Nottinghamshire County Council

Leivers Court Residential Care Home for Older People

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

Summary of findings

Overall summary

We inspected Leivers Court Residential Care Home For Older People on 9 May 2018. Leivers Court 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 was registered to accommodate up to 38 older people, with age related conditions, including frailty, mobility issues and dementia. On the day of our inspection there were 21 people using the service; five of whom were receiving long term care, one person short term care and 15 accommodated on the assessment units.

The service was last inspected on 11 February 2016; no concerns were identified and the service was rated 'Good' overall.

There was a registered manager in post, who was present on the day of the inspection. 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 2008 and associated Regulations about how the service is run.

People received care and support from staff that were appropriately trained and competent to meet their individual needs. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager.

People's needs were assessed and improved care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to guide staff on how keep people safe from harm.

People were supported with patience, consideration and kindness and their privacy and dignity was respected. People were protected from potential discrimination as staffs were aware of and responded effectively to their identified needs, choices and preferences. People's individual communication needs were assessed and they were supported to communicate effectively with staff.

Thorough staff recruitment procedures were followed and appropriate pre-employment checks had been made.

Systems were in place to ensure medicines were managed safely in accordance with current regulations and guidance. People received medicines when they needed them and as prescribed.

The registered manager worked in cooperation with health and social care professionals to ensure people received appropriate healthcare and treatment in a timely manner. People were able to access health, social and medical care, as required.

The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The provider had systems in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staff were responsive to their comments and views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Leivers Court Residential Care Home for Older People

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 9 May 2018 and was unannounced. The inspection team consisted of one inspector, an inspection manager 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. The provider completed and submitted a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also spoke with local authorities who commissioned services.

We spoke with 14 people who used the service and six visiting relatives. We also spoke with the activities co-ordinator, three care workers, two team leaders and the registered manager. Throughout the day we observed care practices, the administration of medicines and general interactions between people who used the service and the staff.

We looked at documentation, including five people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

We asked the registered manager to send us certain information after the inspection, including staff duty rotas, their analysis of accidents and incidents, the training matrix and minutes of recent staff and residents' meeting. We received these documents within three days of the inspection visit.

Good

Is the service safe?

Our findings

People said they felt comfortable and safe at Leivers Court Residential Care Home and relatives we spoke with felt the service was a safe environment for their family members. One person who told us he was unsteady on his feet said, "As soon as my feet hit the floor a buzzer goes off and [staff] are there seeing if you are alright." Another person told us, "I couldn't be happier here; the staff can't do enough for you and nothing is too much trouble."

A visiting relative we spoke with said they felt their family member was safe and told us, "Absolutely, because they (staff) seem so well trained and also seem very good at risk assessments." They went on to say, "[Family member] has even got pressure pad alarms on their chair and bed, which helps keep them safe and gives us peace of mind." Another relative said they felt their family member was safe and told us, "The staff are always so attentive; they come into [family member's] room every hour every night to check they're alright and there's always someone in the lounge during the day. So I don't feel they'd allow any harm to come to them."

We saw people in their rooms had a call bell close to hand. However one person told us, "I have a button (call bell) in my room but it's broken." We found that pressing the call bell, hung by the bed on the wall, did not trigger any alarm. We raised the matter with a member of staff who immediately "reset" the system. We discussed the issue with the registered manager who assured us they would ensure all staff were reminded of the importance of resetting call bells after being used. We heard the issue was raised during the staff handover later that day, which we observed.

People and their relatives told us they felt staffing levels were good. One relative told us, "There always appears to be loads of staff around." The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they reflected current and changing dependency levels. The duty rotas showed that staffing levels had been increased to reflect people's increased care needs when this was necessary. Throughout the day we observed call bells were answered in a timely manner and we saw staff spend time with people they supported and people appeared comfortable and relaxed. This demonstrated there were sufficient staff deployed to keep people safe and meet their needs.

The provider had effective arrangements in place for the safe management of medicines. Medicines were administered to people by staff that had received the appropriate training. There were policies and procedures in place to support staff at all levels to ensure that people's medicines were stored, administered and disposed of properly. People and their relatives we spoke with were satisfied medicines were well managed and administered in a safe and timely manner. One person told us, "[Staff] look after my medication for me and give them to me when I need them, so I don't need to worry. They give me them in a little cup and wait with me while I take them." We observed medicines being administered during lunchtime. We saw staff checked against the medicines administration record (MAR) for each person, explained to the person what the medicine was for, offered them a drink and patiently waited until they had taken the medicines. We observed the medicines trolley was always locked when unattended.

The provider had safe and thorough recruitment procedures and policy in place. We found appropriate procedures had been followed before staff were employed. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. The provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed to ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place and up to date. However in one person's care plan we saw there were gaps in the charts used to record their fluid intake and repositioning. We discussed this with the unit manager who told us this was due to inconsistent recording and they would address the issue with the staff concerned. We observed staff were reminded of the need for accurate and timely record keeping, during the next handover. We saw evidence that these issues had been discussed during recent and regular contact with the person's GP and other healthcare professionals. We also looked at other care plans but did not find any other similar shortfalls regarding record keeping. People told us they had been directly involved in the assessment and review process and we saw this was recorded in individual care plans.

Systems were in place to help ensure people were protected from abuse. Staff had received safeguarding training and understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff also told us they would not hesitate to report any concerns they had about care practices and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns. This reduced the likelihood of accidents or incidents reoccurring and demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

People and their relatives told us they were satisfied the premises were kept clean, safe and well maintained. One relative we spoke with told us, "The home is very clean and it doesn't smell." We saw the premises were clean and well maintained. Staff had been trained in infection prevention and control, as well as in food hygiene. We saw staff practised good hand hygiene, for example before they assisted people with their meal or medicines. This demonstrated the provider had taken steps to ensure people were protected by the prevention and control of infection.

Good

Is the service effective?

Our findings

People we spoke with felt staff knew them very well, were aware of their individual needs and understood the most effective ways to help and support them. One person told us, "The staff here are lovely, they seem to know what we want and they can't do enough for you." Another person said, "Everyone knows what they're doing."

Relatives spoke very positively about the skills, knowledge and competence of staff and the beneficial impact on their family members of the care and support provided. One relative told us, "The staff here are exceptional; lovely, happy and smiling and they go that extra mile, which we really appreciate. I've watched them with other people too and they are always very kind and patient."

The service was purpose built and comprised a central communal and administration area surrounded by four interconnecting units, although at the time of the inspection only three were being used; two for short term assessment and one for long term care. As well as a lounge/dining area in each unit there were central, communal areas decorated and furnished in different styles; for example a Market Square, a Garden Room, a Parlour and a Library. There was also a larger communal area, 'Main Street', where social functions could take place and this had a small café, a pub and a cinema area. There were also smaller, areas with comfortable seating where people could have quiet or privacy if they wished.

A notable feature of the service was the quantity and quality of displays on the walls providing interest and visual stimulation for people. These comprised thematic displays, for example 'Forces Sweetheart', depicting scenes and memorabilia from the Second World War, photographs of people who lived at the service engaged in various activities and various art works by people and children who visited the service. Relatives we spoke with appreciated the time, thought and effort that had gone into these displays. One relative told us, "As you can see, they have amazing visual displays, including murals and they change them so often."

We also saw there were adaptations to help people with moving and orientation around the building. There was a large clock and a bright calendar showing the day date month and weather forecast for the day. Communal doors, including toilets and bathrooms were plain wood stain with large A4 signs with text and images. There were photographs of all staff working at the service, including their designated roles, displayed in the foyer.

We saw people's room doors were painted differing colours and had individual names (and preferred names) and a relevant image. In the long term residential area people's bedroom doors had notes entitled, 'A little bit about me', to give staff, particularly new or agency workers, brief background information on the room's occupant. The registered manager explained theses notices included discreet coding, e.g. colours used and images added to indicate mobility needs, in the event of emergency evacuation, and personal resuscitation wishes.

A visiting health care professional spoke positively about the care people received told us they were called

out appropriately and in a timely manner and confirmed their directions and any recommendations made were always followed. They said they had confidence in the registered manager and staff team and described the constructive working relationships and effective communication with the service.

People's individual support plans were structured and well maintained to ensure information was accurate, up to date and readily accessible. Plans also incorporated advice, guidance and recommendations from other health and social care professionals involved in people's care and treatment. These included physiotherapists, speech and language therapists (SALT), tissue viability nurses and dieticians. Care plans were person centred and detailed individuals' likes dislikes, choices and preferences. This demonstrated people received consistent, coordinated care and support.

Staff told us they felt valued and supported by the registered manager and confirmed they received regular supervision. They said supervision – confidential one to one meetings with their line manager - gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and gain feedback about their own performances. One member of staff told us, "[Registered manager] is brilliant and so supportive. I have supervision every six to eight weeks and find it very useful."

Individual training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice was followed. This was supported by training records we saw. The registered manager also described and showed us examples of the 'Reflective logs' which were given to staff after they have attended training. The purpose of the log was to encourage staff to reflect on what they had learnt, how they were going to put their learning into practice within the workplace and what difference their new skills and knowledge had made to their practice. Staff we spoke with told us the reflective logs enhanced the impact of the training they received. This meant the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

People spoke positively about the quality and choice of the food provided and said portions were generous and there was always an alternative option available. One person told us, "We get enough to eat; some meals I like some I don't. If I don't like it they'll always make me a sandwich or get me a drink." One relative told us, "[Family member] says the food is nice and I'm quite convinced they're eating and well looked after." Another relative said, "The food here is absolutely gorgeous, they have home-made cakes and everything. On Sundays they take them down 'the street' and make mealtime really special. The other day when it was hot they came round with ice lollies for everybody." A team leader spoke of the hard work and vast improvements made since the previous inspection. This included the implementation of individual menus for breakfast and supper, which promoted independence and demonstrated a strong emphasis on the importance of eating and drinking.

We observed lunch being served and saw all the food was home-made, well presented and looked appetising. The tables were set well with cloths, cutlery, glass tumblers, napkins, salt and pepper. Some had small vases of artificial flowers. We saw there was a menu on a wall in the dining area, although this was hand written on a board, which was mounted too high to be of much use to people. We saw one person asked for a small portion and a member of staff responded to this request.
We saw a member of staff gently encouraged a person to the dining table. They helped the person to their feet and then supported them to the table. We saw the staff member encouraged the person to walk independently, at their own pace using their frame but remained close by and attentive. They assisted the person in sitting down at a table and ensured they were safely and comfortably seated before leaving them. This was done in a kind, patient and non-patronising manner. During lunch we observed there was a lot of

light hearted, friendly and good natured banter amongst people and staff whilst the meal was being served and eaten and that the mealtime appeared an enjoyable social occasion for people.

We saw other examples of thoughtful and innovative good practice, including provision made for people who had different cultural food preferences and pureed meal constituents which had been moulded after processing so that they again resembled their original shape and colour. This gave the soft meals a more appetising appearance, rather than being all blended together and demonstrated individual needs were met and staff went out of their way to meet people's preferences.

We were told that hydration was handled well. One relative told us, "The staff here are very careful about [family member's] drinking regime and they record everything." People told us they had access to snacks and drinks during the day and we observed people sitting in the lounges had hot or cold drinks within reach on tables near them. The registered manager described the newly implemented fluid charts, which they said provided guidance from NHS England, regarding recommended daily fluid intake. They went on to say these were then analysed each day to ensure individuals were achieving the recommended daily amount and they confirmed specialist advise was sought when this was not the case. This was supported by fluid charts and care plans we looked at and demonstrated people were supported to have sufficient to drink.

There were effective links with health and social care services. People could be assured that they would receive effective support in relation to their health as their needs had been assessed and a care plan detailing how staff should deliver their care had been drawn up. The registered manager told us the service was able to access an IT system, which was shared by the local authority and helped ensure information regarding people's support needs was accurate and up to date. They said this was particularly significant regarding referrals for assessment beds.

People had access to appropriate health and social care professionals, which included community psychiatric nurses and GPs and other specialised professionals such as Speech and Language Therapists. The registered manager also described the weekly multi-disciplinary team meeting which was held at the service each Tuesday and comprised social workers, occupational therapists, hospital group managers and team leaders to discuss the individual progress of each person in the assessment units. This meant the care, treatment and support of people with often complex health needs were met by identifying and implementing best practice.

The registered manager told us that before moving to the service, a comprehensive assessment was carried out to establish people's individual care and support needs to help ensure any such needs could be met in a structured and consistent manner. Individual care and support plans we looked at included a section that documented people's medical needs including doctor, dental, podiatry and opticians appointments and outcomes which meant people's health and wellbeing was consistently maintained.

People told us they could see a doctor or other health care professional as necessary. They said their health and well-being were dealt with and well managed. This view was also supported by relatives we spoke with. We were told that an optician, chiropodist and hairdresser visited the home. In individual care plans we looked at we saw well maintained records of appointments to and visits by health care professionals. This demonstrated people were supported to maintain good health and had appropriate access to health services, as required.

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).

People's rights under the MCA were protected as the Act had been applied to ensure decisions were made in people's best interests. People's care files contained information about whether they had the capacity to make their own decisions. Staff had training in the MCA and consequently had up to date knowledge of the MCA and how DoLS was used to ensure people rights were protected. No one was being deprived of their liberty without the necessary application to the local authority having been made. This demonstrated the service was working within the principles of the MCA and DoLS.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the caring environment and the kind and compassionate nature of all staff. One person told us, "The staff here are all very kind." Another person said, "They (Staff) are very nice, everybody is so helpful, very polite. They are just wonderful and they treat me very gently when they need to move me." A visiting relative we spoke with told us, "[Family member] can't walk at all now and gets very anxious about losing their independence, but the staff are so kind and caring, they explain things and are always reassuring and calming [family member] which is just what they need."

People were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care. Throughout the day we observed many examples of friendly, caring and good natured interaction between staff and the people they supported. Staff spoke with people in a calm, considerate and respectful manner, providing explanation or reassurance as necessary. For example we observed the activities coordinator kneel down in front of a person who appeared confused and distressed. We saw they were holding the person's hands, talking gently and offering sensitive reassurance. We saw the person began smiling at the member of staff and appeared much calmer. This demonstrated people were treated with kindness and compassion in their day-to-day care and support.

People were encouraged to communicate in ways which suited them. Although most people at the service were able to communicate verbally, we saw some people, including those living with dementia, needed additional support to express themselves. We saw personalised care plans included staff guidance to help ensure communication was effective and appropriate for each person. These plans included information about how people received and understood information, and throughout the day we observed staff work in accordance with the guidance.

The registered manager emphasised the importance of effective communication. They confirmed people were encouraged to communicate in ways which suited them. We saw individual care plans contained details regarding people's communication needs, their personal history, interests, likes and dislikes. This helped ensure staff were aware of people's individual needs and personal preferences and meant they supported people in a structured and consistent manner, in the way they liked to be cared for.

We observed interactions and conversations between staff and the people they supported were friendly and good natured; they were not just task related and people were relaxed and comfortable with staff. We saw staff , in the assessment units had time to spend with people, getting to know them and establishing caring relationships with them, despite the relatively short time they were using the service. People were encouraged and supported to make decisions and choices about all aspects of their care. Their choices were respected by the staff. Staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited.

People had their dignity promoted by staff who demonstrated a strong commitment to providing respectful, compassionate care. For example, staff always knocked on bedroom and bathroom doors to check if they

could enter. This was supported by people and their relatives we spoke with who said staff were professional in their approach and they treated people with dignity and respect. For example one person told us, "They (staff) treat us as equals, with respect, dignity." A relative said to us when discussing the staff, "They talk to [family member], offer them drinks and always treat them with respect. I've also seen how they deal with other people; kindly and respectful and they don't talk down to people." Another relative said when staff gave their family member personal care, "They do it in a fun way but are always respectful, they have banter together, they dress her well and do her hair and make her look respectable. They are very sensitive to her [personal care] needs." We observed an example of how staff respected people's dignity, when a member of staff noticed a person's skirt was short and was riding up their legs, they offered the person a blanket to cover their legs, which was accepted. This demonstrated people were treated with respect and the care and support they received promoted their privacy and dignity.

Good

Is the service responsive?

Our findings

People received personalised care from staff who were knowledgeable about their assessed care needs. Staff we spoke with demonstrated an awareness of people's interests and preferences, their personal life histories and what was important to them. Before moving to the service, the registered manager would carry out a comprehensive assessment to establish a person's individual care and support needs to help ensure any such needs could be met in a structured and consistent manner.

The registered manager confirmed that, as far as practicable, people and their relatives were directly involved in the assessment process and planning their care. They also described how they identified and managed people's communication needs, including verbal and physical prompts, in line with the Accessible Information Standard. We saw individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia.

Care plans we looked at were personalised to reflect people's wishes, preferences and what was important to them. They contained details of their personal histories and interests and guidelines for staff regarding how they wanted their personal care and support provided. We saw people's individual care plans documented where they, or a relative, had been involved in the development and reviewing process. Personal risk assessments included any specific needs such as moving and handling, communication and mobility. Any specialised equipment required in relation to people's care and support, such as mobility aids and hoists was also recorded in their individual plan and included specific guidance for staff. This helped ensure people's identified care and support needs were met in a structured and consistent manner that reflected their choices and preferences.

We saw personalised activities, were co-ordinated, both in groups and on a one-to-one basis by two activities co-ordinators, each employed for 17 hours per week. We spoke to one of the co-ordinators who said they and their colleague had developed a varied programme of activities, based on people's identified interests and preferences. They told us, "I do group exercises for short times and a lot of one-to-ones, a lot of talking and listening, reminiscing, getting them to open up. I talk to people in small groups or on their own, those in their rooms I go and talk to, do word searches, colour." They went on to say, "My colleague, the other activities co-ordinator does most of the outside entertainment."

We saw a large display board in the reception area giving details of the week's programme of activities. This display had large print and bright, colourful images depicting the various activities including Arts, Games,

Coffee Mornings, "Memory Lane" Cooking, Baking and Tasting Nights. The activities co-ordinator described some of the community links with the local community saying, "We have a church service with people from St Mary's once a month and a couple of teachers bring children along from the local school and have a sing and a dance. We also have volunteers come in and run the bingo."

We received mixed views from people and their relatives regarding the activities provided. One person felt the activities were limited; they told us, "I'm not interested in throwing a ball around. I like sport but you don't get much sport on TV here, I'd be happier if there was." One relative we spoke with said, "The woman who does the entertainment is so enthusiastic, so good. She is really encouraging. It must be soul destroying sometimes but she never seems to falter, she works extremely hard." Another relative told us, "I haven't seen them do any activities, they're usually just sitting around like this."

We had a minor concern regarding the limited time which the activities co-ordinator could actually devote to the provision of activities. They told us they started work at 10 am but we saw they were involved in the lunchtime preparation, from around 11.45 am. They were then serving meals and assisting people with eating where necessary. They were still clearing up the dining room at 1.40 pm after the meal and we understood they finished work at 2pm. When we asked them about their involvement during mealtimes they told us, "I help out, or I'd be standing round doing nothing." We did not consider this was the best use of the activities co-ordinator's time or skills. We discussed the issue with the registered manager, who said they would review the situation.

Staff described how they worked with people to meet their diverse needs, for example relating to disability, gender, ethnicity, and faith. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. This ensured people's support plans met their current needs, and where their needs changed, this was identified with people and their relatives, and their support plans were updated. Staff were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. We also saw evidence of plans being reviewed and updated to reflect an individual's changing needs. This demonstrated the service was responsive to people's individual care and support needs.

The provider had systems in place for handling and managing complaints. We saw a complaints procedure was incorporated in the welcome pack and brochure. There was also a complaints poster displayed in communal areas. People and their relatives we spoke with knew how to make a complaint and who to speak with if they had any concerns. They were confident they would be listened to and their concerns taken seriously and acted upon. One person told us they hadn't needed to raise any issues or concerns with staff and said, "Although I don't see why I couldn't, they all seem pretty fair people and they do care about you". The registered manager told us any concerns or complaints would be taken seriously and dealt with quickly and efficiently. We saw documentary evidence that complaints were investigated and responded to appropriately. However the registered manager confirmed no complaints had been received within the last 12 months. This demonstrated the service was responsive to people's comments and any complaints were dealt with appropriately. .

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager. They felt the leadership of the service was sound and the communication between staff and people was effective. One relative who told us they had no previous experience of residential care homes said, "I was quite impressed by the managers, the way they answered all my questions and all the information they gave me." They went on to say, "They were very helpful, never tried to rush me, and they were quite happy to spend as much time with me as I wanted, which I really appreciated."

A second relative told us, "The manager and most of the staff are very good at communicating with me. I phone up every night and they tell me how [family member] is getting on. You can go into the office and talk to them anytime." This view was shared by another relative who said, "There's a good atmosphere here; the staff work well as a team, they know each other pretty well and they trust each other." They went on to say, "As regards (registered manager], she is a very strong manager; knows what she wants her staff to do and makes sure it happens. She's very approachable, but then all the staff are."

During our inspection we observed the registered manager was visible throughout the day. We saw they would stop and spend time with people, engaging in friendly conversation as they went round. People were pleased to see the registered manager and felt comfortable speaking with them. Relatives we spoke with felt well informed and said they thought communication was satisfactory. This demonstrated an open and transparent service and good, effective and visible leadership.

Staff were aware of their roles and responsibilities and spoke positively about the registered manager, who they described as approachable and very supportive. One member of staff told us, "We're a good team here, morale is high and we all look out for each other."

Staff also described the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have to the registered manager. They were also confident that any such issues would be listened to and acted upon appropriately.

The registered manager had notified the Care Quality Commission of any significant events at the service as they are legally required to do. They also notified other relevant agencies of incidents and events when required. The registered manager said they had good working relations with external agencies and confirmed they had taken part in reviews and best interest meetings with the local authority and health care professionals, as necessary. This also included the weekly multi-disciplinary team meetings and demonstrated the service worked in partnership with key external organisations to support care provision and service development.

We found systems were in place to formally assess, review and monitor the quality of care provided. These included satisfaction questionnaires to obtain the views of people who used the service and regular audits of the environment, health and safety, medicines management and care records. We saw analysis of monthly audits, including accidents and incidents was carried out to identify any trends and patterns and,

where necessary take action to reduce the risk of any reoccurrence. This demonstrated a commitment by the registered provider to ensure lessons were learned, through robust monitoring systems, to help drive improvement in service provision.