Care Quality Commission

Selsey Care Company Limited

# The Old Malt House Nursing Home

**Inspection report**

The Old Malthouse
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Date of inspection visit: 07 July 2015
Date of publication: 13/08/2015

## Ratings

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

## Overall summary

This inspection was carried out on 7 July 2015 and was unannounced. The Old Malthouse Nursing home provides care and accommodation for older persons with physical care needs, and people living with dementia. The home recently changed the regulated activities it is registered to provide and no longer provides nursing care. The home provides accommodation and personal care for up to 34 people. Accommodation is provided over two floors and there was a lift available to access all floors. There were a total of 29 members of staff employed plus a deputy manager and the registered manager. On the day of our visit 30 people were living at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the

# Summary of findings

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.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. We found that although the provider had suitable arrangements in place to establish, and act in accordance with the Mental Capacity Act 2005 (MCA) this was not always applied in full. Staff had a basic understanding of the Mental Capacity Act (MCA) 2005 however not all people who may lack capacity to make decisions had been assessed and had this documented in their care records. We have made a recommendation concerning the MCA.

People told us they felt safe. Relative's told us they had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

Care records contained risk assessments to protect people from any identified risks and helped to keep them safe. These gave information for staff on the identified risk and guidance on reduction measures. There were also risk assessments for the building and emergency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Recruitment checks were carried out on newly appointed staff to check they were suitable to work with people. Staffing levels were maintained at a level to meet people's needs. People told us there were enough staff on duty.

We received differing opinions of the food provided. Some people told us the food at the home was good while others said there could be more choice. There was a four week rolling menu displayed in the kitchen and the cook went round each morning to check people's choices for lunch and supper. Information regarding meals and meal times were displayed in the dining room.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely. The provider's medicines policy was up to date. There were appropriate arrangements for obtaining, storing and disposing of medicines

Each person had a plan of care which provided the information staff needed to support people. Staff received training to help them meet people's needs. Staff received regular supervision including observations of staff carrying out their duties. Monitoring of staff performance was undertaken through staff appraisals which were conducted every 12 months.

Staff were supported to develop their skills through regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. All staff completed an induction before working unsupervised. Staff had completed mandatory training and were supported to undertake specialist training from accredited trainers.

People's privacy and dignity was respected and staff had a caring attitude towards people. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

Staff were knowledgeable about people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handovers at the beginning of each shift. The home was well supported by a range of health professionals.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. Staff said that communication between staff was good and they always felt able to make suggestions and confirmed management were open and approachable.

The registered manager acted in accordance with the registration regulations and sent us notifications to inform us of any important events that took place in the home of which we needed to be aware.

The provider had a policy and procedure for quality assurance. The manager was visible and a group manager employed by the provider visited the home

# Summary of findings

regularly. Weekly and monthly checks were carried out to help monitor the quality of the service provided. There were regular residents meetings and their feedback was sought on the quality of the service provided. There was a complaints policy and people knew how to make a complaint if necessary.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

People told us they felt safe. Relatives had no concerns about the safety of their relatives. There were enough staff to support people and staff received training to help keep people safe.

Where any risks had been identified risk assessments were in place to help keep people safe.

Medicines were stored and administered safely by staff who had received training and had been assessed as competent.

**Good**

**Is the service effective?**
The service was not always effective.

Not all people who may lack capacity to consent to their care and treatment had an assessment undertaken or documented.

People had enough to eat and drink. Some people said there was not enough choice at meal times. Staff supported people to maintain a healthy diet.

People told us they were well supported. Relatives told us the staff provided the care and support people needed.

People's healthcare needs were met. Staff had appropriate training and skills to enable them to meet people's needs.

**Requires improvement**

**Is the service caring?**
The service was caring.

People told us they were treated well by staff and always treated with dignity and respect. Relatives said they were very happy with the care and support provided.

We observed care staff supporting people throughout our visit. We saw people's privacy was respected. People and staff got on well together

Staff understood people's needs and provided support the way people preferred.

**Good**

**Is the service responsive?**
The service was responsive.

Each person had an individual plan of care and these gave staff the information they needed to provide support to people.

Reviews of care plans contained an evaluation of how the plan was working for the person concerned and detailed any changes that needed to be made.

**Good**

# Summary of findings

There was a clear complaints procedure in place. People were confident any concerns would be addressed.

**Is the service well-led?**

Good

The service was well led.

There was a registered manager in post who promoted an open culture. Staff told us they were well supported by the manager.

There were management systems in place to make sure a good quality of service was sustained.

People and relatives told us the manager and staff were approachable and they could speak with them at any time and they would take time to listen to their views.

# The Old Malt House 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 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.

This inspection took place on 07 July 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. The inspection team consisted of two 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 a background in the care of older people.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people, their relatives and staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service.

During our inspection we observed how staff interacted with people. We looked at how people were supported in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, supervision and employment records, minutes of meetings with people and staff. We also saw records relating to the management of the service such as audits and policies and procedures. We spoke with15 people, two relatives, the registered manager, two senior carers, six care staff, the activity co-ordinator, cook, administrator, housekeeper and a visiting hairdresser. We also spoke with a social worker, a member of the community nurse team, a GP and three activity people who had regular involvement with the service to ask for their views.

The Old Malthouse Nursing Home was last inspected in May 2013 and there were no concerns identified.

Good

# Is the service safe?

## Our findings

People felt safe at the home. All of the people we spoke with said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. Comments from people included. "I feel safe and secure" and "Of course I'm safe here". One person said they felt safer now a lock was fitted to their bedroom door which gave additional security. Relatives did not have any concerns about people's safety.

The registered manager had an up to date copy of the West Sussex safeguarding adults procedure and understood her responsibilities in this area. There were notices and contact details regarding the safeguarding of adults at risk on the notice board. Staff showed an understanding of safeguarding, were able to describe the different types of abuse, how they would recognise the signs of abuse and knew what to do if they were concerned about someone's safety.

Risk assessments were in place to keep people safe. These were contained in people's plans of care. Staff used the waterlow pressure ulcer risk assessment tool to identify those at risk of developing pressure sores. Malnutrition Universal Screening Tool (MUST) assessments were also completed to identify and support those at risk of not receiving adequate nutrition. Where risks had been identified risk assessments were in place and these gave details of the identified risk and provided staff with information on how risks could be minimised. We examined the 'falls risk assessment tool' which identified those people who were at a high risk of falls. The tool had a scoring system to judge the degree of risk. The falls risk assessment tool had identified a person who was at high risk with a score of 15 + (high) recorded. There was a risk assessment in place for this person and the person had a falls sensor mat in place in their room so they could be monitored.

There was an up to date fire risk assessment for the building. There was an emergency plan kept in the staff office which had information for staff on the actions to take to deal with any emergencies such as fire, flood or missing person. The registered manager told us about the contingency plans that were in place should the home be uninhabitable due to an unforeseen emergency. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

People had differing views about the staffing levels. Some people said there were enough staff working at the home. However, one person told us, "There are not enough staff and sometimes are worse than others". The registered manager told us that there was a minimum of one senior care staff member and six care staff on duty between 7am and 2pm. Between 2pm and 8pm there was a senior plus five care staff on duty and between 8pm and 8am there was a senior and three care staff on duty. The staffing rota confirmed that these staffing levels were maintained. The registered manager told us that staffing levels were kept under review as people's needs changed. In addition to care staff the provider employed domestic staff, kitchen staff, an activities co-ordinator, and an administrator. These staff worked flexibly throughout the week. A staff member told us "There are not enough of our own staff at present but the manager is trying hard to recruit some". Observations showed that there were sufficient staff on duty to meet people's needs. We saw staff interacting with each other with regard to organisation of the work load. There was always a member of staff around most areas of the home and we saw staff members sitting in the lounge writing up care notes where they could observe and provide care and support if required. The home had undergone some changes as it had changed the regulated activities it was registered to provide. Although this change did not affect the care provided to people, the staffing structure had been changed and staff were still adapting to this. As a result of these changes some staff had left and there were five staff vacancies which were currently being covered by regular agency staff. The provider was currently in the process of recruiting staff.

We looked at recruitment records for three members of staff. Records included proof of identity, two references, application form and Criminal Record Bureau (CRB) checks and Disclosure and Baring Service (DBS) checks. CRB and DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who may be at risk.

Only care staff who had received training were authorised to administer medicines. We spoke with the senior carer on duty was responsible for medicines and they were able to

Good

# Is the service safe?

show us how staff were trained and deemed competent to administer medicines. Staff confirmed they received training in medicine management and were knowledgeable about practices to follow for safe medicine use. Medicines administration records (MAR) were completed accurately. We observed medicines being administered and saw this was carried out in a calm and unhurried manner. People were encouraged to drink with their medicines and the staff member ensured medicines had been taken before leaving the person and signing the MAR. There were procedures in place for the use of controlled medicines. These were stored in accordance with appropriate guidance.

The service had an up to date medicines policy to inform their practice. Policies provided guidance about obtaining, safe storage, administration and disposal of medicines and the management of errors. Daily checks of medicines storage, medicine administration records, medicines stocks and equipment were carried out. The GP visited regularly to review people's healthcare needs as their condition changed and any medicine dose changes following a doctor's visit were carried out as per instructions. The dispensing pharmacy conducted regular checks and audits, the last one was carried out on 1 July 2015. The senior care responsible for medicines said they were awaiting the report but were able to show us how a change in recording when required medicines had been implemented as a result of this visit.

Requires improvement

# Is the service effective?

## Our findings

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Currently there were four people living at the home who were subject to DoLS. The registered manager told us they had just received authorisations for a further six people and they were in the process of notifying CQC. We found the manager understood when an application should be made and how to submit one.

Staff had a basic understanding of the Mental Capacity Act (MCA) 2005. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The registered manager told us people had capacity to make day to day decisions regarding their care and support and we saw staff speaking with people and obtaining their permission before they delivered any care or support. The registered manager understood that for complex decisions capacity assessments may need to be undertaken. She knew that if a person lacked capacity a best interests decision would need to be made and recorded. We saw in one person's care plan that a best interests meeting had been held for a person who was at times refusing to take their medicines. The best interests meeting was held and a decision was made to administer a medicine covertly to this person so that an examination could be made. The person's family, the GP and the registered manager were involved in the decision making process.

However there were some people who's capacity to make decisions was in question and their capacity to consent had not been fully assessed. There was no capacity assessment undertaken and documented in their care records. The registered manager told us that new care plan formats were being developed and that all people who's capacity to make decisions was in question would have a mental capacity assessment undertaken.

**We recommend** that the provider and manager seek advice and guidance from a reputable source, to ensure they act in accordance with the legal requirements of MCA and DoLS.

People told us they were well supported. People said staff were knowledgeable and provided them with the support they needed. One person said "I am happy and well looked after with no complaints". Another said "They (the staff) are very good and are always around to help" One relative told us "My mom is better now than when she came in, more mobile now". People had differing views about the food. Some were complementary about the food provided, however others said they would like more choice and one person said "The food is boring and didn't have much taste". People told us their health needs were met. One person said "If I need to see a GP or a nurse this is arranged quickly.

Staff received training to enable them to support people effectively. Staff told us that they received training which was of good quality and comments included "Training is really good –they get you involved and you learn more," "We are encouraged to do training here" and "There is a lot of good training here and it helps us to care for people properly".

All staff completed an induction and this training included 'understanding your role', duty of care, handling information, safeguarding, equality and diversity, privacy and dignity, moving and handling, communication, infection control, nutrition and hygiene, emergency first aid, medication and health and safety. Staff were also provided with specific training around the individual needs of people who used the service including dementia care, management of behaviour that challenges, Mental Capacity Act(MCA)2005 and Deprivation of Liberty Safeguards (DoLS) and stoma and catheter care. The training provided for staff equipped them to provide effective care and support to people with differing care needs. The registered manager told us that all new staff would be enrolled to undertake the new care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care expected.

Staff were encouraged to achieve further qualifications and one member of staff told us that they were just completing NVQ level 2 and another that they were embarking on NVQ level 3

At lunchtime the dining areas looked attractive and welcoming. The tables were laid with tablecloths, serviettes, cutlery and glasses of juice. We observed the

# Is the service effective?

service of lunch was supervised by senior staff but was slow with some residents still being served lunch at least half an hour after it had started. Meals were served in various rooms of the home, there were two lounges where some residents ate their meals at tables. Others ate from a small table over their armchair. Music was played in the lounges and this was left on during lunchtime. There were two smaller areas for eating where there was no music or TV during lunch. One area was used by four people who were having a glass of wine with lunch. People were assisted by staff as required. We saw one person being assisted to eat by a carer who encouraged them to talk and interact during mealtimes. However other staff interaction was largely task-led and we saw people were encouraged to eat a bit more of their meal. The monitoring and support provided by staff helped to ensure that people ate sufficient amounts to meet their nutritional needs.

There was a four week rolling menu with two choices of main meal each day with a choice of vegetables and dessert. All the meals were delivered pre-packed and heated on site. These were delivered weekly. We spoke to the cook who told us they could make an alternative if the choices available were not to a person's liking, they said they could provide, omelette, soup, jacket potato, sandwiches or salad as an alternative. On the day of our visit we saw that the cook had prepared a salad for one person and this was well presented. We spoke to the registered manager about peoples and staffs views on the meals provided. She said that the catering company who provided the meals had organised a tasting day and had met with people to show the choices available. The registered manager said this was a success and people were very complimentary about the meals. She told us that all the meals had been designed to ensure that people's dietary and nutritional needs were met. The company provided pureed, soft diet and vegetarian meals for people individually. Other meals were provided in trays suitable for six or eight people and these were then served on individual plates. We asked about provision for people with diabetes and were told that the meals provided were suitable for people who were diabetic. There was a notice board in the kitchen which had details of people's dietary needs.

People's healthcare needs were met. People were registered with a GP of their choice and the provider arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. Staff said appointments with other health care professions were arranged through referrals from their GP. We spoke with a GP service and a community nurse team who regularly visited the home and they told us the staff were proactive in asking for advice and support. They said the staff worked well with them and followed any advice offered to help them meet people's needs. A record of all healthcare appointments was kept in each person's care plan together with a record of any treatment given and dates for future appointments.

Good

# Is the service caring?

## Our findings

People were happy with the care and support they received. People gave us positive feedback regarding the caring nature of staff. Comments from people included: "The staff are all very nice". "I am well looked after and have no complaints". "The staff always treat me well and are very respectful". Relatives were also happy with the caring attitude of staff. One relative said "The staff are very good, they work hard but always take time to talk with you".

Staff were able to tell us about the people they cared for. They knew what time they liked to get up, whether they liked to join in activities or whether they preferred to spend their time in their rooms. Staff understood the need for confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in the home's communication book which was a confidential document or discussed at staff handovers which were conducted in private. Staff told us that they respected people's need for confidentiality and would take them to a quiet area if they needed to discuss anything confidential with them.

Observations showed staff were knowledgeable and understood people's needs. We saw that people were treated with kindness and compassion. Staff related to people in a courteous and friendly manner, explaining what they were doing and giving reassurance if required. A care staff member was heard reassuring a person in their room saying "I'm going to help you, don't worry".

Throughout our visit staff interacted with people in a warm and friendly manner. People and staff laughed together and staff used gentle touch to reassure and support people. Staff walked with people at their pace. When communicating with people, staff got down to the person's level and made eye contact. They spent time listening to them and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people showing kindness, patience and respectThis approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. Staff ensured people's privacy and dignity was respected and said they enjoyed supporting people. We observed that staff knocked on people's doors and waited for a response before entering. Two people told us they were "quite content" to sit quietly in their room but were able to go out independently if they wished and there was no problem in doing this. People were able to move into the shared area of the home if they wanted to for meals or activities. People who preferred to preserve their privacy were able to do so.

Staff respected people's individuality and explained to us how they maintained people's privacy and dignity when giving personal care. They told us any personal care tasks were carried out in private, usually in people's own rooms. One care assistant said "People receive personal care in the privacy of their bedrooms and we make sure the door and curtains are closed and partially cover them with a towel to keep their dignity". Staff said they attended regular training on privacy and dignity. We saw evidence to support this. People told us their privacy and dignity was always respected. We observed consistently kind and respectful conversations between staff and people who lived at the home.

Everyone was well groomed and dressed appropriately for the time of year. We noted that a large number of ladies had had their hair and nails done on the day of the inspection. We also saw that the hairdresser was cutting gentlemen's hair. This had a positive impact on people's self-esteem and upheld their dignity.

People could choose to lock their room if they wished. People had brought personal belongings and photographs into the home to decorate their rooms. Staff assisted them to participate in activities that had been important to them.

We looked at the compliments file and saw that relatives had sent in letters thanking the home for the way they had treated their relative. For example one letter said, 'We can't thank you enough for the care and support you gave to mom, she was very happy living at The Old Malthouse Nursing Home'. Another just said 'Thank you for everything you did, your staff really do care'.

We saw that there was information and leaflets in the entrance hall of the home about local help and advice groups including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment.

Good

# Is the service caring?

The registered manager told us they would support people to access an appropriate service if people wanted this support.

Good

# Is the service responsive?

## Our findings

People said staff were good, met their needs and gave them the support they needed. All people had call bells in their rooms and these were in easy reach should they need any assistance. Comments included; “If I use my call bell staff respond quickly,”. “The staff will do anything you ask” and, “They are all very good and help you all they can”. Relatives were confident the care and support being provided was making a difference to their relative’s lives. One relative told us, “We were involved in (X)’s care plan and the review after they had come out of hospital and again after the home changed its registration”.

Before people moved into the home they received an assessment to identify if the provider could meet their needs. This assessment included the identification of people's communication, physical and mental health, mobility and social needs. Following this assessment care plans were developed with the involvement of the person concerned and their families to ensure they reflected people’s individual needs and preferences.

All people had a plan of care that identified people’s assessed support needs. Each care plan was individual to meet their specific care needs. The registered manager told us that she was in the process of changing care plans to ensure they were more ‘person centred’. Person-centred planning is a way of helping a person to plan all aspects of their life, ensuring that the person remains central to the creating of any plan which will affect them. Care plans had headings such as “Knowing me” which had information about how the person liked to be addressed and how they liked their care to be delivered. Another heading was “Important things you need to know about me”. This explained what the person was like when they were upset, what they disliked, what they liked and what gave them reassurance”. Care plans provided information regarding each person’s needs with regard to the following: Communication, mobility, personal care needs, food and fluid intake,, continence, skin integrity, daily routines, routines at night, behaviour issues and spiritual need. Staff confirmed that care plans gave them the information they needed to give people appropriate care and support and enabled staff to understand how the person wanted to be supported. Staff could then respond positively and provide the support needed in the way people preferred.

Staff told us that they enjoyed working at the home one staff member said “I love working here”. Another said “When they changed from nursing to residential care I decided to stay on, I think the care here is first class”. We spoke to three people who provided outside activities to the home and they all commented positively on the care and support provided. One person told us “Since the home has changed from Nursing care to Residential care I have noticed a distinct change in care delivery for the better”.

The registered manager told us that, where possible, they involved people and their relatives in planning and reviewing their care. They said people’s care plans were reviewed and discussed with them at least monthly and their views were taken into account when providing their care and support. Reviews contained an evaluation of how the plan was working for the person concerned and detailed any changes that needed to be made. We saw changes had been made to people’s plans of care as required. For example one person stated they did not wish to receive personal care from a male carer. This was respected and was recorded in their plan of care. In addition people were also asked about the care they would like at the end of their lives and we noted that their wishes had been recorded and were readily accessible to all staff.

Staff compiled daily records which detailed the support people had received throughout the day and night and provided evidence of care delivery. The records also showed that the care needs detailed in the care plan was being delivered

Staff told us they were kept up to date about people’s well-being and about changes in their care needs by attending the handover held at the beginning of each shift. During the handover the senior staff member updated staff on any information they needed to be aware of and information was also placed in the staff handover file. . Any appointments for people were also placed in the daily diary. Comments from staff included: “Handovers are very helpful and keep us up to date,” “Handovers are very thorough and as a result you know everything you need to know to care for people well”. “Handovers give us a lot of details and help us throughout the day” and “The care is good at this home”. Any appointments for people were also placed in the daily diary. This ensured staff provided care that reflected people#s current needs.

People were supported to maintain contact with their family and friends to avoid social isolation. Visitors were

Good

# Is the service responsive?

welcomed at any time and were able to share lunch and supper with people they were visiting. The manager told us that they had a room available where visitors were able to stay overnight with prior agreement. Visitors were encouraged to take part in all the social activities of the home.

People's religions and faith were respected and the registered manager told us that ministers from local churches of differing denominations were invited to hold communion for them. People were also able to attend churches of their choice and were supported to attend by their relatives, care assistants or a member of that congregation

An activity co-ordinator had been in post for three weeks and they were supported in their role by a number of people from outside agencies who provided activities for the people on a regular basis such as singing, crafts and exercises. A daily programme of activities had recently introduced activities which included quizzes, themed talks, arts and crafts, sing-alongs, memory box sessions, exercise classes and pampering sessions. These activities provided people including those with dementia with stimulation and staff encouraged people to take part and be involved. In addition to group activities the activity co-ordinator told us that when they were not responsible for holding the group sessions they had the opportunity to spend one to one time with people who remained in their rooms. Activities provided to people on a one to one basis ensured that people who stayed in their rooms avoided social isolation.

Staff told us that they recorded people's attendance at activity sessions in their daily records and the activity co-ordinator told us that they had introduced a record of attendance. The registered manager told us that people were also able to attend the local Day Centre if they wished and this was situated on the same site as the home.

People were made aware of the complaints system and we saw that it was included in the Welcome booklet which was readily available around the home. Staff told us they were aware of the complaints policy and procedures. They knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take the complaint seriously. We looked at the complaints file and noted that there had been four complaints this year. We saw that these had been fully investigated and dealt with in a timely manner and resolved satisfactorily. Any complaints received were discussed at staff meetings to establish if any changes could be made to improve the service and learn from negative events.

Good

# Is the service well-led?

## Our findings

People said the registered manager was good and they could talk with her at any time. One person said "Since the new manager has arrived things have changed for the better". Another person said "The new manager knows her stuff, she's really good and takes time to talk to you and listen to what you say". Relatives confirmed the registered manager was approachable and said they could raise any issues her or with a member of staff.

The registered manager was visible, spent time on the floor and people said they would go to her if they had any concerns about their care. Communication between people, families and staff was encouraged in an open way. The registered manager's office was open and set back in a corridor next to the main door, this made her visible to people, staff and visitors.

Staff told us the registered manager was supportive and said they could speak with her if they had any concerns. Comments from staff included: "We can't ask for a better manager. She is fantastic". "I like the manager –she is very approachable and the service has improved since she started –better training, better support, memory lane pictures on the walls and increased activities", and "Since the new manager came the home runs properly, people and staff are happier and if you have a problem there is someone to talk to and you know she will address it". However some staff commented that the provider's recent changes to the regulated activities they were registered to provide had resulted in a change in team morale as some staff had left. They said this had impacted on their ability to work together as a team. One person told us "There is not good team work at present because everything is new. We need to adjust to change". The registered manager told us that they were aware of the issue, had been addressing it in individual supervision sessions and records confirmed this. She also said this was planned to be discussed with everyone at the next staff meeting which was to take place on the 15 July 2015.

The registered manager said the deputy manager and seniors were good leaders and staff were adapting well to the changes that had been made. The registered manager said that she, the deputy manager and senior staff regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. This enabled them to identify any areas that may need to be improved and gave them the opportunity to praise and encourage good working practices.

The provider had produced a 'Welcome Booklet' this informed people of the standards of care and support they should expect. Not all people we spoke with were aware of this but said they were happy with the care and support provided by staff. There was a positive culture at The Old Malt House Nursing Home that was open, inclusive and empowering. People and staff were able to influence the running of the service and make comments and suggestions about any changes. All staff we spoke with were aware of the mission and aims of the service which was to provide quality care for the people living in the home. They told us they liked working at the Old Malt house nursing home. One staff member said "I love this place and I love the work".

Staff confirmed that they had regular staff meetings where they discussed any issues about the service, learning from accidents, incidents and complaints and shared any new information. They told us they also had an opportunity to bring up suggestions for improvement in the quality of care although several members of staff told us they preferred to raise these individually with the manager or write them down rather than discuss them openly. The minutes of the last meeting showed that as well as issues relating to the quality of care given, the trial of the new daily record sheet was discussed, the importance of handovers was stressed and staff were thanked for their hard work.

Staff confirmed the home had a whistleblowing policy and they were aware of its contents. This policy encouraged staff to raise concerns about poor practice and to inform management without fear of reprisals. Staff said they would be confident in raising concerns with the registered manager and felt confident that appropriate action would be taken.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager obtained people's views and opinions about the home through the use of surveys to people and professionals who were in regular contact with the home. However, we noted that there were no staff

Good

# Is the service well-led?

surveys undertaken. We looked at some of the responses to the last survey sent out in February 2015 and saw that while most were positive about the quality of care provided, issues raised, such as 'staff are looking quite stressed' and 'social worker would welcome prompt feedback when change to service user occurs' were acted on and responded to by the registered manager.

The provider had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. The provider employed a 'group manager' who visited the home each week and they checked that the registered manager's audits had been undertaken. Staff confirmed that the group manager was a regular visitor to the home and spoke with them about how the home was meeting people's needs. The provider also employed a quality assurance person who carried out audits of the service and produced a report for the provider and registered manager. If any shortfalls were identified the registered manager would produce an action plan and the group manager would check that any required actions had taken place.

Records were kept securely. All care records for people were held in individual files which were stored in the homes office. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.