

St Philips Care Limited

Dearne Valley Care Centre

Inspection report

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South Yorkshire
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Date of inspection visit:
08 March 2017

Date of publication:
18 April 2017

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Ratings

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

Summary of findings

Overall summary

Dearne Valley Care Centre is registered to provide accommodation and personal care for up to 34 older people, some of whom may be living with dementia. The home is located in a residential area with access to public services and amenities.

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

Our last inspection at Dearne Valley Care Centre took place on 25 August 2015. The service was rated as Requires Improvement. We found breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulations 12: Safe care and treatment, 11: Need for consent and Regulation 18: Staffing. Requirement notices were given for these breaches in regulation. The provider sent an action plan detailing how they were going to make improvements. At this inspection we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of these regulations.

This inspection took place on 8 March 2017 and was unannounced. This meant the people who lived at Dearne Valley Care Centre and the staff who worked there did not know we were coming. On the day of our inspection there were 33 people living at Dearne Valley Care Centre.

People spoken with were positive about their experience of living at Dearne Valley Care Centre. They told us they felt safe and they liked the staff.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff recruitment procedures ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role.

Some staff were not provided with supervision and appraisal at identified frequencies for their development and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was

provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity were respected and promoted. Staff understood how to support people in a sensitive way.

A programme of activities was in place so people were provided with a range of leisure opportunities.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

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.

People told us they felt safe and staff were aware of their responsibilities in keeping people safe.

Medicines were stored securely. Appropriate arrangements were in place for the safe administration and disposal of medicines.

The staff recruitment procedures in operation promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some staff were not provided with supervision and appraisal for development and support at the frequency identified in the registered provider's policy.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were very caring in their approach.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was well liked and respected by people who had an interest in the service.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

Good ●

Dearne Valley Care Centre

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.

This inspection took place on 8 March 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of safeguarding and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted Barnsley local authority and Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During the visit we spoke with eight people who used the service, seven of their relatives, the registered manager, two senior care staff, three care staff, an activities worker, the maintenance person, the cook, a domestic assistant and the administrator. We were not able to fully communicate with some people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at three care plans, four staff files and records associated with the monitoring of the service.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 25 August 2015 when we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 12; Safe care and treatment. The provider sent an action plan detailing how they were going to make improvements. At this inspection we found sufficient improvements had been made to meet the regulation.

People told us they felt safe living at Dearne Valley Care Centre and commented, "I am so much safer than when I was at home" and "I am absolutely safe here. The staff make sure of that."

Relatives of people living at Dearne Valley Care Centre told us they felt their family member was safe and commented, "I thank the staff for my peace of mind," "I feel so much better knowing that mum is safe and well looked after," "My dad is so safe and secure. It means everything," "We can talk to [the registered manager] about anything. She really goes out of her way to make us feel safe" and "The maintenance staff make sure everything is tip top and safe."

All of the staff spoken with said they would be happy for a relative or friend to live at the home and felt they would be safe.

We asked people about the help they got with their medicines. Comments included, "I take quite a few tablets. The staff make sure I get them on time," "I take regular pain killers. They [staff] will give me extra if I need them" and "Oh yes. Staff are very good at making sure I get my medication." One person's relative told us, "We are so happy that mum is getting her medication regularly. She asks the night staff if she needs extra painkillers."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicines policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

One person told us they hadn't been given all of their medicines and commented, "I should have had four tablets this morning. The staff said it should only be three." With the person's permission, we spoke with the staff responsible for administering medicines. They told us the person did used to have four tablets together, but one tablet was now administered an hour before other medicines, as directed. We checked the person's Medicine Administration Record (MAR) charts which verified this and showed medicines had been administered as prescribed.

We checked a further three people's MAR charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. Medicines were stored securely. At the time of this inspection some people were prescribed Controlled Drugs (CD's) (medicines that require extra checks and special storage arrangements because of their potential for misuse). We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held

tallied with the record in the three CD records checked. This showed safe procedures had been adhered to.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the registered manager also regularly observed staff administering medicines to check their competency. We saw the registered manager had also undertaken regular audits of people's MAR's to look for gaps or errors and to make sure safe procedures had been followed. We found the pharmacist had audited the medicines systems in November 2016 and was due to visit on 9 March, 2017, the day following this inspection. The registered manager forwarded us a copy of the report from 9 March which showed no concerns had been identified. This showed people's safety was promoted.

We checked progress the registered provider had made following our inspection on 25 August 2015 when we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 18; Staffing. The provider sent an action plan detailing how they were going to make improvements. At this inspection we found sufficient improvements had been made to meet the regulation.

We looked at staffing levels to check enough staff were provided to meet people's needs. We found two senior care staff and three care staff were provided each day, and one senior care staff and two care staff provided each night. Staff spoken with confirmed these numbers were maintained. Whilst we observed staff were visible around the home and responded to people's needs as required, we found staff sometimes appeared rushed and were not always available. For example, people living with dementia had their accommodation on the first floor, but were free to join others on the ground floor if they chose. On the day of the inspection six people living on the first floor were spending time on the ground floor which made staff very busy. We spent time on the first floor and found two staff were assisting a person in their room which left one staff on their own to support other people.

We spoke with the registered manager about staffing levels. They told us the assessed people's dependency needs when they undertook an initial assessment but did not use a dependency tool to help them calculate the levels of staff needed. The registered manager confirmed an additional care staff had been provided since our last inspection but said she would use dependency assessments to further explore staffing levels as these were 'tight.'

People living at the home and staff generally thought enough staff were provided. Staff spoken with confirmed an additional care staff had been added to the staffing rota since our last inspection.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We looked at the procedures for recruiting staff. We looked at four staff files and found they contained all of the information required. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. One staff told us, "I have just completed dementia and safeguarding training. It gives you more confidence with regard to your understanding and observations. I feel so much more confident about adult protection and safeguarding now."

Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed money for some people. We saw the financial records kept for each person, which showed any money paid into or out of their account. The record was signed by the person who used the service or their advocate and senior staff at the home. Money held for people was regularly checked by the registered manager. We checked the financial records for three people and found they were fully completed and accurate. Staff spoken with could describe the actions to take when handling people's money so safe procedures were adhered to and to help protect people from financial abuse.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken and reviewed to identify and mitigate any risks in relation to fire.

We found policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. We found Dearne Valley Care Centre was clean and free from malodours in all areas seen.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 25 August 2015 when we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 18; Staffing. The registered provider sent an action plan detailing how they were going to make improvements. At this inspection we found some improvements had been made, sufficient to meet the regulation.

At our last inspection we identified staff were not receiving supervision and appraisal for development and support and we issued a requirement notice in relation to this issue. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles.

Without exception, staff said they had regular informal contact and meetings with the registered manager and could go to her for advice and support. Whilst all staff spoken with said they had received some formal supervision, they were unclear about the number of supervisions they had been provided with and no staff spoken with could remember being provided with an appraisal.

We found the registered provider's policy on supervisions stated "Each member of staff will have a minimum of four supervisions per year, three of which must be formal." The registered manager told us some supervisions had taken place. We checked the staff supervisions list that the registered manager provided us with. Of the 36 staff listed, 19 staff had not been provided with three formal supervisions. Three of these staff had worked at the home for less than 12 months. This meant 16 staff had not been provided with supervisions at the frequency identified in the registered provider's policy. In addition, we checked the staff supervisions file and of the 21 records seen, we found 11 staff had not received supervision at the identified frequency.

Whilst this evidenced some improvement since our last inspection, the registered manager acknowledged that further formal supervision meetings needed to take place to ensure the registered provider's policy was adhered to. The registered manager gave assurances that supervisions would be scheduled for all staff. One appraisal had been scheduled but this had not taken place due to the staff member having to cancel. During our inspection the registered manager scheduled appraisals to take place in March 2017 for all staff and we saw evidence of this.

We checked progress the registered provider had made following our inspection on 25 August 2015 when we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 11; Need for consent. The registered provider sent an action plan detailing how they were going to make improvements. At this inspection we found sufficient improvements had been made to meet the regulation.

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 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests. For example, one person was receiving a food supplement covertly. There was clear evidence in the person's file of a capacity assessment and consultation with family members and health professionals to show this was in the person's best interest.

People we spoke with told us staff involved them in making choices and decisions about their care. We found care was provided to people with their consent. We looked at three people's care plans. They held people's signatures where people had been able to sign, to evidence they had been consulted and had agreed to their plan. The plans contained records which showed people's signed consent had been obtained in relation to aspects of living at the home. For example, consent to photographs being taken. This showed important information had been shared with people and their advocates and they had been able to make an informed decision.

The care plans seen all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, psychiatrists, and dentists. People's weights were regularly monitored so any weight and health issues were identified quickly. We asked people living at the home and their relatives about support with healthcare. All of the comments received were positive and included, "When I told the staff I felt unwell, they called the GP in later that morning," "I have my own optician. The staff or my family make me an appointment when the time comes around," "We were asked if we wanted to come to the GP visit when mum first came here," "They [staff] call the opticians and chiropodist. They always let me know when they do it" and "My mother sees the district nursing service, every day if necessary."

We found a varied and nutritious diet was provided to support people's health and respect their preferences. Staff were aware of people's dietary needs and preferences so these could be respected. We saw people were regularly offered drinks and snacks and were encouraged to eat the fresh fruit available. We saw jugs of juice were available in the lounge areas for people to help themselves to. Staff told us and records seen verified food was always discussed at 'residents meetings' so people could share their opinion.

All of the people spoken with spoke positively about the food. Their comments included, "They [staff] arranged me a lovely birthday tea, all my family came," "It's good old fashioned home cooked food. The chefs are great," "They [staff] offer my family a meal every time they come," "They listen to me when I say I prefer a different meal," "I am having my meal in my room today. The staff won't mind," "I have a meal with my [spouse] three times a week. The food is smashing" and "The food is just right and they [staff] support me being a diabetic."

We checked the staff training matrix which showed that staff were provided with relevant training so that they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dementia awareness and end of life care. This meant all staff had appropriate skills and knowledge to support people. All of the staff spoken with said the training provided was "Good."

The registered manager informed us, and staff spoken with confirmed, all new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

Is the service caring?

Our findings

People who used the service and their relatives all made positive comments about the home. People told us they were happy and well cared for by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. Their comments included, "The staff are so caring and approachable," "The staff care so much and so does the manager," "I could not get better care anywhere," "The staff are very kind and considerate," "The staff know me so well. They can second guess what I need," "The night staff are smashing" and "I just cannot fault the staff. I am really happy here. I would leave if I wasn't."

Relatives said they were welcomed in a caring and friendly manner. Their comments included, "Without exception, the whole staff team have supported our family," "The staff put in a lot of hard work to care for everyone," "They [staff] offer my mum excellent care," "This home and its staff have offered my dad a new family" and "The staff are always friendly and demonstrate a great deal of care and fondness towards our father."

Staff told us they enjoyed working at the home and said the staff worked well together as a team. Their comments included, "I love working here" and "I have worked in a number of care homes. This is by far the best."

During our inspection we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. People were invited to attend 'residents' meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. This also showed people were treated respectfully.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

Staff spoken with said they had been provided with training on end of life care training so they had the skills and knowledge to care for people when this support was needed.

Is the service responsive?

Our findings

People living at Dearne Valley Care Centre said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided. People also told us they could talk to staff if they had any concerns or complaints. Their comments included, "It's my choice what I do, what I eat and what I wear," "The staff give me good attention. I don't have to wait long for anything," "I love gardening in the raised bed areas outside. I sometimes eat my lunch outside if the weather is good," "I take part in anything that's going, they help me keep busy," "We really enjoy the trips to the tea dances. I used to be a ballroom dancer," "There is so much to get involved with," "You can rest assured that the advertised activities always take place," "I have set up 'The Corner Boys', a group that do the daily crosswords and read the daily papers to each other, it's great," "The activity worker puts a lot of effort into making things just right for us," "I would like the church or chapel to come in. They used to," "They took us to church on Remembrance Sunday. That was wonderful," "They have told us that the church are going to start coming again. I do hope so" "The manager has made it clear that if we have any concerns we must tell her," "If ever I have a problem I would go straight to [the registered manager]. I know she would sort it out," "I have raised concerns with the manager a few times. She always see's to things straight away" and "You can approach the manager about anything."

We were not able to fully communicate with some people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent 30 minutes observing care and interactions in the first floor lounge area. People appeared content and staff interacted and spoke with them in a patient and caring manner.

We spoke with the registered manager and staff about activities in the home. Two activity workers were employed to ensure there was a range of meaningful activities on offer every day. People told us and records showed a range of activities were provided. We spoke to an activities coordinator who displayed a commitment to ensuring the activities provided were enjoyable and beneficial. We found each person had an activities file called 'Life Story'. This document highlighted peoples personal preferences with regard to life experiences and involvement in activities. The file was used to review if individuals had enjoyed the activities. Records showed recent trips out included trips to a band concert, pub lunches with entertainment and tea dances initiated by the Goldthorpe Development Group. Some of the outings were repeated so more people had the opportunity to participate in and enjoy these. After lunch we saw care staff sat and chatted to people when they were able.

All of the people spoken with said they were happy with the activities provided and they were free to choose to join in or not, depending on their preference.

Throughout our inspection we saw staff support people's choices. We heard staff asking people their choices and preferences, for example, asking people what they would like to drink, where they wanted to spend time and what they wanted to do.

Before accepting a placement for someone the registered manager carried out an assessment of the person's needs so they could be sure they could provide appropriate support. This assessment formed the basis of the initial care plan.

We looked at three people's care plans. The plans were well set out and easy to read. They contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

One person's file held information in one section that was limited and would benefit from further detail so staff were fully informed. The plan detailed the person did not have capacity to make some decisions but over the page detailed the person had capacity to make decisions about food and drink. The plan did not expand on this or specify what was meant. This meant important information about the person could be missed.

The care plans seen had been signed by the person, where possible, to evidence their involvement and agreement.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant people were supported by staff that knew them.

There was a clear complaints procedure in place. A copy of the complaints procedure was included in the Service User Guide which had been provided to each person living at the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw the complaints procedure was on display at the home so people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. There were no complaints about the home at the time of this inspection.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them.

Is the service well-led?

Our findings

The manager was registered with CQC. The registered manager was visible and fully accessible on the day of our inspection. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home; their relatives and staff freely approached the registered manager to speak with them.

People living at Dearne Valley Care Centre, their relatives and staff at the home spoke positively about the registered manager. People told us they knew the registered manager and found her approachable. People said they had confidence in the registered manager and they were encouraged to voice their opinion. People commented, "I am very pleased with the support we get from the manager," "The manager is so approachable. She is a good listener," "All the managers and staff are approachable. There is nothing that [the registered manager] will not do for you," "I go to all the [relative's and resident's] meetings. It's the best way to get your views across to the managers," "The [relative's and resident's] meetings are how you get things changed," "The staff and managers are willing to listen to us and then make changes," "We [people living at the home] make the rules, not them [staff]," "How can you fault this place. The home is run to an excellent standard," "My mum has come on in leaps and bounds since she came to live here. It's down to the management" and "This home has a good manager."

Staff told us the registered manager had an 'open door' and they could talk to her at any time. They told us the registered manager was always approachable and keen on staff working together. One staff told us (on being recently supported through a difficult time) "I cannot thank the manager enough for her kindness and thoughtfulness."

We saw an inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff spoken with said they would be happy for a friend or family member to live at the home.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We found quality assurance procedures were in place to cover all aspects of the running of the home. Records showed the registered manager undertook regular audits and 'walk arounds'. Those seen included care plan, medication, health and safety and infection control audits. We saw environment checks and health and safety checks were regularly undertaken to audit the environment to make sure it was safe.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns so people's well-being and safety could be promoted.

We found questionnaires had been sent to people living at the home, their relatives, health professionals

and staff. The results of questionnaires were audited and a report compiled from these so people had access to this information. We saw the results of the last survey were on display in the reception area which meant people had access to this information. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this.

Records showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.