was just lovely". A relative said, "There is plenty going on here and the food is good".

There was regular involvement in activities and the service employed specific activity (lifestyle) co-ordinators. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. There was a range of activities throughout the week, including weekends, organised by the lifestyle team leader assisted by three full-time staff. The home enjoyed a range of facilities, including hairdressing salons, a roof garden terrace, a pamper spa, various small lounges, a billiards table and a cinema. Activities on offer included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. A relative told us, "I've no concerns, the activities people work really hard to make their leisure time is really great". A further relative said, "There is always so much going on in here and we as family are always invited". Monthly meetings with residents were held to gather peoples' ideas, personal choices and preferences on how to spend their leisure time. The registered manager told us, "We have a residents forum to get feedback around care and activities. We get ideas from all the communities monthly. In response to peoples' feedback, we have entertainment into the evening and have changed the hours of the lifestyles co-ordinators to facilitate this. Not everyone wants to go to bed at 7:00pm and it can be a long evening, so we have happy hours where you can meet and have a cocktail".

On the day of the inspection, we saw activities taking place for people. A number of people had been on an outing to a local theme park in the morning and in the afternoon an entertainer played in the bistro area to residents and their families. We saw people watching films together in various lounges and discussing current affairs with staff. We saw people spent time in the bistro talking with each other, or meeting friends or family. One person told us, "We like to come in here and have a chat rather than sitting on your own in the room". On the first day of our inspection staff were wearing Christmas jumpers and seasonal music was being played. The service had also recently organised an in-house celebration for the Jewish festival of Hanukkah and a specific lounge had been set aside for this.

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. There was an individual one to one activities programme for people who were bedbound or preferred to remain in their rooms. The registered manager told us, "The lifestyle assistants have designated times for one to one time with people in their rooms. Visiting musicians will walk around the home to make sure people are able to hear the music in their rooms". We saw that staff and the activity co-ordinator set aside time to sit with people on a one to one basis. The service also supported people to maintain their hobbies and interests, for example one person used to be a mechanic and the service had helped them make a scrapbook with pictures of him working on old cars. Another person had previously been a music teacher and they were being encouraged to play the piano in the service. Events were organised for tennis fans to watch the Davis Cup and the service ran a chess club.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. People confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Care plans had a comprehensive life book / social profile called 'All about me' which had been completed with assistance of relatives and gave a picture of each person's life and preferences. A member of staff told us, "The 'all about me' document was completed with the help of the family to get more information of personal histories, interests and hobbies". Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare

Good

Is the service responsive?

needs and the support required to meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person enjoyed talking about their family, and we saw that a member of staff did this whilst supporting them with their lunch. Another care plan stated that a person was to be supported to regularly attend the hairdresser as they had used to be a hairdresser themselves and found the salon at the service to be a comfortable environment. The registered manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits that were reflected in peoples care plans. One member of staff said, "One resident likes to go for a coffee in the afternoon, so we make sure we're prepared and ready for when they call us". Another added, "We have one resident who can't have bed covers on their bed. If we put them on then they don't recognise it as their room. We know this now about them, so we make sure they aren't on the bed".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. A relative told us, "I'm very happy with the care and have found the communication to be very good". Satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us, "I brought up who to complain to at a meeting and I was given an information leaflet". The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they were satisfied with the service provided at the home and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "Not home, but as good as it gets with a care home". A relative added, "It has a lovely atmosphere. We've been extremely pleased with the home". A member of staff said, "The management is so much more approachable now, it really makes a difference". Another member of staff said, "I would put any one of my relatives here".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that one person was a keen gardener and had suggested improvements to the garden which had been made. Another person was involved in developing best practice at the home. They had made changes to the way that they were kept up to date with developments at the service, and now viewed the service positively.

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "We provide good care. We have a good team of care workers and the environment is beautiful. Anything you want you can have, this is a social and happy place to be, and we try to make it fun". One person supported this and told us, "I don't have anyone now, so this is my family and my real home now, I'm very happy". A member of staff added, "I feel like when I come in to work that I am making someone's day. With a smile or a sing song. We care for the residents and give them what they want". In respect to staff, the registered manager added, "The home is well organised with delegation of tasks. We have good team leads and there is good communication". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "We are listened to and any concerns we have are acted upon. It never used to be like that, but it is now". Another said, "The manager is very approachable. I would have no concerns about raising anything with her".

Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. We were give an example whereby from feedback from staff, forms were redesigned to make them more user friendly. The registered manager told us, "We listen to the staff. They are aware of their accountability and we explain consequences, speak openly about safeguarding and anything that has occurred". A member of staff said, "We don't blame each other, we work together as part of a team and do the best we can". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Management was visible within the service and the registered manager took a hands on approach. The registered manager told us, "I have an open door management style, I'm approachable, I enjoy talking to staff and I try to go around and walk the floors as often as possible". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. The registered manager and heads of department met daily at 11:00am to discuss matters relating to the previous shift and the day ahead and gain a 'snapshot' of the service. This meeting was called 'Elevenses'. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "I love it here, I like the way we all work together as a team for the residents".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. The regional care specialist showed us audit activity which included health and safety, medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The service had an ongoing action plan for improvement and the registered manager was required to feedback progress weekly to senior management. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported and

Good

Is the service well-led?

monitored by a senior management team and was able to regularly meet with managers from other services in the group. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques, updates from the nursing and midwifery council (NMC) and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority, the Dementia In-Reach Service and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and sets out specific guidelines providers must follow if things go wrong with care and treatment.