The Order of St. Augustine of the Mercy of Jesus

St Rita's Care Home

Inspection report

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Ratings

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

Overall summary

St Rita's Care Home is registered to provide care with nursing for up to sixty older people. All bedrooms were single and en-suite. The home was full at the time of the inspection.

People required a range of support in relation to living with dementia, nursing and personal care needs.

The home is purpose built with a range of communal rooms. The home has a passenger lift to assist people to access all areas of the building.

This was an unannounced inspection which took place on 1 December 2015.

St Rita's Care Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

The registered manager was in day to day charge of the home, supported by the provider. People and staff spoke highly of the registered manager. People told us that they

Summary of findings

felt supported by staff and knew that there was always someone available to support them when needed. One person said, “I didn’t know that such kindness existed really.”

We received positive feedback from people, staff, relatives and visiting professionals. Everyone told us that the manager was committed to ensuring people received the best care possible. This was supported by clear up to date care documentation which was personalised and regularly reviewed.

Staff felt that training provided was effective and ensured they were able to provide the best care for people. Staff were encouraged to attend further training in a range of areas. New care staff were supported to achieve the Care Certificate and staff held the National Vocational Qualifications (NVQ) or similar.

Medicine administration, documentation and policies were in place. These followed best practice guidelines to ensure people received their medicines safely. Regular auditing and checks were carried out to ensure high standards were maintained.

There were robust systems in place to assess the quality of the service. Maintenance, including all equipment and services to the building, had been checked regularly. Fire evacuation plans and personal evacuation procedure information was in place in event of an emergency evacuation.

There a programme of supervision and appraisals for staff. One member of staff said, “We get feedback about the job that we are doing. I come to work with a smile and I leave with a smile.” Staffing levels were reviewed regularly. Robust recruitment checks were completed before staff began work.

Care plans and risk assessments had been completed to ensure people received appropriate care. Care plans identified all health care needs and were reviewed regularly to ensure information was up to date and relevant. One member of staff said, “We are the first point of contact for residents. We see when things are changing and can suggest to the registered nurses if we think a reassessment is needed. They then talk to the manager if it’s necessary. It’s all part of the teamwork approach.”

People’s mental health and capacity were assessed and reviewed with information in care files to inform staff of people’s individual needs. People were asked for their consent before care was provided and had their privacy and dignity respected.

People were encouraged to remain as independent as possible and supported to participate in daily activities. Staff treated people with respect and dignity and involved people in decisions about how they spent their time.

Staff demonstrated a clear understanding on how to recognise and report abuse.

Feedback was gained from people and their relatives. It included questionnaires that sought people’s views of the home. Regular residents and staff meetings were held with minutes available for people to access.

People’s nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people’s likes and dislikes. People gave positive feedback about the food and visitors told us they had eaten with their relative and found the food to be of a very high standard. One relative said, “It’s the little things like the menu on the dining table. [My relative] always reads it. It means so much that assumptions aren’t made just because some people probably can’t read it.”

Referrals were made appropriately to outside agencies when required, for example to community nurses and speech and language therapists (SALT). And notifications had been completed to inform CQC and other outside organisations when events occurred.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

St Rita's Care Home was safe.

Staff had a good understanding about how to recognise and report safeguarding concerns.

Medicines policies and procedures were in place to ensure people received their medicines safely.

Environmental and individual risks were identified and managed to help ensure people remained safe.

Staffing levels were regularly reviewed and maintained. People felt that staffing levels were good.

Is the service effective?

Good

St Rita's Care Home was effective.

All staff had received effective training to ensure they had the knowledge and skills to meet the needs of people living at the service.

Staff had regular supervision and appraisals.

Management and staff had a good understanding of Mental Capacity Assessments (MCA) and Deprivation of Liberty Safeguards (DoLS)

People were supported to eat and drink. Meal choices were provided and people were encouraged to maintain a balanced diet. People's weights were monitored.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Good

St Rita's Care Home was caring.

People were involved in day to day decisions and given support when needed.

Staff knew people well and displayed kindness and compassion when providing care.

Staff treated people with patience and dignity.

Is the service responsive?

Good

St Rita's Care Home was responsive.

Documentation was personalised, up to date and included specific information about people's backgrounds, important people and events.

Care plans had been written for peoples identified care and nursing needs. Care plans and risk assessments were regularly reviewed and updated.

Summary of findings

People's choices and the involvement of relatives was clearly included in care files.

Daily activities were provided for people to allow them to spend time doing things they enjoyed.

People were encouraged to share their views. A complaints procedure was in place and displayed for people, if needed.

Is the service well-led?

Good

St Rita's Care Home was well-led.

There was a registered manager in place who was supported by the provider.

Staff and people spoke highly about the manager and the way they ran the home.

There was a robust system in place to continually assess and monitor the quality of service provided. Audit information was used to continually improve and develop the service.

The manager had an open, inclusive culture. This ethos was shared by the staff. People gave positive feedback about the home and how it was run.

St Rita's Care 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. The 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 home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 1December 2015 and was unannounced. It was carried out by two inspectors, an expert by experience and a specialist advisor. The specialist adviser brought skills and experience in nursing. Their knowledge complemented the inspection and meant they could concentrate on specialist aspects of care provided by St Rita's.

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 they do well and improvements they plan to make. It included information about notifications. Notifications are changes, events or incidents that the home must inform us about. We contacted selected stakeholders including three health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided. They were happy for us to quote them in our report.

During the inspection we spent time with people who lived at the home. We focused on gaining the views of people, and spoke with ten people who lived at St Rita's. We spoke with staff and observed how people were cared for. We spoke with seven relatives of people. We spoke with the provider, registered manager, two nursing and four care staff, activities co-ordinator and chef.

We observed the care people received. We spent time in the lounges and dining area and we took time to observe how people and staff interacted. Because some people were living with dementia that restricted their spoken language, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at six sets of personal records. They included individual care plans, risk assessments and health records. We examined other records including four staff files, quality monitoring, records of medicine administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 17 February 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe. Relatives told us they were confident the staff did everything possible to protect people from harm. They told us they could speak with the registered manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. One person told us, "I felt really safe from the first night I was here." A relative said, "Staff makes sure [my relative] is safe. They can walk a long way without worrying about falling here."

Potential risks to people's health, safety and well-being were consistently well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, nutritional risks and moving and handling. Risks to individuals were identified and well managed. There were individual risk assessments in place that supported people to stay safe, while encouraging independence. For example, assessments covered going out, falls, moving and handling, nutrition, weight, tissue viability and any other individual risks identified during the initial assessment or subsequent regular reviews of nursing care.

The care plans also highlighted health risks such as diabetes. The identified risks were backed up by management plans for staff to follow to ensure people's safety was promoted and protected. Care plan information and risk assessments were regularly reviewed and updated when required. People who had complex health needs that included diabetes, Parkinson's and mental health diagnoses were nursed and cared for by staff who were fully informed of their up to date assessment. For example, there was guidance in place for the care of people living with diabetics, such as regular chiropody, foot checks and eye tests for specific diabetic health related conditions.

People who were approaching end of life received 24 hour care in bed due to deterioration of their health. People who spent a lot of time in one position because of their restricted mobility had a pressure relieving mattress in place to prevent pressure damage. The provider showed us their investment in the latest pressure relief mattress technology that was being introduced across the home for those people that needed it. This ensured peoples safety and protected them from risk due to pressure damage.

Environmental issues were risk assessed against the changing needs of people. We looked around each area of the home and found all areas were safe and well maintained. People told us that their room was kept clean and safe for them. One person said, "I'm happy with the cleaning. It all looks clean enough and you don't smell anything." There was a lift between the ground and other floors, which enabled people to access all areas of the home. The lift was serviced regularly. Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety and electrical equipment were included within a well maintained routine schedule of checks.

People's care and health needs had been considered in relation to their safe evacuation in the event of an emergency. Fire alarm and emergency lighting checks took place regularly to ensure people's continued safety. Personal emergency evacuation plans (PEEPS) were in place with plans of the building, fire safety and evacuation information. There was regular training for staff and evacuation equipment was located around the building to aid evacuation.

We looked at the incidence and recording of falls of people. There were some people who had experienced more than one fall and risk assessment reviews identified the risk to their safety and put in place plans to try to reasonably prevent a reoccurrence.

Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately. We looked at the management of medicines. Nurses were responsible for the administration of medicines. They described how they completed the medication administration records (MAR) and we saw that people received their medicine as prescribed. The correct administration of medicine meant the effectiveness of treatment plans was ensured and in the case of those receiving pain relief for example, ensured the person was not at risk from experiencing discomfort. The staff member administered the medicines and we saw they were checked at each step of the administration process. Topical creams were used by people, for example, as a preventative measure and these were always signed for. Additionally, there were body maps used to indicate where the cream should be applied. The nursing staff checked with each

Good

Is the service safe?

person that they wanted to receive the medicines and asked if they had any pain or discomfort. Nobody we spoke with expressed any concerns around their medicines. People told us their medicines were administered safely. One person said, "I don't have to worry about anything, I get my tablets at the right time."

There were enough staff on duty each to cover nursing and care duties, housekeeping, cooking, maintenance and management tasks. Nursing and care staff were supported by activity co-ordinators and staff with responsibility in housekeeping, laundry and the kitchen. Sisters from The Order of St. Augustine of the Mercy of Jesus, some of who were trained nurses, were active and visible in the caring roles they performed. A member of staff said, "We have three care staff per unit so the ratio is one-to-five which is fine. If we are down one, which doesn't happen often, we help each other between units and the nurses help as well because we have good teamwork here." When people used their call bells we saw that staff responded promptly. People had no complaints about the staff. The relative of one person told us, "There are enough staff. I've met a few agency staff and sometimes there are longer delays than you would hope." One person told us that they felt the staffing levels were satisfactory and said, "There is always a member of staff around."

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care to look out for. They were able to talk about the steps they would take to respond to it. Staff we spoke with confirmed they had never seen practice that caused them concern. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by the team. Policies and procedures on safeguarding were available in the home for staff to refer to if they needed.

Incidents and accidents were reported and the registered manager had oversight of any incidents/ accidents or falls that had occurred. A review was completed and these were analysed to look for any trends. The registered manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example if someone had a fall, this triggered a review to look at how the person's safety could be supported to prevent further reoccurrence, if possible.

Policies and procedures on all health and safety related topics were held in files and were accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the home's mental capacity policy that was updated to reflect the changes to the Mental Health Act.

People were protected by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked staff records and saw that these were in place. Each file had a completed application form listing their previous work history, skills and qualifications.

Good

Is the service effective?

Our findings

People and their relatives told us that that the provider, registered manager and staff worked together to make sure that nursing care was provided effectively. People felt that staff knew them and were able to support them. One person told us, "They know what I like." A relative told us, "Staff seem well trained. They know what they are doing."

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. These included specialist nurses, consultant psychiatrist, optician and chiropodist. For people who had limited verbal communication due to a health related conditions, staff worked with Speech and Language Therapists (SALT) and approaches and aids to communication were devised. We saw the SALT looked in on an activity session being held on the day of our inspection. It was clear they were well known to staff and had knowledge of several of the people.

People received care from staff who had knowledge and skills to look after them. The management team recognised the importance of a strong skilled workforce and the importance of supporting staff to develop their skills and knowledge. The registered manager told us, "We want people to develop and grow." Staff spoke highly of the training provided and commented on how it provided them with the skills to provide effective care. One member of staff talked to us about the experiential dementia and physical and sensory disability training they received, they told us, "It was enlightening, especially the parts where we were encouraged put ourselves in the position of our residents." As well as staff, the opportunity to participate was offered to family and friends of people.

Nursing staff commented they were supported to continue with their continuing professional development and received regular clinical supervision and training. There was a full and intensive programme which included all essential training for staff, with further training and accreditation in, for example, National Vocational Qualifications (NVQ). Staff told us the training they received enabled them to understand people, for example dementia training had helped them provide appropriate care for people with early stages of dementia or short term memory loss. Staff displayed a good working knowledge of dementia and when people became anxious or upset support was provided appropriately. We spoke to one member of staff who had been supported to gain their NVQ. They told us, "Having got my NVQ I was made a mentor to new staff. They are supernumerary and spend time shadowing me. During the four week induction I take them through policies, procedures and care plans. I enjoy the responsibility."

New staff that had been employed had a four week period of induction and were supported throughout this time by management, their mentor and the specialist training and development officer. During their induction a new staff member spent time shadowing staff. This provided an opportunity for the staff member to familiarise themselves with the home and to meet people and staff. Newly employed staff worked to complete the induction against the standards set by the Care Certificate. The Care Certificate sets out the learning outcomes, competences and standards of care that are expected from care workers to ensure they are caring, compassionate and provide quality care. The week before our visit we saw that mentors had attended a Skills for Care workshop in London to learn more about the Care Certificate and their important role in it for new staff.

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. We checked whether the service was working within the principles of the MCA.

People were involved in decisions about their care. Staff were able to tell us about the process undertaken to consider people's rights around decision making. People said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before giving care and support, and what they would do if someone declined the support offered. We observed staff speaking to people and involving people in decisions. For example, people were reminded of appointments and what activities were due to take place

Good

Is the service effective?

that day. People then made decisions about what they wanted to do, whether they attended activities or returned to their rooms or go out with family members or on an organised excursion.

A clear structure was in place to ensure staff received regular supervision and appraisals. Supervisions were documented and staff knew when they were due to take place. Staff told us they felt supported by the provider and manager and communication was open. Any changes were discussed and information shared at meetings and handovers. Staff told us feedback was listened to and suggestions taken seriously, this made them feel involved and encouraged to continually improve the service. One member of staff said, "We get feedback about the job that we are doing. I come to work with a smile and I leave with a smile."

People were supported to maintain a balanced and nutritious diet. People's weight and nutritional intake were regular monitored when necessary and we saw that referrals had been made to Speech and Language Specialists (SALT) if people's nutritional intake was reduced or staff had any concerns around people's eating and drinking. In the dining rooms, tables were nicely set, with flowers, placemats and condiments. We saw that people could chose to have meals in their rooms but the majority of people came to the dining rooms for lunch. The registered manager recognised the valuable social opportunities offered over sharing a meal and we saw them actively working through lunch in the dining room to make the experience a pleasant one for people. The provider told us that they regularly tried to eat at the home to share people's experience of mealtimes.

Everyone told us they enjoyed the meals provided. One person had two visitors join them for lunch. The three friends had often enjoyed having lunch together before the person moved into the home. The visitors were very complimentary about the quality of the meal they shared. We spoke to the chef who explained how they asked people what they would like to eat each day. There was a rolling weekly menu that changed seasonally, with choices and alternatives available for people. Staff and the chef knew people and told us who had special dietary requirements. This included vegetarian, soft and fortified diets. People's preferences, likes and dislikes were well recorded. People spoke very highly about the standard of the food. One person told us, "The food's good, I like someone else to cook." The meals looked appetising and were well presented. Hot drinks were offered throughout the day and could be obtained at any time by request.

Good

Is the service caring?

Our findings

People spoke highly of the caring nature of staff. One person told us, "I didn't know that such kindness existed really." A relative told us, "The staff are kind and respectful, absolutely lovely."

We observed kind and caring interactions between people and staff. Staff knew people and what they liked and disliked. Staff spoke in gentle tones and in particular for people living with dementia, we observed staff to be kind and reassuring in their tone. We observed staff explaining what they were doing and repeating themselves where needed to make sure that they were understood. We observed that there was warmth and humour in interactions between staff and people. One relative described it as follows, "It's the little things like the menu on the dining table. [My relative] always reads it. It means so much that assumptions aren't made just because some people probably can't read it."

Staff spoke about the people they supported with compassion. Staff had made time to build a rapport with people. Staff respected people's individuality and recognised people for who they were. People were called by their preferred name. We saw staff directed their attention to the person they were supporting and were not distracted by, for example, talking with someone else in their vicinity.

Staff recognised the importance of promoting people's identity and individuality. People's rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. Ladies who chose to, wore jewellery and makeup and it was an important part of their identity. The home had a hair salon room that was popular and which people enjoyed attending.

The home was calm and relaxed across all areas during our inspection. The hub of the home was the main dining room but it was complemented by several smaller lounges, the activity centre and smaller, more intimate seating areas dotted around. Chairs and sofas were available along with refreshments which people could access independently. Chatting, laughter and humour was heard and people enjoyed the interaction and companionship.

The home provided people living with dementia a safe, well designed living space. It promoted a caring ethos and was a key part of providing dementia friendly care. The registered manager described how they worked to create a dementia friendly environment that helped people be as independent as possible for as long as possible. The provider told us they wanted to have an environment that promoted the well-being of people living with dementia and were attending a leading organisations course in 2016 to cover a range of issues that included the design of the internal and external environment and lighting. People's bedrooms doors were personalised and some, where it was chosen by the person, had an item or picture displayed that was individual to them.

Staff understood that they had to be aware of people's individual values and attitudes around privacy and dignity when providing care. The registered manager told us, "We take a person centred approach to privacy and dignity, finding out how the person wants their dignity to be respected." People confirmed that staff respected their individual space, knocked on their bedroom door before entering and respected their dignity. One care staff told us, "When providing care, we ensure doors are closed, people are covered and we are continually explaining everything." The home is working to meet the Gold Standard Framework (GSF) Award. The GSF provides structured guidance and training to those providing end of life care. It ensures better lives for people through high quality standards of care The registered manager said, "It will help us give residents the sort of care we would want for ourselves and our loved ones".

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. One person told us, "We can spend our days as we want." Visiting relatives told us they felt involved in their loved one's care and were kept informed of any changes. One relative said, "I know the manager [named]. He talks to me from time-to-time. They're always in contact." Throughout the inspection, we observed staff enquiring about people's comfort and responding promptly if they required any assistance.

Good

Is the service caring?

'Resident's meetings' were held on a regular basis. These provided people and their relatives a chance to discuss any concerns, queries or make any suggestions. Minutes from the last meeting demonstrated that activities and meals were discussed. People commented they found the forum helpful.

Care records were stored securely in a lockable cupboard. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Relatives told us they were free to visit and keep in contact with their family members. They said they were made to feel welcome when they visited. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones in the communal areas or the person's own bedroom.

We spoke to health care professionals who visited the home regularly. They gave positive feedback about the registered manager, staff and overall feeling of the home. They told us staff were proactive and always contacted them if they were concerned about anyone's health or wellbeing. They told us that the manager and staff always took on board any advice given and followed instructions regarding people's health.

Good

Is the service responsive?

Our findings

People and relatives told us the manager and staff were responsive. Relatives felt they were kept well informed about any changes and were contacted if their loved one's circumstances changed, for example if they became unwell. One person told us, "I'm very happy here. This is now my home."

There was a clear system in place to assess, document and review care needs. Care files included personalised care planning and risk assessments. Information had been sought from people, their next of kin or significant people involved in their care. This meant that documentation was individualised. We saw that all files had a 'My Story' section. This gave the opportunity for a picture to be constructed of people's lives, backgrounds and significant life events. End of life wishes were also documented. There was clear information in care files to support good communication. For example, information was given about asking questions which required short yes/no answers, and prompted staff to allow the person time to respond.

People with specific health and nursing needs had information in their care plans for staff on how to provide care. All care documentation, including risk assessments were reviewed to ensure information was relevant and up to date. This included regular auditing to ensure standards of documentation were maintained. Any changes to people's health or care needs were promptly updated on the computer based system. This information was then shared by the lead nurse with their staff at handover.

Throughout the inspection, people were supported to engage with activities that promoted their well-being and identity. Activity workers and external professionals provided activities and interactions that were based on people's individual likes and life history. For example, staff knew that one person had an interest in art and craft activities. They made sure the person was aware of, and had the opportunity to attend, the relevant activity sessions led by an outside tutor. Another person, who chose not to attend the session, asked for the materials they were using that day to be sent to them to work with in the comfort of their own room.

The registered manager, supported by the provider, had spent time designing a care environment that was stimulating. For example, we saw a pop up image of a 1940's sitting room that covered the entire wall of a lounge. It was offset by articles, newspapers and pictures from the decade. The image was changed periodically to create other snap-shots of time from other decades to encourage a place for reminiscence. A person who had a background of working with horses responded to equine sounds played to them.

Throughout the rest of the home a programme of activities took place and these included quizzes, trips out and movie shows. A specially structured light exercise and relaxation session was provided for people living with dementia. The registered manager commented that they tried to offer activities based on what people wanted, preferred and found meaningful. One staff member told us how they actively worked to prevent social isolation through meaningful activity. They said they visited everyone living at the home, they reflected on how activity for some people living with advanced dementia may be achieved by providing companionship and the opportunity for a chat.

The spiritual needs of people who were of a Christian faith were well provided for and reflected the provider's religious affiliation. A short religious service was held in one area of the afternoon of our visit. People were supported to attend the chapel, located in the grounds of the site, for Mass. An Anglican service was also held once a week in the home. We saw that information was held about the rites and customs for people of all faiths at the end of life.

A GP visited the home twice a week. They told us they called in more often if required to see people whose health needs had suddenly changed.

A hairdresser visited each week and people were able to request an appointment. Activity information was included in the activities notice that was available to people and displayed in the entrance. People knew what was planned and could decide if they wished to participate.

People had the opportunity to share their views and give feedback during resident and relatives meetings. We saw minutes from meetings detailed discussions and actions taken. Minutes were available and included feedback from people regarding activities and menus. Throughout the inspection we saw that people, relatives and visitors were able to speak with the registered manager either to have a chat or talk in more depth about issues and worries. It was clear that people, relatives and staff felt comfortable speaking to the registered manager.

Good

Is the service responsive?

A complaints policy and procedure was in place and displayed in the entrance area. Copies were also given to people as part of the information provided on their admission. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. One person told us, “Oh, I speak up. You report it to your nurse who puts it on record. Ninety-nine times out of one hundred it works. You know they are people you can talk to.” Another person said, “I know that if I mention anything to the carer it goes straight to the nurse. They’re straight on the case.” There were no on-going complaints at the time of the inspection. The registered manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust. Minor concerns raised were documented along with actions taken to resolve them. Everyone we spoke with told us the manager had an ‘open door’ policy and confirmed they would be happy to raise any concerns with the manager if they needed to.

Good

Is the service well-led?

Our findings

People were relaxed and comfortable in the presence of the provider and registered manager. The management team knew people and their relatives by name and made time to talk with people. People and staff said the registered manager was approachable and available. One person told us, "The home is managed very well." One member of staff said, "The home is organised and settled."

Staff were positive about the leadership of the registered manager and the sharing of information within the home. One staff member told us, "They are approachable and their door is always open." Staff had a clear understanding of their roles and responsibilities and who they would report concerns to in the rare absence of the registered manager. Handovers were held between shifts to ensure nursing and care staff coming into work were aware of any changes in people's needs. Activity coordinators also attended the handover to ensure continuity and consistency of care. Staff had a handover that included written summary about people, any changes to their treatment or needs. It also informed staff about their allocated duties for each day, for example taking responsibility for the care of particular people. We spent time observing a handover and information was clearly communicated. There was a clear focus on each person in turn and nursing staff presented with in-depth knowledge about each person.

Staff meetings, including separate meetings for nursing staff, were also held on a regular basis. These provided staff with the forum for making any suggestions or raising any concerns. One staff member told us, "Staff meetings are very much an open forum, you get listened to." Staff confirmed that any suggestions were listened to and acted upon. Staff told us of one recent scenario whereby improvements to systems were made as a result of issues raised within the staff meeting.

People, their relatives and staff were involved in developing and improving the service. Regular satisfaction surveys were sent out to people to enable them to provide feedback. The satisfaction surveys for 2015 showed twenty-five recorded responses. Feedback found recurrent themes of satisfaction and praise for the home, its staff and management. For example, the following comments were recorded, 'Quiet, peaceful atmosphere and surroundings', 'Knowing my relative is safe and cared for in a beautiful home makes us feel reassured' and 'One carer told us she loved to dress [my relative] as if she were her own mother. I do not think we could improve on that'. Questionnaire results were analysed to inform a plan on how improvements could be made to the running of the home.

The providers had systems in place for monitoring the management and quality of the home and these were effective. Care plan audits identified some areas where changes were needed. They identified that information related to people's health conditions, for example, around the management of diabetes and continence were accurately reflected in their care plans. Medicines audits identified where there were additional medications as required (PRN) protocols to be put in place. There was individual falls analysis in place. When people fell, actions taken following the incident included any measures taken to prevent a reoccurrence. There was information about what may have caused the fall and there was overall analysis to identify themes and trends.

There were systems to review the quality of service provided which included a variety of audits and checks. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. Infection control audits, medication and care plan audits were taking place on a regular basis. If any shortfalls were identified, a clear plan of action was implemented. Health and safety inspections were taking place which considered the environment, premises, staff safety, first aid and fire safety. Audits included the opportunity for managers from other services run by the provider to visit each other's locations to bring a fresh perspective to the practice within each home. The opportunities this provided to learn from each other was welcomed and demonstrated an openness and willingness to share best practice and to improve the care and support for people.

Staff told us the registered manager and the provider were approachable and they were able to discuss any concerns with them. One staff member said the registered manager encouraged all staff to speak to them and discuss any concerns or issues and we saw examples of this during our inspection. We were told concerns would be addressed appropriately and confidentiality would be maintained. Staff told us the registered manager and provider were professional and caring. The registered manager promoted

Good

Is the service well-led?

an open, inclusive culture that met people's physical, emotional and spiritual well-being and happiness. Staff confirmed there was an open culture at the home. They told us it was a good place to work. One member of staff said, "We are the first point of contact for residents. We see when things are changing and can suggest to the registered nurses if we think a reassessment is needed. They then talk to the manager if it's necessary. It's all part of the teamwork approach."

All accidents and incidents, including falls and episodes of behaviour that challenge the service, were reported and shared between the registered manager and provider who ensured any actions required to minimise any further risks were carried out. Incident and accidents were also monitored for any emerging trends, themes or patterns and considered. For example, behaviours were analysed to identify increased aggressive episodes in a person living with dementia. The registered manager told us, "If we identify a residents behaviour has changed we consider a referral to the dementia team and mental health services for help and advice. Their support is invaluable."

The provider and registered manager kept up to date in areas relevant to the needs of people, with new guidance and developments that promoted and guided best practice. They used this knowledge to inform staff and drive improvement. They were committed to sharing good practice and encouraging staff to learn and develop. For example, the registered manager was able to demonstrate how they knew about and shared information about the Duty of Candour. This was introduced on the 1 April 2015 by the Care Quality Commission (CQC). Under this regulation, the CQC expects organisations to be open and honest when safety incidences occur. The provider had also implemented a Duty of Candour policy and the registered manager understood their responsibilities under the regulation.