Bupa Care Homes (CFHCare) Limited

Ryland View Nursing Home

Inspection report

Arnhem Way
Tipton
West Midlands
DY4 7HR

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18 January 2016
19 January 2016

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22 February 2016

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

Our inspection was unannounced and took place on 18 and 19 January 2016.

The home is registered to provide accommodation and nursing care to a maximum of 142 people. On the last inspection day 142 people lived at the home. Some people lived with conditions that related to old age whilst other people had dementia or a physical disability. Care provided was within five different units. On Bloomfield and Heronville units care was provided to people who lived with dementia. On Palethorpe unit care was provided to younger adults who lived with a physical disability and on Haines unit care was provided to people who lived with elderly frail conditions. On the fifth unit Mamby the care provided was intermediate and step down support which was for a short duration of time only. Some people on this unit had been discharged from hospital but for various reasons were not yet ready to return to their own homes. Other people required short term support to regain their health and/or mobility.

At our last inspection of August 2014 the provider was not meeting one regulation that we assessed relating to medicine management and safety and improvements were required regarding the quality monitoring of the service. Following our inspection the provider sent us an action plan which highlighted the action they would take to improve. Our inspection findings confirmed that the improvements had been made.

The manager was registered with us. 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.

Staff knew the procedures that they should follow to ensure the risk of harm and/or abuse was reduced.

Kind and caring staff in sufficient numbers were available to meet people's individual needs.

Medicine systems were well managed and safe and ensured that people were given their medicines as they had been prescribed.

Staff received induction training and the day to day support they needed to ensure they met people's needs and kept them safe.

Staff felt that they were trained and supported to enable them to care for people in the way that they preferred.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were enabled and encouraged to make decisions about their care. If they were unable to their relatives were involved in how their care was planned and delivered.

Staff supported people with their nutrition and dietary needs to promote their good health.

People received assessments and/or treatment when it was needed from a range of health care professionals which helped to promote their health and well-being.

Systems were in place for people and their relatives to raise their concerns or complaints.

People and their relatives felt that the quality of service was good. The registered manager and provider undertook regular audits and took action where changes or improvements were needed.

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.

Systems were in place to keep people safe and prevent the risk of harm and abuse.

Staff were provided with support and training to ensure that people's needs could be met in the way that they preferred.

Record keeping regarding medicines was well maintained to demonstrate safety and that people received their medicine as it had been prescribed by their GP.

Recruitment systems prevented the employment of unsuitable staff.

Is the service effective?

Good

The service was effective.

People and their relatives felt that the service provided was good and effective.

Staff felt that they were trained and supported appropriately to enable them to carry out their job roles.

The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and that they received care in line with their best interests.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Visiting times were open and flexible and staff made people's

relatives feel welcome.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt that the service provided met their family member's needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to use if they had a need.

Is the service well-led?

Good

The service was well-led.

There was a leadership structure in place that staff understood and staff felt adequately supported by the management team.

The provider had worked to meet their action plan and improve the service provided.

Quality monitoring and audits were undertaken to see if changes or further improvements were needed.

Ryland View 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.

Our inspection was unannounced and took place on 18 and 19 January 2016. The inspection was carried out by three inspectors and a nurse specialist advisor. The specialist advisor provided specialist nursing advice and input into our inspection processes. Our inspection team also included a pharmacist, 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. Our expert by experience had personal experience of supporting an elderly relative.

We asked the provider to complete 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. The form was completed and returned so we were able to take information into account when we planned our inspection. We asked the local authority and Clinical Commissioning Group (CCG) who both fund placements at the home their views on the service provided. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with 12 people who lived at the home, 13 relatives, nine care staff, four nurses, five unit managers and the registered manager. We also spoke with three health care professionals one of whom was a community matron. We viewed care files for eight people, medicine records for 22 people, recruitment records for two care staff and two nurses and staff training records. We looked at complaints systems, completed provider feedback forms, and the processes the provider had in place to monitor the quality of the service.

Some people were unable to verbally tell us their experiences of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the

needs of people who could not talk with us. In addition we observed staff administering people's medicines, carrying out activities and supporting people during their breakfast and lunchtime meal.

Good

Is the service safe?

Our findings

At our last inspection in August 2014 we assessed that the regulation related to medicines was not being met. We found that people who lived at the home at that time were not protected against the risks associated with the unsafe use and management of medicines. Following our inspection the provider sent us an action plan which highlighted the action they would take to improve. We inspected medicine systems during this inspection on three of the five units, Palethorpe, Haines and Mamby and found that improvements had been made and the provider had met the regulation.

We looked at how medicines were stored and the Medicine Administration Records (MAR) for 22 people. We found that the arrangements for medicine management in all three units was managed to a high standard and was person centred at all stages. Daily temperature records were available which recorded the temperatures for the medicine refrigerator and the medicine room temperature.

A person told us, "They [the staff] do the tablets properly. They tell me what my tablets are for before I take them". Supporting information for staff to safely administer medicines was available and easily accessible. We saw detailed information on how people preferred to be given their medicines including pain score charts for the administration of pain relief medicines and documentation for the site of medicine patch applications. Information was available for people who needed to be given their medicines covertly. This is where people have been assessed as requiring their medicines to be given hidden in food or drink. A multidisciplinary approach was documented including the involvement of the GP, a pharmacist for medicine information as well as the person's next of kin.

People's medicines were available to give to them and MAR were completed to document that people had been given their prescribed medicines. We found that arrangements were in place for accurate medicine stock checks. This meant it was possible to check the balance of all medicines to ensure they had been given as prescribed. We found that all the balances we checked were accurate. The staff on Mamby the 'Intermediate Care' and 'Step Down' unit told us that they were actively involved in people's individual medicine requirements from the point of admission through to discharge. At each stage the importance of the person's correct medicine requirements were central to ensuring that they were given medicines safely.

One person told us that if they had any pain the staff gave them a pain relief. A relative said, "If they [their family member] are in pain they [the staff] give them something for it". Some people had been prescribed medicines to be given 'when required' in some instances for pain relief and agitation. We saw that person centred supporting information was available to enable staff to make a decision as to when to give the medicine. When people were given a medicine prescribed for agitation a record was made to explain why the medicine had been given.

People and the relatives we spoke with told us that they had not experienced or seen anything that concerned them. A person said, "Staff have not done anything that I do not like". A relative told us, "I have no worries what so ever, people are not at risk of harm". All staff we spoke with knew the different types of abuse and the processes they should follow if they were concerned about abusive practices. A staff member

said, "I would report to the unit manager. If I was not happy with what was done I would take it higher". Records confirmed that staff had received safeguarding training and policies were in place for them to follow. The registered manager had reported any issues regarding safeguarding to us and the local authority safeguarding team as is required to protect people from harm.

People we spoke with told us that they felt safe at the home. One person told us that they felt, "Very secure here". A relative told us, "They [their family member] are safe there are staff looking after them and security doors". Another relative said, "They [their family member] are safe. I would not leave them here if I didn't think they were". All staff we spoke with told us in their view that people at the home were safe. We saw that a range of equipment was provided to promote safety. This included equipment for fire detection and prevention. Records we looked at, and the registered manager confirmed, that the equipment was serviced by an engineer regularly. These actions showed that the provider and staff knew that it was important to ensure people's safety.

A relative told us, "They [their family member] had a few 'scrapes'. It is not the staffs fault, they do monitor". The registered manager had informed us since the last inspection that a number of people had fallen and some people had injured themselves. We discussed this with the registered manager who said, "Most of the people who have fallen came here with a history of falls and we do take action to prevent them falling". The registered manager gave us a detailed account of how they monitored incidents, falls and accidents. We saw that aids to support people, when they were mobilising were available. We saw that staff supported and reminded people, to use their walking frames. A relative said, "The staff lower the bed so that they [their family member] cannot fall out". We saw from records, which were confirmed by staff, that referrals had been made to occupational therapy and physiotherapy professionals for advice and guidance on how to reduce the risk of falls. Records highlighted that a person had suffered from a few falls. The staff had referred the person to their GP who had reduced their medicines. This had reduced the number of falls the person had.

A person told us, "I call the staff and they come". Another person said, "Most of the time there are enough staff. A relative said, "There are loads more staff than there were at the last home they [person's name] were in". Staff told us that in general staffing levels were alright unless staff phoned in sick. The registered manager told us and staff confirmed that staff stepped in and covered sick leave and colleagues holiday leave. A staff member said, "Staff usually cover one another that way it means that the people here are cared for by staff they are familiar with". We saw that nursing and care staff were available on each unit to support and care for the people who lived there.

A staff member told us, "I could not start to work until all my checks were done". We saw that safe recruitment systems were in place. We checked two staff and two nurse recruitment records and saw that adequate pre-employment checks were carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also saw that checks for nursing staff were undertaken with the Nursing and Midwifery Council (NMC), which confirmed that the nurses were eligible and safe to practice. This gave people and their relatives assurance that only suitable staff would be employed to work at the home.

Good

Is the service effective?

Our findings

A person told us, "I feel that everything I need is provided for me here". Another person said, "I am looked after well". A relative told us that they would use one word to describe the service and that was, "Excellent". Another relative said, "I am really pleased and really impressed". Staff we spoke with all told us that in their view they thought that people's needs were met. They told us that they would score the service between good and very good. Health care professionals we spoke with confirmed that the service was good. A health care professional said, "It is a good home".

A staff member told us, "I was given induction training when I started. I had to look at all paperwork. I worked with experienced staff first. It helped me learn what I needed to do". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The registered manager and a staff member confirmed that the provider had implemented the Care Certificate. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care. All staff we spoke with told us that they felt supported in their role on a day to day basis. Staff we spoke with complimented the support they got from their manager, the nurses and their colleagues. A staff member said, "The staff work well together. I have never felt isolated". Staff told us that they received supervisions to discuss any training they needed and their personal development and had an annual appraisal.

Staff we spoke with told us that the training they had been given was effective and good. A staff member told us, "I have done all my training I am well able to do my job". Another staff member said, "I was not allowed to do certain things like hoisting people until I had received training". The provider had a training manager who ensured that staff training was up-to-date. Staff training records that we looked at confirmed that staff had received mandatory and some specialist training for their role. The training of staff gives them the knowledge to support people appropriately and meet their needs.

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).

Staff we spoke with told us that no person was unlawfully restricted. A staff member said, "We observe and advise people we do not restrict". A relative said, "They [their family member] is not restricted and has freedom of movement". We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had a mixed understanding of MCA and DoLS. A small number needed some prompting to tell us what these meant. However, the majority of staff were able to give us a detailed account of the principles of the MCA and DoLS. They knew that people should not be unlawfully restricted. Records that we looked at confirmed that staff had received MCA and DoLS training. The registered manager told us and records that we looked

at confirmed that some people needed restrictions to keep them safe. For these people applications had been made to the local authority and these had been approved. We saw that capacity assessments had been completed to determine people's abilities to make choices and decisions. Best interest decisions had been recorded for staff to be aware of in order to act in people's best interests. A nurse told us, "We ensure that people are always given choices but are aware that sometimes help is needed to reach decisions. If people are unable to make decisions we involve families and social services". A relative told us, "We are consulted and involved about their [person's name] care.

We saw that where decisions had been made to protect people's choices and/or protect their quality of life these had been documented on Do Not Attempt Resuscitation [DNAR] forms. The doctor had documented that they had spoken with the person or their relative and had signed and dated the form.

A person told us, "Look I always have my buzzer [their call bell] by me in case I need anything. If I do, I press it, and the staff come to me". A staff member told us, "We always try to ensure that people have their call bell by them. Not all people understand what it is for though or would be able to use it". At our last inspection we saw that some people did not have their call bell in reach to summon help. During this inspection we saw that call bells were mostly within people's reach. On most units we saw that people who were in bed were checked regularly by staff and this was recorded in the 'daily notes'. A staff member told us, "We do not use charts to record this. It is all part of the care so we include it when we write the daily notes".

People were satisfied with the food and drink offered. A person told us, "I love the food". Another person said, "The food is nice and we have choices". A relative told us, "The meals I see always look nice". Menus that we saw were available in pictorial form to help to ensure that people could more easily understand what was on offer. Staff told us and records confirmed that people's special and individual dietary needs were catered for. This included providing meals to meet people's diabetic needs, soft and puree meals, meals to promote weight gain and the provision of vegetarian options. A staff member told us, "If people are losing weight we put cream in their porridge and more butter in potatoes this helps to prevent weight loss". Staff told us that some kitchen staff had been shown by another staff member how to make soup that would meet some people's diverse dietary needs.

We saw that people were offered meal choices and if they did not like what they were offered an alternative was provided. A staff member said, "The kitchen staff are good and provide an alternative". One person did not want the meals offered and was offered a sandwich that they enjoyed.

We observed on one unit that the meal time experience was not as positive as on the other units. We saw that people were sat at the tables for fifteen minutes before they were provided with their meals. We saw that people in bed had to wait to be supported with their meals. We did not see any condiments on the tables for people to use. Following our inspection the registered manager told us that some new 'hostess' staff had been employed and had since started work on the unit. They said, "This is much better now. These staff are available at lunchtime to assist people with their meals which prevents any delays". As we have not been back to the home we have not tested that this action had been taken. Mealtime experiences on all other units were a more positive experience for people. We saw that staff were available to support people to eat their meals. We saw that they sat by people and supported them to take their meals at a pace that was appropriate to them. We heard staff encouraging people to eat.

A staff member said, "All staff know that it is vital that people drink enough to prevent them becoming poorly". We saw that people were offered drinks regularly to prevent dehydration. We saw that records were maintained of drinks and food that people had consumed. We saw that where risks had been identified regarding weight loss or difficulty in swallowing referrals had been made to the dietician and Speech And

Language Therapist [SALT] for advice. We saw that recommendations made were available in people's care files and staff we spoke with told us that they were aware of them and followed them.

A person said, "The staff get the doctor when I am ill". A relative told us, "The staff get all people in like the doctor. Last week they [person's name was very ill. The staff called the doctor who gave some antibiotics. I am amazed how they have recovered". The healthcare professionals we spoke with all told us that they visited the home regularly to see people routinely but would visit in-between if there was a need. They confirmed that staff acted correctly in calling them when needed and carried out any instructions given. A person said, "I have had my eyes tested and am waiting for my new glasses". People we spoke with told us that staff supported them to access other health care services when needed that included the dentist and chiropodist. People told us and records confirmed that action had been taken to prevent them becoming ill.

Good

Is the service caring?

Our findings

All of the people and relatives we spoke with told us that the staff were caring. A person told us, "They [the staff] are lovely. I get on with them all". Another person said, "They staff are nice". A relative told us, "The staff are very friendly no problems at all". Another relative said, "The staff are lovely. We know them all by name". A staff member said, "All staff are very caring". Our general observations showed that staff were caring. A comment in a provider feedback form read, "The staff are like my family. I do not get many visitors. On my birthday the staff buy me cards and presents". We heard staff speaking with people in a helpful friendly way. We observed a situation where a staff member saw that a person's hair had gone in their eyes. The staff member gently moved the hair. We observed that interactions between staff and people were positive. Staff spoke with people with a gentle voice. When they looked at people their faces expressed compassion.

A person said, "It is quite a happy place". Another person said, "I have brought my own bits and pieces in from home and they are in my bedroom. I am glad of that". A relative told us, "As soon as we came in the place [the home] we found it was homely, peaceful and had a nice atmosphere". We found that each unit was warm and welcoming. We saw that flicker flame fires and easy chairs made the environment feel cosy. We saw that people had some of their belonging their bedrooms to that personalised them and made them feel homely. We found that the provider encouraged a happy, friendly atmosphere. Our observations showed that the people who lived at the home had made friends with each other. We heard people asking each other how they were. We observed that there was a lot of friendly chatting between people.

People told us that the staff were polite and respectful. A person said, "I think they [the staff] are all respectful and polite". A relative said, "They [the staff] do protect people's privacy. I see them shut toilet and bathrooms doors when they are in use". Records that we looked at confirmed that people had been asked how they wished to be addressed and this had been recorded on their care files. We heard staff calling people by their preferred name. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. A staff member told us, "We support people to have privacy in their own rooms and make sure we cover people up when we provide personal care".

A person said, "I pick my own clothes every day". A relative told us, "They [their family member] have fresh clothes everyday". Care records that we looked at highlighted that people's appearance was important to them. We saw that people wore clothing that was suitable for the weather and reflected their individuality. We saw that many females wore necklaces and beads. They told us that the staff helped them to put them on and that they liked wearing them. Some people had their nails polished. A person nodded, smiled and looked pleased when we told them that their nails looked nice. A relative told us, "They [the staff] seem to take an interest they put their [person's name] perfume on". A person told us, "We are having our hair done today. I love that". The hairdresser was on site on the day of the inspection and many people had their hair done. This was obviously an important event to people and one that that they looked forward to. We heard staff complimenting people on their hair styles. We saw that people smiled and looked pleased. We observed that most male people looked smart and clean shaven. This showed that staff had taken action to promote people's self-esteem and acknowledged their identity.

A person told us, "The staff encourage us all to do what we can". People we spoke with told us that staff encouraged them to be independent. Staff we spoke with all told us that they only supported people do things that they could not do. A staff member told us, "We give some people cloths so that they can wash their faces independently". We observed staff encouraging people to walk rather than them using wheelchairs for them to retain their mobility independence. We heard staff encouraging people to eat and drink independently and that cutlery and cups were provided to enable this.

A relative told us that at times there could be communication difficulties if there were no staff on duty who could speak their family member's first language. The registered manager told us they tried their best to ensure that as much time as possible there was one staff member who could communicate in the person's language. They told us that they used pictures and other methods to communicate with the person at times when no staff were available. Records highlighted and staff confirmed that people had access to interpreters if needed and staff confirmed they had recently secured this input. A staff member gave an example of. A person told us, "I can understand what the staff say. They speak loud so I can hear". A relative said, "They [their family member can hold a conversation with staff". Other people told us that staff communicated with them in a way that they understood. We saw that staff spoke with people in a calm way. They made sure that they faced people when they spoke with them. They waited to make sure that people had understood what was said to them and repeated what they said if they thought they had not. This demonstrated that staff knew it was important to communicate with people in a way they understood.

People we spoke with all told us that they very much enjoyed seeing and having visits from their family. A person said, "I love seeing my family". Another person said, "I think my daughter is coming sometime today". Relatives told us that they could visit when they wanted to. A relative said, "I am made to feel welcome by staff. I can make myself a drink in the kitchen". Some relatives who were not able to visit telephoned regularly to ask how their family member was. We heard a nurse telling a person that their relative had telephoned to see how they were and to send their love.

Information was displayed giving contact details for independent advocacy services. The registered manager confirmed that advocates had been used where people needed support to make decisions or they requested independent support. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes.

A person said, "We had a really nice Christmas". The unit managers, staff, and relatives told us about a sponsored walk that the staff had arranged and participated in. A relative told us, "It is amazing what they [the staff] did. They did it to buy lots of things for the people's Christmas". A unit manager said, "There was money for Christmas but we wanted more to make it extra special for people and they enjoyed it".

Good

Is the service responsive?

Our findings

A person told us, "I came here and looked before I moved in". Another person said, "I had a visit from a staff member. They asked me if I would like to go and spend a couple of weeks at the home and I went there". A relative told us, "Before they [their family member] lived at the home I visited to see if it would be suitable". Another relative told us, "The staff came to assess them [their family member] when they were in hospital. They went through the medical history and what they liked to eat". The registered manager told us and records that we looked at confirmed that prior to people to people moving into the home an assessment of need was carried out with the person and/or their relative. This was to identify their individual needs, personal preferences and any risks to make sure that needs could be met and people could be kept safe.

A person said, "I think the staff know me". A relative told us, "The staff know them [person's name] well". Another relative said, "They know the little things as well. That they [their family member] like to have two pillows". We looked at care records and then asked staff about people's needs. They told us about people's individual support needs and interests. The staff we spoke with knew about people's daily routine preferences, how they liked their support to be provided, their families and about people's past working life and interests.

People told us that they were involved in care planning this was confirmed by the registered manager. A person said, "I have seen my care plan". A relative told us, "I know there is a care plan". Another relative said, "I have been through their [their family member] folder". We looked at care plans and found that they captured people's needs. We found that one person had suffered from a urine infection. A care plan was in place regarding this. We spoke with a staff member about this who told us that encouraging plenty of fluids was important. They also knew the complications the urine infection could have on the person and gave us an example of confusion. We saw that care plans were reviewed regularly and they were amended if people's needs changed.

People told us that they could attend religious services if they wanted to. A relative told us that they took their family member to religious gatherings and, "The staff always make sure that they are ready to go on time". Staff told us that representatives from a local church visited every two weeks. They also told us that some people had communion from their own church. Records that we looked at highlighted that people had diverse religious needs. One relative said, "The staff were very sensitive towards them [their family member] at Christmas as they knew they do not celebrate Christmas". Staff told us that they supported a person to pray this was confirmed by the registered manager. The registered manager told us, "We are looking at using a room especially for people who want to pray. We are going to equip it with mats and other items that people may need".

A person told us, "There are activities we can join in". Most other people we spoke with confirmed that they were offered some leisure time pursuits. However, a relative told us that on one unit there was little in the way of activities being offered. We discussed this with the registered manager who explained that there was a vacancy for the activity staff member on that unit. The registered manager said, "We have recruited into the post though and staff on the unit are doing activities in the meantime". Whilst we were on that unit we

saw that a staff member encouraged a number of people to join in a large sized game of snakes and ladders. We saw that people engaged in the game and were laughing and smiling. We saw that resources were available that included 'seaside memories', colouring therapy and rummage boxes. Rummage boxes can be filled with items from yesteryear and can be used as a dementia care tool for reminiscence and to generate conversation. Staff told us about the outings that had taken place over the last six months that included shopping trips and a trip to the theatre. A staff member said, "People really enjoyed these". On one unit we saw photographs of people in the garden. On another unit we saw photographs of a club held for people who cannot or do not want to sleep. Games were played and takeaway food was ordered in. The unit manager said, "We do this because not everyone wants to go to bed early". We saw that activity planners were available on other units that offered knitting, poet's corner, dominoes and a cinema club.

Relatives we spoke with told us that they had been asked to complete provider feedback forms. A relative said, "We completed a form before Christmas". Another relative told us, "My husband completes the form". We saw provider feedback forms that had been completed by people who lived at the home and their relatives. Overall the feedback from these was positive.

People and relatives we spoke with told us that meetings were held for them to raise issues and give their views. A relative said, "There are meetings but not many relatives turn up". Another relative told us, "There are meetings but time is precious to me". We saw records to confirm that meetings were held for the people who lived at the home for them to discuss issues and that relatives were also invited.

We saw that the complaints procedure was available within the home. It was only available in words, not words and pictures that could make it easier for people to understand. We looked at the few complaints that had been logged and found that they had been responded to appropriately and that where the registered manager had investigated and upheld complaints they had apologised and taken action to address the issues.

Good

Is the service well-led?

Our findings

At our last inspection in August 2014 we assessed the well-led section as requiring improvement. This was because the quality monitoring systems at that time had failed to ensure that shortfalls relating to medicine management had been addressed. At this inspection we found that a nurse had been delegated the role of medicine champion. This was to ensure that medicine problems were identified, discussed, and that lessons were learnt. Daily medicine checks had been undertaken which ensured consistent standards were maintained. Medicine errors were dealt with immediately in order to learn and prevent the error happening again. These systems had improved the management of medicines and had promoted people's safety.

People, relatives and staff we spoke with felt that the service was good and well-led. A person told us, "It is well run here". A relative told us, "I think it is a good service". Staff we spoke with told us that in their view the service was good. A staff member told us, "I think it [the service] is extremely well-run". Health care professionals we spoke with also told us that they felt that the service was well-run.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by five unit managers and a team of nurses. Staff told us that they felt supported by the provider. A staff member told us, "I feel well supported by the managers. I am happy working here". We looked at a selection of staff meeting minutes and found that the meetings were held regularly. Staff told us that they were clear about what was expected from them.

The registered manager was available and was visible within the service. We saw them in the lounges and dining rooms during our inspection. We saw that people smiled and spoke with the registered manager which showed that they were familiar with her.

The registered manager told us, "We have worked very hard to improve. We check and audit to make sure things are running well" Unit managers and nursing staff all confirmed that audits were undertaken. We saw records to show the registered manager carried out checks on the service quality. These were undertaken regularly and included audits regarding care plans and safety checks. We found that checking processes and audits regarding medicine management and safety had brought about the improvements that were needed. We saw documents to confirm that falls and sores were monitored. Graphs were used to show when the highest incidents had been and where units were at were used and displayed. This meant that the registered manager could see at a glance any emerging or actual risks to give them the opportunity to take remedial action.
Staff confirmed that the registered manager did a 'walk around' each unit at least once a day and made observations and to ensure the staff were working as they should.

Each week day the registered manager had a meeting for the unit managers. We sat in on the meeting. Each unit manager had to bring with them and present all the current issues and happenings on their units that included if there was a need for staff cover, any falls, sores, or behaviours that were of a concern. By holding these meetings the registered manager knew what was happening on each unit and any risks that had to be addressed. The unit managers told us that they found the meetings useful and supportive.

We found that the provider adhered to what was required of them. We asked them to complete 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. They returned their PIR within the timescale we gave and it was completed to a reasonable standard. Providers are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The registered manager had a system in place to ensure incidents were reported to the CQC which they are required to do by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken. Providers are also required to display their current inspection rating. We saw that the provider's rating was available on their web site and also on display in the home.

The atmosphere at the home was very positive. Staff spoke highly of the work they did and what they had achieved. It was clear to us that the unit managers and other staff were motivated and committed to providing a good service. They told us about new initiatives that included the dementia coffee meetings. A room had been utilised for the purpose of holding the meetings. These meeting were offered to relatives and members of the local community who needed advice, support or just someone else to talk to about their family members who lived with dementia.

All staff we spoke with told us what they would do if they were to witness bad practice. One staff member said, "If I saw anything I was concerned about I would report it to the manager. We have policies and procedures regarding whistle blowing". Another staff member told us, "We are given a telephone number so we could speak to someone in confidence if we had any concerns". We saw that a whistle blowing procedure was in place for staff to follow.