

Bupa Care Homes (ANS) Limited

Manley Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 11 July 2018 and was unannounced. Manley Court Care Home accommodates up to 85 people in one purpose built home. At the time of the inspection 77 people were living in the service. Manley Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is made up of four separate units, each of which has separate adapted facilities. Two of the units specialise in providing care to people living with dementia. Another unit specialises in supporting younger adults and the fourth unit supports older adults.

On the 21 and 24 July 2017, we carried out a comprehensive inspection. We found continued breaches in good governance and staffing. New breaches in safe care and treatment and meeting nutritional and hydration needs were also found. The service was rated as Requires Improvement overall. You can read previous inspection reports of the service, by selecting the 'all reports' link for Manley Court Care Home on our website at www.cqc.org.uk.

At this inspection we followed up on the breaches of regulations to see if the registered provider had made improvements as required. We found that the provider and registered manager had taken sufficient action to address the concerns from our previous inspection. We have made one recommendation regarding the management of percutaneous endoscopic gastrostomy (PEG) to keep people safe.

There was a registered manager employed at the service. 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.

The provider's safeguarding policy and processes were followed by staff. Staff knew how to keep people safe from abuse and report an allegation of abuse promptly. Staff had safeguarding adults training and used this knowledge to protect people from the risk of harm.

Risks to people were assessed and managed to keep people safe. Staff had improved the quality of the risk assessments which included a risk management plan to provide staff with guidance on how to manage those identified risks.

Medicines for people were managed safely. Staff were assessed as competent and safe to support people with the administration of medicines. However, we did find a recording error of a controlled medicine which was addressed immediately by staff.

There was sufficient staff working at the service. The dependency tool reviewed and assessed the number of staff required to care for people safely.

The registered manager supported staff working at the service. An induction programme, training, supervision and annual appraisal were available for staff.

Staff understood their responsibilities under the Mental Capacity Act 2005 and protected people's rights. People's care records showed that they were asked for their consent. Care documents were signed and agreed to by people or by their relative on their behalf.

There was a menu from which people could choose their meals. Meals provided at the service met people's preferences. Staff provided nutritional support and a specialist diet when this was required.

Staff made referrals to health and social care professionals for advice. There were regular multi-disciplinary meetings that occurred at the service. These meetings ensured health and social care professionals provided support to people to maintain their health and well-being.

People said staff respected them and ensured their privacy was protected. We saw staff carrying out care and support in privacy which promoted their dignity.

People and their relatives were involved and contributed to an assessment of their care. This ensured staff could meet the needs of people using the service. Care plans were used to describe the planned care and support people would receive. Care and support was reviewed on a regular basis to ensure the care and support remained relevant. Staff helped people to develop their end of life care plans. Staff discussed people's wishes and these were recorded so that people's needs and preferences were met at the end of their lives.

There was a complaints system for people and their relatives to discuss their concerns about the service. People and their relatives said they were confident issues they had discussed with the registered manager or other senior staff available would be dealt with well.

The registered manager fulfilled their requirements of their registration with the Care Quality Commission (CQC). We were kept informed of incidents that occurred at the service. Staff we spoke with said they were happy working at the service. They added that they were supported by the management team and respected the registered manager.

Audits of the service occurred on a regular basis. There was a system in place to monitor and review the quality of care, an action plan was developed if there was a shortfall in the quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to the safety of the service, however the service was rated Inadequate in Safe previously and we need to see that the improvements have been sustained for a period of time before giving a Good rating.

Medicines were administered to people as prescribed. There were systems in place for the storage, ordering and management of medicines. However, an error was found in relation to controlled medicines.

The registered provider had a safeguarding policy and staff followed the processes to keep people safe from harm and abuse.

Staff completed assessments of risks to people's health and wellbeing. Risk management plans were in place to help staff manage those risks.

Risks associated with the building was carried out in an effective way.

Staffing levels at the service was appropriate to meet people's need. A dependency tool was used which assessed the numbers of staff that should be available to support people safely.

Safe recruitment processes were used to ensure that only suitable staff cared for people.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

People had access to menus from which they chose their meals. People who had a special diet had this made available to them.

Staff were supported through induction, supervision, training and appraisal.

Good ●

People had access to health and social care professionals for advice and assessment if their needs changed

Is the service caring?

Good ●

The service was caring

People could discuss how they wanted their care and support delivered.

People said staff were caring and compassionate to them and show they respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive

Assessments were person centred and considered people's individual needs.

Care plans recorded the care and support people needed and these were reviewed on a regular basis.

People were encouraged to discuss or make a complaint about their care. The registered provider had a complaint process which was available to people if they chose.

People were supported at the end of their lives. Care plans and assessment documented people's wishes at that time.

Is the service well-led?

Good ●

The service was well-led

The registered manager was supported by a clinical nurse specialist, deputy manager and unit managers.

Staff were confident in the abilities of the registered manager and said they were sympathetic.

Appropriate notifications were sent to the Care Quality Commission in line with the registered manager's registration requirements.

There processes in place that monitored, reviewed and improved the service.

Manley Court Care Home

Detailed findings

Background to this inspection

This inspection took place on 11 July 2018 and was unannounced. The inspection team included one inspector, an inspection manager, one specialist professional advisor, who was a registered nurse and three experts 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that is completed by the provider to give some key information about the service, including what the service does well and what improvements are required. We also viewed the information we held about the service, including statutory notifications received. A notification is information about important events which the service is required to send us by law.

We spoke with 15 people using the service and 10 relatives. We also used the Short Observational Framework for Inspection (SOFI) to observe the support provided for people at the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we looked at 10 people's care records, 12 staff recruitment and training records, 10 medicines records, safeguarding and complaints records, team meeting minutes and other records related to the management of the service. We spoke with seven members of staff. This included the registered manager, the clinical lead, the deputy manager, activities co-ordinator, four nurses, eight care workers and a maintenance worker. During the inspection we received feedback from two health and social care professionals.

Is the service safe?

Our findings

At our previous inspection on the 21 and 24 July 2017 we found that fire and smoking risk assessments for the service did not adequately protect people from avoidable harm.

At this inspection we found that regular safety checks were carried out to ensure people were safe. The registered provider arranged for a fire safety assessment at the service. This involved reviewing fire safety equipment making sure it was maintained and available for staff to use in an emergency. We noted in the garden a fire extinguisher, a metal sand bucket, a metal ashtray and a fire blanket were available in the event of a fire. The garden smoking shelter had been upgraded. During the inspection we noted each smoker wore a fire safety apron and a nurse call bell so they could summon help from staff if needed. The London Fire Brigade (LFB) had completed a fire safety check at the service. The conclusions from the LFB fire safety check was that they were satisfied with the fire safety equipment, processes and procedures in the service.

People who used an E-cigarette and smoked cigarettes had an individual smoking risk assessment in place. This provided staff with information on whether people required support while smoking in the designated area. The risk assessment identified whether people could independently extinguish cigarettes themselves. Staff assessed people's mental capacity check and also observed people's smoking technique. This enabled staff to support people to safely smoke. At this inspection we noted people who were smokers were not prescribed paraffin based creams. This reduced the risk of fire.

Detailed accident and incident records were maintained. Records of falls were analysed monthly to ensure any patterns or trends were identified and action taken to address these. Referrals were made to healthcare professionals and services such as the falls clinic where required to ensure that people received additional support. Records showed that the management team monitored accident and incident records and ensured that any issues were followed up appropriately. The provider's systems had also been used to capture themes from electronic incident and accident recording and in time this meant a detailed analysis could be completed to pick up trends and support further learning from incidents.

Detailed risk assessments were kept in people's care records. Risk assessments identified risks associated with people's needs including their health and wellbeing. This included their health, mobility, nutritional, wound care and mental health needs. Staff developed a risk management plan to reduce the likelihood of risk occurrence. For example, where a person had risks associated with difficulties with their swallowing the management plan included observing the person's position while eating, the utensils used and the consistency of the meals and drinks provided. Therefore risk assessments provided staff with guidance to support the people safely.

At the last inspection we also found that records relating to the management of medicines were not always updated. We found inconsistencies in medicines administration, storage, stock and disposal.

At this inspection we found people had their medicines administered safely. Nurses and senior support staff

completed medicines administration within each unit of the service. Their competency and training were managed by the clinical lead for medicines administration. All staff spoken to who administered medicines said they had undertaken their medicine competency assessments within the last year. The provider's training matrix confirmed this had taken place.

We found staff stored people's medicines safely. Fridge temperatures were recorded daily and were within acceptable ranges. Fridges were clean, and medicines stored appropriately.

Controlled medicines were checked daily by the night staff. We looked at the recording of controlled medicines and found a recording error relating to the number of tablets for one person using the service. The medicine had been recorded inaccurately for two days. This error was brought to the attention of the nurse in charge who checked this and corrected it immediately.

The Lewisham Integrated Medicine Optimisation Scheme pharmacist visited the service on a weekly basis (LIMoS) and attended the GP review weekly. They checked for alternative medicines prior to signing off consent for crushed medicines. The pharmacist also checked that medicines were suitable for administration by crushing and alternatives were prescribed as required. Instructions for administration via percutaneous endoscopic gastrostomy (PEG) were given in writing. A PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach to provide a means of feeding when oral intake is not adequate. The aim is to optimise nutritional intake to improve or maintain nutritional status.

Each person had a medicines care plan that was robust and individualised because of the LIMoS work and multi-disciplinary team (MDT) working practices to enhance safety. Unit managers completed medicines audits weekly and the clinical lead nurse completed monthly audits. An action plan to address issues identified was developed and the lead nurse checked that actions had been completed. Staff we spoke with gave their feedback on the support from the pharmacy team. They told us, "We follow patients from hospital to community and undertake post discharge checks to ensure this" and "Since we have had the support of the pharmacist there has been a reduction in problems with the administration of drugs."

At the last inspection we observed that some areas of the service were not always cleaned effectively to reduce the risk of infection.

At this inspection we found the home was cleaned and the communal areas were tidy and free from clutter. Housekeeping staff were employed to clean the service and followed a cleaning schedule. People commented on the cleanliness of the service and made comments such as, "Every morning they come in and clean. They keep my room clean and nice", "Very clean, always" and "The cleaners quickly cover and are apologetic if anything spills. Some incidents are unavoidable, but smells always fresh". Staff used personal protective equipment to help reduce the risk of infection. Gloves and aprons were used by staff when required.

People told us they felt safe living at the service. Their comments included, "Yes I do. There is nobody here who gives me a threat. Everyone mingles", "I feel safe. I feel no one can harm me" , "Yes I feel safe the staff are excellent", "Yes I do feel safe" A relative said, "All the other carers and nurses [my family member] feels safe with."

People had access to a call bell when they needed to call staff for support. The management team monitored the length of time staff took to answer call bells. Any concerns regarding staff responses to call bells were raised in the 'Take 10' meetings that took place each day or team meetings. People said they would use the call bell if they needed assistance.

The registered provider had appropriate safeguarding policies and procedures in place. Staff had gained knowledge and an understanding of safeguarding and abuse. Staff described the actions they would take to protect people at risk of harm and abuse. The registered provider had a whistle-blowing policy and process in place. This provided staff with guidance on how to raise concerns about aspects of the service or care that had not been dealt with. Staff were confident about raising a concerns with their manager or the registered manager if needed.

People were supported by a sufficient number of suitably deployed staff. The registered manager said that there were occasionally issues with short notice sickness especially at weekends but that this was being addressed. The registered manager told us that the provider had recruited 53 new staff members in the last year. Despite the recruitment of new staff at the service some staff raised concerns about the level of nurses deployed. Nursing staff we spoke with felt strongly that there were not enough nurses to provide care to people with high dependency needs on a regular basis. This was especially felt during busy periods such as meal times. Two nurses said that there were problems when staff were absent and at meal times when they struggled to cope with the individual requirements of each person in a timely manner. However, the nurses added that the clinical lead nurse often provided additional support at times of pressure within the home.

The registered manager told us that there were eight student nurses working in a supernumerary capacity providing additional support for people using the service. We met one student nurse who told us she was enjoying her placement at the service.

People were protected from unsuitable staff as the provider carried out robust recruitment checks prior to them commencing work at the service. Staff had completed application forms and provided a full employment history so that any gaps in employment could be explored. At least two references had been obtained including one from the staff member's most recent employer. Identification had been checked and each staff member's right to work in the UK. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.

At the last inspection the service was rated Inadequate in the Safe domain. We found significant improvements had been made at this inspection. However, we have rated this domain Requires Improvement as we need to ensure that these improvements can be sustained over time to provide a Good rating. We will check this at our next inspection.

Is the service effective?

Our findings

At our previous inspection on 21 and 24 July 2017, staff did not fully understand and care for people within the principles of the Mental Capacity Act (MCA) 2005.

At this inspection we found that staff demonstrated an understanding of their responsibilities to care for people within the principles of the Mental Capacity Act (MCA) 2005. The 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found staff had cared for people in line with DoLS authorisations granted by the local authority. Staff completed training in MCA and DoLS which helped them to develop their practice and ensure they were meeting the requirements of the Act.

When a person lacked the ability to make decisions for themselves their mental capacity was assessed. When a person was assessed as unable to make specific decisions staff arranged for a best interests meeting and if required, a DoLS application was made. DoLS were reviewed as required.

People gave staff their consent before receiving care and support. People said staff asked for their consent before supporting them and commented, "Yes they do that sort of thing" "They always ask" and "Yes they do ask for consent."

At the last inspection we found that staff did not always understand people's nutritional needs particularly when they required percutaneous endoscopic gastrostomy (PEG) feeding or were on a specialist diet and we observed that staff did not always follow recommended food safety guidance.

At this inspection we found people were supported with meals that met their nutritional needs and preferences. Staff followed health care professional's guidance for meal preparation and support. We saw in the kitchen area instructions on how to support people with their meals appropriately to ensure that their individual needs were met. A chef was employed to cook meals onsite for people living at the service. The chef was familiar with people's nutritional needs and carried out a temperature check of hot food before serving.

Menus were posted on the wall in the corridor as a reminder of the meals available on the day. People who required specialist meals via PEG feeding, a pureed diet, reduced salt or reduced sugar meals this was provided.

People enjoyed the meals that were provided. People commented, "The food is great here" "I am quite happy with the diet" "I don't eat a lot at my age. I drink a lot of milk. "Yes, I have enough to eat and drink. I have enough milk." "Yes, the food is nutritious." A relative said, "Food always looks good."

The registered provider had hot weather protocols and practices in place. The day of the inspection was hot and sunny. We observed that staff offered people drinks throughout the day. The service also had a 'red jug' scheme in place, that clearly identified people who may be a greater risk of dehydration to ensure that particular attention was paid to those people. The 'red jug' contained water and juice and staff offered people this during the day. This reduced the risk of deteriorating health and dehydration.

The registered manager provided staff with regular support. Staff received support through one to one supervision sessions. Although there were records demonstrating that these were taking place on a regular basis these records only contained details of tasks staff were expected to complete and did not include sufficient information about their performance or development needs. The registered manager told us that there was a supervision matrix in place to ensure that all staff received sufficient supervision and support, however, annual appraisals had not yet taken place this year and therefore these were out of date. The registered manager sent us a copy of their supervision and appraisal matrix after the inspection to demonstrate that this was being addressed and we will check this at our next inspection.

People had access to routine healthcare services to ensure their healthcare needs were met and when their needs changed staff contacted healthcare professionals to ensure people received the care and treatment they required. There was a regular multidisciplinary team (MDT) meeting which addressed people's care needs. Each professional could provide their input to help the person improve and maintain their health and wellbeing. Staff said people benefitted from having a regular meeting with health and social care professionals. This enabled staff to access help and support for people promptly. A member of staff said, "MDT, is about engagement and the role of the pharmacist is supportive and focuses on patient safety."

Is the service caring?

Our findings

At the last inspection we found that the service was not always caring. We observed a member of staff's tone of voice and the words they used when speaking to a confused person were not reassuring. We also observed two members of staff supporting people without explaining what they were doing or asking them if they were happy to take part.

At this inspection we found that people experienced care from staff that was kind and caring. People commented, "Yeah [staff are] very kind and kind to me" and "Yeah they are friendly." During our general observations of the service we found staff were considerate and thoughtful in the way they engaged with people. The management referred to people by their preferred names. We observed lunch on the dementia floor and noted that there were plenty of staff serving people and supporting them with their meals. The staff were kind, polite and helpful.

People and their relatives told us staff were respectful and treated them well. Their comments included, "I appreciate people who work here they have painted my nails and they will do my hair. Sometimes they will come and sing for me". "Everything is handed over to [nurse], [my relative] really likes her. Staff are so busy. They help [my relative] with everything, she receives complete care. [My relative] is never on her own. They do the job very professionally". "The staff are lovely and very good. I am treated with absolute respect even by the senior staff for example the general manager is always pushing for a chat he doesn't hide himself away." People and staff interacted with each other in a friendly manner. We saw staff talking and laughing with people and relatives during our observations. We saw staff, people and visitors to the service enjoyed each other's company from the way they interacted with each other.

People said staff respected their privacy. They told us, "They absolutely do respect my privacy for example when [staff] come to administer medication the nurse makes sure the door is closed". "Yes, the staff do treat me with respect most of the staff are very friendly and caring", "Staff seem friendly and want to help and they are efficient. They want to do the best for their residents" and "The staff are brilliant they treat me with gallons of respect. Yes, they do respect my privacy." A relative told us "Yes, the staff do treat me with respect they always speak to me when I come in and visit. They come in and have a chat with me and tell me how lovely she is. Oh yes when necessary they ask me to leave the room to respect her privacy."

People were encouraged to be involved in the development of their care plan. One person said, "Yes I have been included in the care plan". People were encouraged to make decisions about how they wanted to receive their care and support. We observed staff being patient with people and providing support to them in a flexible way. For example, a member of staff offered support to a person but they declined and said they wanted support later in the day. We observed the member of staff return to the person's room later to see if the person was ready to have a shower, the person was not ready and the staff said they would ask them again later.

Care and support was reviewed on a regular basis to ensure people received appropriate care. People's care and support needs were reviewed with the input of people and their relatives. This ensured people received

the appropriate type and level of care to meet their needs and preferences.

People were supported to keep in touch with people that mattered to them. Visitors were welcomed at the service and were encouraged to visit their friends and relatives as they chose. One person told us, "My [relatives] always come and visit me".

People accessed independent advocacy when they required. Advocacy was accessed via social services. At the time of the inspection people did not require support from an advocate. However, independent advocacy was provided by a local authority if needed.

Is the service responsive?

Our findings

People had an assessment of their needs. This provided staff with sufficient information to help them decide on whether the person's needs could be met at the service. Once a placement at Manley Court Care Home was agreed with the person and staff at the service they were admitted to the home. People had several assessments completed during their first weeks of admission to the service. Health and social care professionals provided an input into the assessments if this was required. People were involved in these and gave their views and opinions about their care needs. This was used to capture people's life story, including things they enjoyed doing in their spare time, likes, dislikes and their work and life histories. This was recorded and used to help develop a meaningful and person-centred care plan. People also had individualised assessments for oral, catheter and PEG care.

There were clear care plans in each care record relating to the care of people with percutaneous endoscopic gastrostomy (PEG) feeding in place. The care plans were reflective of best practice and gave clear instructions for staff to follow. Nurses were aware of the individual requirements of each person and understood the PEG feed and how to manage and care for people with new and long-standing PEG lines. This information was recorded in people's care records. However, we did note nurses used one syringe to flush the PEG line. This was not dated to show when it was first used and was stored in a cup on the person's bedside table. Staff were not able to tell us how long this had been in use. Therefore, this was a potential infection control risk.

We recommend staff seek guidance from a reputable source regarding percutaneous endoscopic gastrostomy (PEG) to keep people safe.

Each person had a care plan. These were developed in line with the assessment of their needs to decide the care and support a person needed to maintain their health and wellbeing. When people's care needs changed staff reviewed the person's care plan with input from people and their relatives to ensure these were kept up to date. People or their relatives were asked to sign their care plan to demonstrate their agreement, however, we found this practice was inconsistent.

People's private information was documented in line with the Accessible Information Standard, for example providing documents using large print books to ensure these were accessible. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.

People took part in activities they enjoyed. They told us, "They do a lot of trips, this Friday I have been invited to London Zoo", "Yes the activities co-ordinators took [my relative] to the Post Office and shops this afternoon" and "Staff help me with different things. For example, I had to go out and sort out my bank account a staff member came with me down to the bank". Staff provided people with one to one support when needed. Some people said staff took them out individually, this arrangement suited them because they did not want to take part in group activities.

Activities were provided inhouse and in the community. We met two activities co-ordinators in the activities room who were preparing games for a fete taking place at the service at the weekend. They told us that they also had a trip to the zoo organised for people that was taking place that Friday. A trip to the seaside at Eastbourne was arranged for August and people could go on walks to local parks. There was a pottery session taking place on a weekly basis and people were able to display the items they made in their bedrooms if they wished to. There was also pastry making sessions taking place, strawberry and cream tea parties, gardening and health and beauty sessions. The service had also started a gentlemen's club with a bar area and a games club and an entertainer visited the service once a month. There was a minibus at the service and the activities coordinator would take people out to museums, local pubs and libraries.

People's religious needs were met at the service. One person told us they were unable to visit their local church because of their reduced walking ability. They told us the home had arranged for a local priest to come into the service to see them. A local vicar visited the home to perform a church service for those who wanted to attend. One person told us, "When there is a church service I go to that." Another person told us "We have a priest here. I am a catholic and we go to the service."

People told us some aspects of their cultural needs were met. One relative told us that staff supported their family member to have meals they enjoyed from their childhood when they were living in the Caribbean. A relative told us, "[My family member] likes Jamaican food when they make it." A person also said, "I get Jamaican food now and again not every day." There was provision on the menu for people to have Caribbean, African and vegetarian meals, if they chose. The service celebrated religious and cultural events at the service, including St Patrick's Day. All people using the service were encouraged to take part.

People supported people with end of life care. Staff completed training with the local hospice on how to care and support for people at the end of their life. People and their relatives made end of life decisions. These were discussed with staff and people's wishes were recorded in their care records. End of life care plans included pain control and management as well as the arrangements required to ensure people's needs and preferences were met at this time.

People and their relatives were supported to make a complaint if they were unhappy with the care and support they received. The complaints log showed that there had been three formal complaints since the last inspection. These had been responded to in a timely manner and investigated appropriately and relatives had been offered a meeting to discuss their concerns. Apologies had also been made where an error had been made. Complaints were escalated where necessary to ensure that action was taken to resolve the matter. People said they felt confident to make a complaint if they needed to. People said they would know which member of staff they would speak to if they wanted to make a complaint, "Oh yes if I was unhappy I would definitely complain but I have never had to do that, they have been really good to me". "Yeah, I would go to the charge nurse", "One of the nurses" and "Yes the Manager". One relative said they did not find a member of staff helpful or friendly. They experienced this when their relative became unwell. Senior staff told us that the registered manger was aware of this incident and was investigating this complaint. The relative was satisfied that their complaint was taken seriously and being investigated.

Is the service well-led?

Our findings

At our previous inspection on 21 and 24 July 2017, we found that the service was not always well led to ensure people received consistent good quality care. The home had experienced changes in the management team in the year leading up to our inspection. The internal audits had failed to identify the shortfalls we found in relation to fire safety, medicines and nutrition and therefore we could not be assured that the quality monitoring systems were effectively operated.

At this inspection we found that improvements had been made. People said that they felt the service was managed and well run. All people we spoke with were complimentary about the senior management team. During our general observations of the service we noted the staff to be cooperative, welcoming and hard working. Both the registered and deputy managers were around the home, engaging with staff, people living at the service and relatives. People said, "I am treated with absolute respect even by the senior staff. For example, the general manager is always pushing for a chat he doesn't hide himself away", "[The manager] is absolutely fantastic he is really good. He cares about people, which is important" and "Yes, I do know the manager he is all right. He does sit and talk to me." A relative said, "I often speak to the deputy. If I phone, he is very, very quick to respond. He answers the phone immediately. We were terrified about something about to happen to my relative and the way he handled it was very good."

Staff said the registered manager and team were supportive. Staff felt the registered manager was approachable which helped them feel valued and respected. Staff said, "[The manager] is very good", "He is fair and is helpful" and "Staff respect him he is good."

Staff had regular 'Take 10' and staff team meetings. The 'Take 10' meetings were held with staff during the morning and night shifts. This enabled staff to discuss incidents that occurred or any planned events that were due to happen, this included staffing, people's appointments and visitors.

The registered manager met their registration requirements with the Care Quality Commission. They notified us of incidents that occurred at the service as required by law.

People said they were asked to provide feedback about the service. Each year people completed a service questionnaire. One person said, "Somebody came [member of staff] round a few months ago, I helped them with a survey." The most recent feedback showed people were happy living at the service. Relatives were also encouraged to provide their feedback on the service. People and their relatives were also invited to 'residents' meetings' at the service. One person said, "I went to a residents' meeting a little while ago, it was a good meeting. Staff got to meet resident's relatives. [the manager] was there." Discussions were had about improvements and changes to the service. People or their families also used the 'residents' meetings to ask staff questions regarding the care and support, the home environment or the service.

The service had established systems to review the quality of care. Regular checks were carried out to monitor the quality of care records, home environment, people's care needs, medicine management, pressure area care and infection control. Any concerns were discussed with staff and addressed, with additional support offered from the registered provider's quality manager. The quality improvement plan

priorities for 2018 included continuous review of the quality of care plans, medicines management, introduction of electronic care plans and IT systems, sensory care and minimising injuries.

People benefited from links staff had made with the local community. The registered manager told us that they had been part of the National Care Home Open Day and that people had attended which had resulted in one person living locally offering to volunteer at the service. Children from a local primary school also visited the school each Friday and participated in activities with people using the service such as singing, dancing and gardening. The registered manager told us they had also built good working relationships with the local authority.

Staff had developed working relationships with health and social care services. This helped staff to seek advice for people in a timely way. Staff had contact and developed links with specialist teams in health and social care departments. The Home Enteral Nutrition (HEN) Team visited the home and trained staff in staff with caring for people with a feeding tube.

Staff had also developed working relationships with the local hospice. The hospice team provide support to staff at the home for the dying persona and also offered training to staff in end of life care.