Ms Diane Crowther

Maybury Court Residential Home

Inspection report

Maybury Court Residential Home
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Hull
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Maybury Court is owned and managed by an individual and is registered with the Care Quality Commission (CQC) to provide accommodation and personal care for up to 28 older people, some of whom who may be living with dementia. It is situated close to local amenities and public transport routes in a residential area in the east of the city of Hull and comprises of two houses which are connected by a corridor on the ground floor. There are several communal rooms on the ground floor and bathrooms and toilets are located on both floors. At the time of this inspection there were 27 people using the service.

The service is required to and did have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We undertook this unannounced inspection on the 25 November and 2 December 2016. The last full inspection took place on 14 and 15 May 2015 and we had minor concerns with the notification of incidents, risk assessing and the addressing of shortfalls in the environment. At this inspection we found improvements had been made.

Risks to people's safety had been assessed and staff managed risks in line with individual assessments. Support plans were regularly reviewed, detailed and organised. We found people's health and nutritional needs were met. Staff contacted community health care professionals when required and supported people to visit hospital appointments. The meals provided to people were varied and choices were available. There were special diets for some people as required. Dieticians were contacted for advice and treatment when people lost weight or there were concerns about their food and fluid intake.

People told us they felt safe, were well looked after, happy and would inform staff if they were concerned about abuse. People were cared for by staff who had received training in how to protect them from harm. Staff understood they had a duty to report abuse and protect people from harm and they told us they felt confident to discuss any safeguarding concerns with the managers at the service.

Safety equipment, electrical appliances and gas safety were all checked regularly.

An analysis of all accidents and incidents was undertaken by the care manager to identify any trends or patterns. This meant people's needs could be reassessed or more training could be provided if any issues were identified. People's medicines were stored and administered safely.

We found staff supported people to make their own decisions. When people lacked capacity for this, staff acted within the principles of the Mental Capacity Act 2005 and ensured important decisions were made within best interest meetings with relevant people present.

People were involved with initial assessment and reviews of their care and support. Their levels of independence, individual strengths and abilities were recorded. People were encouraged to maintain relationships with important people in their lives and to take part in activities.

We found there was sufficient staff on duty to support people with their assessed needs. Staff provided people with information and spoke with them in a patient way. People's privacy and dignity was respected and their confidential information was held securely.

Staff had access to training which helped them to feel skilled and confident when supporting people who used the service. The training was monitored and refresher courses made available. Their competence was checked to make sure the training was effective. Staff received supervision, appraisal and support.

The registered manager/provider understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC as required. The service had a quality monitoring system in place, which ensured that checks were made and people were able to express their views. The registered manager/provider and the care manager were approachable and people who used the service and their relatives were listened to and their views taken seriously so practice could be improved. Meetings were held with staff and people who used the service to ensure their views were known and could be acted upon. There was a complaints procedure on display and people felt able to complain.

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.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff had received training. People were protected from the risk of harm and abuse as staff knew how to recognise signs of concern and who to report them to. People had assessments completed to guide staff in how to help minimise risks.

Medicines were managed well and people received them as prescribed.

Staff were recruited safely and were deployed in sufficient numbers to safely meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People's health care needs were met and they had access to a range of community health care professionals.

People told us they liked the meals provided and we saw the menus gave them choice and alternatives. Their nutritional intake was monitored and recorded and dietetic advice sought when required.

People were supported to make their own choices and decisions. When people lacked capacity, the registered provider acted within the principles of mental capacity legislation.

Staff received training and were skilled to carry out their roles. Staff had regular supervision and annual appraisals.

Is the service caring?

Good

The service was caring.

Confidentiality was maintained and people's personal records were held securely.

We received a number of positive comments from people who used the service and relatives/visitors about the kind and caring nature of the staff. We saw staff spoke and communicated with people in a compassionate way. Staff listened to people and responded to their needs appropriately.

People were treated with dignity and respect and encouraged to do as much as possible for themselves.

Is the service responsive?

Good

The service was responsive.

People who used the service had assessments of their needs and care plans were produced, which provided staff with information about how to care for them in ways they preferred. We saw people's care plans were regularly maintained and reviewed.

There was a complaints procedure on display in the service and people felt able to raise issues in the belief they would be addressed.

People received individual support that was responsive to their needs and were encouraged to take part in activities that provided exercise and stimulation.

Is the service well-led?

Good

The service was well led.

The culture of the organisation was open. which meant people felt confident to express their views. We saw there was a quality monitoring system, which consisted of audits to check systems and meetings and questionnaires to obtain people's views.

Managers were visible and there was an open and transparent culture. Staff told us they felt supported by the care and registered manager.

Maybury Court Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 25 November and 2 December 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

The registered provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection, we spoke with local authority contracts and safeguarding teams about their views of the service. We used this information to plan our inspection.

During the inspection, we observed how staff interacted with people who used the service. We spoke with seven people who used the service (three of those at length), four visitors/relatives, the registered manager/provider, the care manager, three members of care staff and one cook. We were shown around the service and looked at the kitchen, dining area, communal lounges, bathrooms and toilets, laundry, office and six people's bedrooms. We reviewed three people's support plans and the associated risk assessments. We looked at a range of records including four staff files, safety checks, audits, meeting minutes, medication records and quality surveys.

Good

Is the service safe?

Our findings

People who lived at Maybury Court told us there was sufficient staff on duty to care for them. They said they lived in a clean environment, were treated well by staff and received their medicines on time. Comments included, "There are plenty of staff here", "They [staff] look after my tablets for me", "I have my own room and it's kept clean as well as my bed and there is a laundry too", "If I want someone to come I press my bell and they [staff] more or less come straight away. I find everyone all right" and, "They [staff] see to my medication, I am never in pain."

The four visitors/relatives told us, "The home is kept extremely clean, [relative's] room is gorgeous and he has all his photos in there" , "There always seems to be enough staff" , "Sometimes I will help to encourage [Name of relative] to take her medicines when the staff bring it for her. She always gets her medicines when she needs them" and "Within reason the care is fine. Sometimes they [staff] are pushed and people may have to wait a little while but that can happen sometimes."

There were sufficient staff employed to meet people's needs. This was confirmed in discussions with people who used the service and their visitors/relatives, and when we checked staff rotas. There were five members of care staff (two of whom were seniors) on duty from 8am to 8pm and three members of care staff from 8pm to 8am. In addition, there were separate catering, domestic and administration staff which meant care staff could focus their attention on caring tasks. The service had a registered manager who was also the registered provider and a care manager on duty during the week. Staff told us there were sufficient staff on duty and they did not feel rushed when supporting people. We found staff were recruited safely and full employment checks were completed prior to them starting work in the service. These included an application form to assess gaps in employment, references, a disclosure and barring service check and an interview. The recruitment process helped to ensure that only suitable people were employed to work in the service.

There were policies and procedures to guide staff in how to keep people safe from the risk of harm and abuse. We found staff recorded when incidents had occurred between people who used the service and they supported people during these times. We saw evidence that the registered provider/manager had followed procedures and had discussed incidents that had occurred in the last 12 months with the local safeguarding team and any referrals had been submitted appropriately in line with the local authority's guidance.

Staff confirmed they had completed safeguarding training and in discussions, were clear about how to report incidents of concern. They were able to describe the different types of abuse and the signs and symptoms that may alert them abuse had occurred. They said, "You know when a person isn't right for example someone might ask for a certain person not to support them and if people talk to others in a disrespectful way. I would always go to [Name of registered and care managers]. We also have numbers up in the service we can ring and speak to people" and "Abuse could be physical, mental or verbal. I would always make the person safe and support them and then report it to my senior or the management or you [Care Quality Commission]." This showed us that staff had a good understanding of their responsibility to safeguard people and the service dealt with safeguarding concerns appropriately.

We saw the service had systems in place to ensure that risks were minimised. People's care plans contained risk assessments that were individual to each person's specific needs. This included moving and handling, falls, pressure areas, smoking, medicines, anxiety and the use of specific equipment such as profiling beds, wheelchairs and mobile hoists. We saw the care manager monitored and analysed all accidents and incidents for further analysis. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the accidents or incidents occurring again.

On the day of the inspection we observed staff transferring two people using a mobility hoist and a stand aid and saw that these tasks were carried out safely. Checks of the staff training files showed that staff had completed moving and handling training and were currently booked to attend a refresher in this topic.

We found the service was clean and tidy. Staff had completed training in the prevention and control of infection. One member of staff told us, "We use gloves and aprons when supporting people with personal care. We have laundry trolleys for each side of the building and any soiled laundry would go in a bag, be sluiced out and then washed on a high temperature. There is domestic staff to do the cleaning and it is staffs responsibility to do the laundry. We always have a plentiful supply of personal protective equipment (PPE)." We observed there was PPE available when required such as gloves, aprons and hand sanitiser. Communal sinks had paper towels and liquid soap, and there were hand wash signs to guide people on good hand hygiene techniques. Water checks were completed to test for legionella and any outbreaks of infection were monitored and deep cleans of the service were completed. Wheelchairs, commodes and supportive seat frames for use over the toilet were clean. We noted the floor covering in the laundry room had lifted in one area, which meant that any spillages would be able to leak under the floor. This would prevent the area from been effectively cleaned, increasing the risk of infection. We discussed this with the registered manager/provider who assured us the flooring would be replaced.

There was evidence of recent investment in the interior and exterior of the building by the registered manager/provider and a plan was in place to ensure it was refurbished and safely maintained. We saw that a range of checks of equipment and facilities were regularly carried out and that maintenance hours had been increased each week. There was evidence items of equipment were serviced on an on-going basis and that contracts were in place with their suppliers for this. These included chair lifts for the stairs, two passenger lifts, hoists, gas and electrical appliances, the nurse call system, hot water outlets and fire safety equipment. Window restrictors had been fitted to various windows around the service and we saw evidence that fire alarm tests and extinguisher checks were regularly completed and that fire drills had taken place.

We found medicines were managed well and obtained and stored appropriately in trolleys and cupboards in one area of the service. Those medicines which required more secure storage were held in a controlled drugs cupboard and those which required cool storage were held in a fridge. The temperature of the room and fridge were taken each day to ensure it met with the manufacturer's recommendations. Staff responsible for administering medicines to people had undergone training on the safe handling of medication, together with competency checks to ensure they had the correct level of knowledge and skills and knew how to administer medicines safely to people who used the service. We saw evidence that audits of the medication systems were being carried out monthly to ensure medication errors were minimised and potential problems quickly addressed. We made a random check of the medication systems and saw that accurate records were kept for medicines given to people and that these corresponded with the stocks of medicines that were maintained in the service.

Good

Is the service effective?

Our findings

People who used the service told us they were able to see their GP or district nurse when required to help ensure their health needs were met. They also told us they were able to make choices about aspects of their lives and they enjoyed the meals provided to them. Comments included, "I have had a catheter fitted for about three to four years and the nurse comes every three months to change the catheter. The GP nearly always comes here to see me" , "I got my eyes tested two weeks ago and my granddaughter comes and cuts my nails for me" , "The food here is very nice, today I've had two sausages, potatoes, vegetables and trifle" , "I can look after myself. I get washed and shaved myself and make my own bed" and "If you are poorly you just let them [staff] know and they will get the GP for you and if you're not feeling well they [staff] will bring your food to your room. You have a choice of two meals at lunchtime, like today it was roast pork or sausage. I had roast pork with all the trimmings. There is always a menu on the table."

The visitors/relatives told us staff monitored people and they were kept informed of health issues, which affected their family member. They also told us they had observed mealtimes and the food looked appealing. Comments included, "[Name of relative] gets urine infections and has gallstones. His GP surgery is aware and the staff here are on the ball. It is home cooked food and everything is taken care of. He is settled now, has put weight on and looks better", "When [Name] had deteriorated they [staff] always called me straight away. [Name] was at the end of their life and they moved her to a room near the lift so she could be nearer people", "[Name of relative] has just had some new glasses and her flu injection" and, "They [staff] rang me yesterday to tell me [Name of relative] had her eyes tested and they also let me know other things about [Name]."

The staff worked closely with healthcare professionals including, GPs, district nurses and dieticians (when required). Staff were able to tell us about people's health conditions and how they supported people to manage them. One member of staff told us, "[Name of person using the service] has a catheter and looks after this himself; all we do is wash his bag out for him." Another member of staff told us, "The optician came in last week, the chiropodist comes and the dentist. Nurses come in to do [Name of person using the services] dressings on her leg and a physiotherapist is currently coming in to see [Name]." People's care plans recorded their current health care needs and we saw that any contact with health care professionals was thoroughly recorded; this included the reason for the contact and the outcome.

We saw people's nutritional needs were met. There were menus in written and picture format; these included choices at each mealtime. Nutritional screening took place and people's food and fluid intake was documented. People's likes, dislikes and preferences formed part of their assessment and their weight was routinely recorded. We saw staff referred people to dietetic services when required for advice and treatment. There were special diets catered for and care plans were in place to guide staff in how to support people's specific nutritional needs and in discussions it was clear they knew people's needs well. For example, they described who had special diets, who was diabetic and the needs of people who were prescribed warfarin medication. One member of staff told us, "When we get a new resident it is all recorded in their files. There is a list in the kitchen of who has diabetes and what people's preferences are, everyone seems to like their puddings. We have just started doing fish patties and people seem to love them." We observed the

lunchtime experience for people, which was a calm and sociable occasion.

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. In discussions, staff were clear about how they gained consent from people prior to carrying out tasks and what they would do if people lacked capacity to consent. Comments included, "Sometimes people can answer you and talk for themselves. People may smile or point", "I have done training around capacity in the past and it's about whether or not the person can make that decision. If they can't make the decisions then others would have to be involved" and "We always have to encourage people to make their own decisions where they can." We observed staff sought consent prior to completing tasks. For example, we saw staff ask people discreetly if they required pain relief, if they wished to go to the toilet and if they needed help with their food at lunchtime.

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). The registered manager was aware of the criteria for DoLS and had made one application to the local authority; they were awaiting authorisation for this.

Care plans recorded when a relative had power of attorney (POA) for their family member. A Power of Attorney is someone who is granted the legal right to make decisions, within the scope of their authority (health and welfare decisions and / or decisions about finances), on a person's behalf.

The provider information return (PIR) told us 'We aim to promote a positive culture by offering support, motivation via training, open lines of communication and reassurance to our staff that we can all learn something new every day and to be open to that learning.' Staff told us they were happy with the supervision and training provided for them. One member of staff told us, "I usually have supervision around every three months. I have done my NVQ level two (National Vocational Qualification), medication, fire and mental capacity training." Another member of staff told us, "I have done mental capacity, moving and handling and safeguarding training and I get support from supervision and appraisal with my manger. In our appraisals we are asked if we would like any further training and I have completed my NVQ level two and dementia training."

We looked at induction and training records for four members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the service. We saw the details of the induction and each member of staff had an individual training record which recorded when they had completed training. Staff confirmed they completed training essential for their role. Records showed these included medicines management, basic food hygiene, infection prevention and control, fire safety, first aid, safeguarding adults from abuse and moving and handling. We saw that 17 of the 33 staff were due to attend a refresher in moving and handling training provided by the local authority between November 2016 and January 2017. The registered manager/provider told us that the remainder of the staff team would be completing this as and when places were available.

Staff had completed additional training such as understanding dementia, MCA and dental health. The training was a mixture of face-to-face training, workbooks and e-learning. We saw the registered and care manager had also completed observations of practice in areas such as people's dining experience, diabetes and good nutrition. We also saw training certificates in staffs' files to evidence the training they had

completed. These measures ensured that people were supported by qualified, trained and competent staff so their needs were effectively met.

We found the environment was suitable for people's physical needs; there were raised toilet seats, moving and handling equipment and stair lift and passenger lifts. We saw that attention had been paid to supporting people with dementia. For example, there was pictorial signage as prompts to locate toilets, bathrooms and communal areas.

Good

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. They also said staff respected their privacy. Comments included, "We are very well looked after. When I get up in a morning the carers always make me a cup of tea", "People treat me with respect. They [staff] always knock on my door and they are always asking you if you want anything doing like your pyjamas getting out or your bed making" , "They [staff] always knock on my door when they are bringing my clothes back" and, "It's all right here I am happy with it and I've told the boss I want to stay. They [staff] are caring people. Staff are respectful to me, they very rarely come into my room but when they do they always knock."

Visitors/relatives we spoke with told us they were happy with the care their relative received and they had observed staff respecting their privacy and dignity. Comments included, "They [staff] have made us so welcome, and I cannot fault them. They have alleviated all of my worries and I have not come across one member of staff that doesn't care. They look after his privacy and I have never seen anyone with their dignity compromised. They are all very respectful" and, "The care and support [Name] received was wonderful. Staff are lovely and they care for the residents, they are never impatient and they care for the relatives as well. They handled [Names] dementia incredibly well, she thought people were her sisters and the staff never contradicted her at all."

We observed staff promoted privacy and dignity. We saw staff knocked on bedroom doors prior to entering and discreetly asked people if they wanted to go to the toilet. They spoke to people in a patient and friendly way and provided them with time to answer questions. In discussions, staff described how they promoted values such as privacy, dignity and independence. Comments included, "When you are helping people to wash we always cover them and draw the curtains. If a person is asked if they want to use the bathroom this is done quietly in the person's ear" and, "If you are in a room with someone I always make sure they are covered up and I tell them everything I am doing with them."

Care records prompted staff to respect privacy, dignity and independence. For example, one person's care plan stated, "I remember my younger years very well and I am very proud of my appearance. I like having matching clothes and my hair done weekly." Staff told us they read people's care plans and in discussions with them it was clear they knew people's needs well.

People were supported to maintain their independence. A member of staff we spoke with said, "[Name of person using the service] does everything for himself and [Name] always tries to help herself as much as she can. [Name] likes to go out and get himself a newspaper so we will support him with that." A relative told us, "[Name] is very independent and she likes to feed herself." People using the service told us, "I've got my own room with my own things in there and I can get showered and dressed myself and I go and get my paper."

We found positive relationships existed between people who used the service and staff. People were supported by staff who demonstrated a commitment to meeting their needs and we observed this was carried out in a relaxed atmosphere with staff and people talking together with smiles on their faces. One visitor/relative told us, "The last 24 hours of [Names] life they [staff] all came to say goodbye to her and said

'see you tomorrow'. Every time they came into her room they treat her with ultimate respect."

We saw that visitors came to the service throughout the day and were made welcome by staff. It was apparent that these were regular visitors who had a good relationship with the staff and the registered and care manager. One person who used the service told us, "I've got two daughters, one comes every Sunday and the other comes twice a week. My grandson also comes sometimes." A visitor/relative told us, "There are no restrictions on visiting times and I have been at all different times. [Name] room is gorgeous and he has all his own photos."

Interactions observed between the staff and people who used the service were friendly and respectful. One member of staff told us, "I love working here. It feels like I'm part of a family and it makes my day."

We saw people who used the service had a strong relationship with the registered and care manager and during the inspection we observed kindness and genuine affection between people and the managers. People came to see and have a chat with the managers frequently during both days of the inspection. During our discussions with the managers, they talked with fondness and care about the people who used the service.

Information was available to people throughout the service. There were notice boards informing people of planned activities and the menu of the day was visible in the dining room and the entrance hallway. We saw that attention had been paid to supporting people with dementia. For example, there was pictorial signage as prompts to locate toilets, bathrooms and communal areas and a white board that contained the date, the season and the weather for the day.

The registered manager/provider, care manager and staff were aware of the need to maintain confidentiality and to keep personal information secure. Staff were able to have shift handovers and make telephone calls to health professionals and visitors/relatives in the privacy of an office so they were not overheard. Information regarding people who used the service was held securely in lockable cabinets in the office. Staff personnel files were held in the registered manager's office and medication administration records were held with the medicine trolley.

Good

Is the service responsive?

Our findings

People who used the service told us there were activities for them to participate in if they choose and they felt able to raise concerns and complaints in the belief they would be addressed. Comments included, "I like to watch documentaries about trains and Country file. They have a game of bingo now and again and we have a singer that comes in. If I want a drink or anything they [staff] will always do it for you" and, "I have never had to complain before but I would tell [Names of managers] in the office."

There were activities provided at the service. People who used the service told us, "In summertime I like to go to Scarborough, I support Hull City and I always watch them on the TV. We play a game of bingo or dominoes or cards and I like to play Christmas records now" and, "I get on well with the other lads and we watch the sport together like the football, cricket and snooker. Staff told us, "The hairdresser comes in every Monday and once a month we have karaoke and a bit of dancing" and, "We do bingo once a week and yesterday we did salt dough with six people. We do exercises and the men especially like to pass the ball around. [Name] likes doing her knitting and [Name] loves football which he watches on the TV. A relative told us, "They have bingo going on, singers come in, karaoke and the men enjoy ball games." We saw residents meetings were held to gain people's views and their feedback about the activities they wished to be provided.

People who used the service told us they had been involved in assessments and planning their care. They said, "They [staff] asked me what I did and didn't like and I have seen and signed my care plan. If anything crops up or changes they always ask you about it" and, "I have been here a couple of months. I can't remember exactly what they asked me but I talked with them when I came. I've no problems with any of them and I feel safe with people around me."

Visitors/relatives told us staff were responsive to their family member's needs. One relative told us, "[Names] plan of care was done by me, him and the staff. They [staff] asked us what we think and we have also asked them to look at things for him. My sister dealt with all the assessments and would know how to complain. They [staff] would listen every single time."

Before people were admitted to the service an assessment of their needs was undertaken by the registered manager or care manager. Potential residents were able to discuss their care and support needs, which allowed the managers to make sure the service could meet their needs. Information was gained from the person, their representatives, relevant health care professionals, local authority care plans and hospital discharge letters. This information was used to develop more in depth care plans which provided staff with information about how to support people in the way they preferred.

People who used the service had care plans in place which included personal care, mobility, diet and fluids, mental health and wellbeing. The care plans we reviewed contained person-centred information and included individual information about a person's previous lifestyle, what was important to the person, how best to support them, likes, dislikes and preferences. For example, one person's care plan specified they preferred small portions of food and liked to go to bed around 10pm and rise before 8am. People's care

records were reviewed and updated periodically and as people's needs changed to make sure people received the care and support they required.

We saw staff provided people with person-centred care. For example, staff knew which people required specific equipment to meet their needs. This included moving and handling aids, pressure relieving cushions and mattresses. We observed people walking about the service freely. Staff knew people's needs well and provided them with choices. People were able to spend time in their preferred places such as their bedroom, communal lounges or in the gardens. People told us they were able to get up when they wanted to and go to bed at their preferred time. We saw people were able to bring in items such as ornaments and pictures which they could use to personalise their bedrooms and the bedrooms we saw were homely.

Staff told us how they monitored people's condition on a daily basis. They said changes in people's health or needs were discussed during shifts and recorded either in the 'messages to staff' book or the 'senior' book. These handovers covered Information about people's health and wellbeing, emotional state, activities and nutritional needs, as well as information received from visiting health care professionals. For example, we saw the 'senior' book contained information such as, 'dentist visited', '[Name] unsettled, please obtain urine sample' and, 'DN visited [Name] foot re-dressed.' This helped to make sure staff were fully informed and could meet people's needs.

Equipment was provided to people if they needed this to prevent deterioration in their health. For example, pressure relieving mattresses and cushions were in place for those at risk of developing skin damage due to being immobile or frailty. Walking aids were used to help prevent falls. These were used when people had been assessed as requiring them to help protect their wellbeing.

A complaints procedure was available to people and their relatives. People we spoke with said they had no complaints to raise. There had only been one complaint made in the last 12 months, this had been dealt with appropriately. Staff told us if people wanted to make a complaint they would inform the registered manager who would deal with the issue. A person we spoke with had no complaints to raise and said, "If I had a problem I would just knock on the office door and say what was wrong. I know they would listen to me" and a visitor/relative said, "I know how to put in a complaint and yes they [staff] would listen."

Good

Is the service well-led?

Our findings

During our inspection the people we spoke with and their visitors/relatives told us they were happy with the service they received. We observed the registered and care manager was available for people, relatives and staff to speak with. People using the service told us, "I've no problems with any of them. I try to be polite and they are polite to me", "They look after me pretty well" and, "I know who the managers are and they always make my family welcome." Visitors/relatives told us, "Yes it's managed well, they [managers] come and sit with people and have a talk with them" and, "They [managers] often have time to have a chat with people and us."

People and their relatives confirmed they were asked for their opinions about the service. Comments included, "[Names of managers] will have group conversations with people" and, "[Name of staff] lets you know all the latest news."

The ethos of the service was positive and welcoming. Staff were clear about the management structure in place. The registered manager/provider was supported in their role by the care manager and senior staff at the service.

The service's statement of purpose included aims and objectives which focussed on upholding people's rights and treating people with dignity and respect. We found these aims were met in practice. The statement of purpose also provided information for people on the range of care offered, the organisational structure, social activities and leisure and contacts for local authorities and advocacy services.

The registered manager/provider observed and monitored the quality of service along with the care manager. An annual quality audit took place, where people and their relatives could provide feedback which included people's health and wellbeing and food and drink. A range of audits were carried out throughout the year to help monitor the service provision, such as; risk assessments, health and safety, people's weights, the environment, staff training and supervisions and care and medicine records. Where issues were found, they were addressed straight away. We received notifications about accidents and incidents that occurred at the service, which helped to keep us informed.

We saw that analysis of any accidents and incidents was completed on a monthly basis. This helped the registered manager/provider identify any trends or patterns and take corrective action to help prevent further issues from occurring. This information was shared and discussed with the staff, and where appropriate advice was sought from relevant health care professionals to reduce risks to people's wellbeing. For example, we saw one person had been referred to the falls team due to their balance when walking. An assessment had been completed and the person now had a walking aid to assist with their mobility. No further accidents had been recorded for this person.

The registered manager/provider operated an 'open door' policy, which allowed people, their relatives and visitors to speak with them at any time. We saw this worked effectively during our inspection. One visitor/relative told us, "[Name of relative] has been here a year in December. Me and my sister went around

some homes and we had heard some good reports about this one. As soon as we walked through the door we knew, this is a home."

Surveys were sent to people living at the service and to health care professionals to gain their opinions. We looked at the results of these which were positive. We saw there were a number of 'thank you' cards which had been sent from people or their relatives.

Meetings were held for people who used the service, if they wished to give their views. All aspects of the service were able to be discussed. We saw the minutes from the last meetings held in June, July and August 2016 where entertainment, people who had moved on and any new people living at the service had been discussed. People had the opportunity to provide any feedback or request any support. For example, we saw one person had asked if they could have support reading a letter and filling out a form.

There were some meetings held for staff to express their views. We saw these were held six monthly. We saw the minutes of the last staff meeting held in September 2016, which included discussions about moving and handling practices and the delivery of the service. Staff told us they liked working at the service and the culture was open and supportive. They said they could raise issues with the registered manager/provider and care manager when required. Comments included, "The managers are always asking you how things are going and if you have any opinions on anything", "[Name of managers] door is always open and they will come and help you if you need it" and, "I feel as though I fit in already and I've only been here a week."

The registered manager/provider was aware of their responsibility to notify the CQC of incidents which affected the safety and wellbeing of people who used the service and in completing the Provider Information Return (PIR) when required. We received notifications and the PIR in a timely way.