Stocks Hall Care Homes Limited

Andrew Smith House - Nelson

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

This inspection took place on the 1 and 2 June 2016 and was unannounced. The last inspection of this service took place on 15 May 2014 when the service was found to be non-compliant with medicine management, staffing levels and with maintaining records. We visited the service on the 29 September 2014 to check if improvements had been made and found the provider was compliant in all of these areas.

Prior to our inspection we received some concerning information. We brought our inspection forward and looked into the concerns during our visit. During this inspection we found the service was meeting the current regulations.

Andrew Smith House is located in Nelson Lancashire and can accommodate up to 60 people. The service is registered to provide nursing and personal care for people living with dementia, old age, physical disability, nursing care and mental health care needs. Accommodation is provided on four units on two levels, with a lift to both floors and wheelchair access to all parts of the home. There were aids and adaptations to support people to remain independent and outside gardens with car parking for several cars.

The registration requirements for the provider stated the home should have a registered manager in place. There was a registered manager in post on the day of our 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 and relatives using the service told us they felt safe and well cared for. They considered there were enough staff to support them when they needed any help. The registered manager followed a robust recruitment procedure to ensure new staff were suitable to work with vulnerable people. We found there were enough staff deployed to support people effectively.

The staff we spoke with were knowledgeable about the individual needs of the people and knew how to recognise signs of abuse. Arrangements were in place to make sure staff were trained and supervised at all times.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained to do this safely.

Risks to people's health and safety had been identified, assessed and managed safely.

We found the premises to be clean and hygienic and appropriately maintained. Regular health and safety checks were carried out and equipment used was appropriately maintained.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected

where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

People using the service had an individual care plan that was sufficiently detailed to ensure people were at the centre of their care. Care files contained a profile of people's needs that set out what was important to each person.

People's care and support was kept under review and people were given additional support when they required this. Relevant health and social care professionals provided advice and support when people's needs had changed.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. Care plans were written with sensitivity to reflect and to ensure basic rights such as dignity, privacy, choice, and rights were considered at all times.

Activities were varied and appropriate to individual needs.

People were provided with a nutritionally balanced diet that provided them with sufficient food and drink that catered for their dietary needs.

People using the service and relatives told us they were confident to raise any issue of concern with the registered manager and that it would be taken seriously and the right action taken.

People using the service, relatives and staff considered the management of the service was very good and they had confidence in the registered manager.

There were systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.

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 were cared for by sufficient numbers of staff who had been carefully recruited and were found to be of good character.

People's medicines were managed in accordance with safe procedures and staff who administered medicines had received appropriate training.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and appropriately managed.

Is the service effective?

Good

The service was effective

People were cared for by staff who were trained and supervised and were given enough information to care for the people they supported.

Where people lacked the capacity to consent to care and treatment, the principles and guidance around best interest decisions were followed under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and kept under review.

People were supported to have sufficient to eat and drink and to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care.

People's views and values were central in how their care was

provided.

People could be confident their end of life wishes would be respected by staff that had been trained to ensure they were given dignity, comfort and respect.

Is the service responsive?

Good

The service was responsive.

People's care and support plans were person centred and sufficient in detail to ensure they received consistent support from care staff who knew them.

People were provided with a range of appropriate social activities.

People had access to information about how to complain and were confident the registered manager would address their concerns appropriately.

Is the service well-led?

Good

The service was well led.

People made positive comments about the management and leadership arrangements at the service.

Systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

Andrew Smith House - Nelson

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 1 and 2 June 2016 and the first day was unannounced.

The inspection team consisted of two adult social care inspectors.

Before this inspection we looked at intelligence held on our own systems about the service. This included statutory notifications. A notification is information about important events which the service is required to send us by law. We reviewed safeguarding information and any comments or concerns received.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 12 people using the service, six relatives, two senior staff, six care staff, a housekeeper and a cook, one agency nurse, one maintenance person, the registered manager and the deputy manager. We visited six people in their rooms to review their welfare monitoring observations completed by staff.

We looked at a sample of records including six people's care plans and other associated documentation, four staff recruitment, induction and supervision records, minutes from meetings, medication records on two units, policies and procedures and health and safety audits. We also looked around the premises.

Good

Is the service safe?

Our findings

People living in the home told us, "Staff are very kind, lovely", "Yes I do feel safe here, the staff are always around and they are so helpful", "They [staff] are my friends, I like living here" and "The staff are very good. I don't have any problems with them." Relatives we spoke with told us they did not have any concerns about the way their relatives were cared for. They said, "[My relative] is looked after very well. I don't have to worry", "I have no concerns regarding [my relative's] treatment here. I find the staff very kind. [My relative] seems happy." And "I'm confident [my relative] is safe." During the inspection we did not observe anything to give us cause for concern about how people were treated.

People told us there were sufficient numbers of experienced staff to meet their needs in a safe way. We looked at the staffing rotas for all units and found there were appropriate numbers of nursing and care staff to ensure people's needs would be met in a flexible way. Housekeeping, laundry, domestic and kitchen staff were available each day. A maintenance person, decorator and mini bus driver were also available in the home.

Staff and people spoken with confirmed the registered manager was available throughout the day. There was an on call system in place for management advice in an emergency situation. Staff told us they had a stable team that worked well with each other. They said, "There are enough staff during the day to meet people's needs. At times we are busy, but we are organised and we all know what we are doing." "We work as a team and the residents don't have to wait long for support." They also told us planned leave or long term sickness was covered by existing staff, agency staff or by a member of the management team.

We looked at the recruitment records of four members of staff. We found appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, a record of interview, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Regular checks on the registration status and fitness to practice of all nursing staff had been completed. We noted when agency nursing and care staff were being used to cover shifts the home had received confirmation from the agency that they were fit and safe to work in the home.

We looked at how the service managed people's medicines on two of the units. We found appropriate processes and records were in place in relation to storage, receipt, administration and disposal of medicines.

A monitored dosage system (MDS) of medicines was in use. This was a storage device designed to simplify the administration of medicines by placing the tablets in separate pods according to the time of day. Nursing and care staff who were responsible for the safe management of people's medicines had received regular training and checks on their practice had been recorded. Detailed policies and procedures were available for them to refer to.

The Medication Administration Records (MAR) charts we looked at were accurate and up to date. The MAR provided information on prescribed items, including a description of the medicines, dosage instructions and a photograph of the person. Staff had instructions on administering prescribed medicines "as necessary" and "variable dose" medicines. There was also information recorded about how people preferred their medicines to be given to them. This would help make sure these medicines were offered consistently.

Medicines were clearly labelled and codes had been used for non-administration of regular medicines. There were records to support 'carried forward' amounts from the previous month which helped monitor whether medicines were being given properly. Medicines were dated on opening to help make sure they were appropriate to use.

Medication was stored securely in designated rooms with appropriate storage for refrigerated items. Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered, stored and disposed of appropriately and recorded in a separate register.

People had consented to their medicines being managed by the service on admission. Appropriate authorisations were in place where medicines were being given covertly in the person's best interests. We observed people's medicines were given at the correct time and in the correct manner with encouragement given as needed. People told us they were given their medicines when they needed them. People said, "I get my medicines on time" and "The staff make sure I have what I'm supposed to have."

Records showed the local authority medicines management team had provided recent support to the home and a follow up visit was planned.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. There was information about recognising and reporting abuse displayed in the hallway for people living in the service and their visitors to read.

Records showed staff had received safeguarding vulnerable adults training. Staff spoken with had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff told us they were confident the management team would deal appropriately with any concerns they raised. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

Before this inspection we had received concerning information regarding the management of known risk to people with swallowing difficulties. We looked at how the service managed risk. Individual risks in relation to pressure ulcers, nutrition, falls, swallowing difficulties and moving and handling were also in place and reviewed.
We saw evidence management effectively monitored risk management plans.

Records were kept in relation to any accidents and incidents that had taken place at the service, including falls. The records were reviewed by the registered manager and follow up action, such as referral to a GP or other health care agency was clearly recorded. Learning from incidents had included for example a review of policies in relation to supporting people with swallowing difficulties. This resulted in all risk assessments being reviewed and further training provided to ensure people were kept as safe as possible. Environmental risk assessments were in place and kept under review.

We saw equipment was safe and had been serviced. Equipment such as hoists and slings were stored safely in designated areas referred to as 'stations'. We noticed there were a number of slings in use. The deputy manager told us they were currently in the process of replacing slings. People were being assessed as to the type of slings they required and five slings were on order. The deputy manager told us she had taken the lead in safe moving and handling and was currently carrying out assessments for equipment to support staff move people safely.

Staff had also been trained to deal with emergencies such as fire evacuation and first aid. There was a key pad access to leave the home and visitors were asked to sign in and out of the home. This helped to keep people safe.

We looked at the arrangements for keeping the service clean and hygienic. People raised no issues about the cleanliness of the home. People said, "The staff work very hard to keep this place clean" and "The home is very clean." We found all areas that we looked at were clean and odour free.

The training matrix indicated staff had received infection control training; staff confirmed this. The housekeeper was the designated infection control lead who took responsibility for monitoring staff infection control practice. Charts were being used to record all checks carried out.

We noted staff hand washing facilities, such as liquid soap and paper towels were available around the home. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were also available and there were contractual arrangements in place for the safe disposal of waste.

There was sufficient equipment to launder and maintain people's clothes and different coloured bags were used to separate contaminated waste and laundry. Domestic and laundry staff worked each day and they were managed by the housekeeper. Cleaning schedules and sufficient cleaning products were available. One person told us, "My clothes are taken away and come back beautifully laundered."

In 2014 the environmental health officer had given the service a five star rating for food safety and hygiene.

Good

Is the service effective?

Our findings

We looked at comments from people who had contacted us via our website using the 'Your Experience' webform we provide. All but one of the 12 people sharing their experience were very positive about their relatives experience. Relatives we spoke with during our visit were also complimentary about the staff team. One relative said, "I can only speak from my experience. On the whole the staff are good. I have seen a lot of positive improvements since the new manager came. The turnover of staff was not very good but this has improved. There are not as many new faces amongst the staff. This gives me more confidence they know [my relative]." Another relative said, "All the staff are very good."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff told us they were up to date with their mandatory training and felt they had the training they needed. They said, "We get quite a lot of training, we are kept up to date" and "I get the support and training I need to do my job."

Training was provided in all key areas such as fire prevention, dementia, end of life care, health and safety and food hygiene; training was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Most staff employed had completed a nationally recognised qualification in care. Staff told us they could ask for additional training if they felt they needed it. Furthermore staff had recently been given refresher training in specialist care such as supporting people with swallowing difficulties.

A number of staff had been promoted to more senior positions with support from the organisation. One member of staff said, "I have been supported to develop my skills and knowledge; the company has supported me from when I first started." Another staff member told us, "I've done lots of training. We always get training for the different needs of people with more complex needs such as Huntingdon's Disease." Records showed new staff had received a basic induction into the routines and practices of the home which included a period of working with more experienced staff.

Records showed reliance on agency nursing and care staff had been reduced. We were told the same agency nursing and care staff would be used, where possible, to provide continuity of care. Agency staff had received a formal induction to the home and to the layout of the building which would help keep people safe. An agency nurse we spoke with told us, "It's a good home for giving you induction training."

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNAR). We saw that consent forms were in place and there was clear evidence discussion had taken place with the person the DNAR related to and/or their relatives and the persons' GP. The persons' wishes were documented clearly within their care plan and reviewed.

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The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible .

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS and to ensure that where someone may be deprived of their liberty, the least restrictive option is taken.

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. Before this inspection we had received notification from the service of DoLs applications being made. To date one DoLS had been authorised and from records we viewed this was being managed well, with best interest decisions in place. Mental capacity assessments had been conducted to establish if people lacked the capacity to make decisions about the care and support they wished to receive. Records demonstrated that people's choices had been respected and the principles of the Mental Capacity Act had been followed, where this had been felt necessary.

Staff understood the importance of gaining consent from people and the principles of best interest decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records people's capacity to make decisions was being continually assessed on a monthly basis which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at how people were supported to maintain good health. People's health care needs had been assessed and people received additional support when needed. People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs. This helped staff to understand the extent of people's limitations regarding their health and to recognise signs of deteriorating health.

From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received co-ordinated and effective care. People's healthcare needs were kept under review and routine health screening arranged.

We were shown around the whole building as part of the inspection. We saw that the interior decoration was clean and bright and well maintained. The home was equipped to support people's diverse needs such as physical disability, nursing and dementia care needs and provided a pleasant environment for people. People told us the home was "very nice" and "suits me" and "I like my room, it's clean". They had arranged their rooms as they wished with personal possessions that they had brought with them.

Before this inspection we had received concerning information that people's nutritional needs were not being met. We found people were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People told us they enjoyed the food and were given plenty of choices. One person told us, "The food is good. I always like whatever is on offer. I like everything." Another person said, "The meals are nice. We go to the dining room and I can have what I want." Relatives we spoke with told us, "The food seems to be quite good from what I've seen." And "Meals are varied, lovely and nicely presented."

We saw that people were regularly asked for their views on the food provided and the menu was a regular feature on the 'resident meeting' agenda and in quality monitoring audits. Special diets were catered for such as diabetic, soft and pureed diets. The staff knew what people's food likes and dislikes were.

We observed the arrangements over lunchtime in two of the dining areas. We noted people could choose where they liked to eat. Meals served looked nutritious in content and portions served were generous. People on soft/pureed diets had each component of the meal arranged on their plate. This allowed people to experience different flavours and textures. People could have as much as they wanted and were regularly asked if they wanted any more. People requiring support to eat their food were given this in a dignified way. During lunchtime staff were very kind and attentive to people and the atmosphere in the dining rooms was relaxed and unhurried.

We noted risk assessments had been carried out to assess and identify people at risk of malnutrition, weight gain and dehydration. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed for people under and overweight. One relative told us, "There were concerns he was losing weight. We talked to cook and discussed his diet preferences." People had jugs of fruit juice near where they sat to enable them to help themselves to as much as they wanted. We observed staff offering people hot and cold drinks and snacks throughout the day.

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring towards them. Comments included, "The staff are really kind", "They are all very friendly." "Staff are good with us. I can ask for anything." Relatives we spoke with told us, "This is her home and she has made friends with the staff and people living here." "Staff are very nice."

We looked at comments from people who had contacted us via our website using the 'Your Experience' webform we provide. All the comments were very good around the care people received and included comments such as, "Your staff showed unfailing kindness, total professionalism and a generosity of spirit seldom encountered in many establishments. We cannot thank you enough for all you did." "Thank you all so much for the care of [relative]. Though we may not have agreed on certain things, your care and compassion for the people in your care cannot be underestimated." And, "We wish your staff could give 'masterclasses' in care for the elderly, to those who work in [other places] and clearly have so much to learn. Thank you to everyone for seeing the person behind the confusion, for allaying their fear and restoring their dignity."

From our observations over the two days we were at the home, we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Calls for assistance were responded to promptly and staff communicated very well with people. We observed one member of staff offer caring and compassionate support to one person living with dementia who became anxious and wanted to speak to their relative. The staff member contacted the relative and the person was able to chat with them in the privacy of the office.

Staff we spoke with had a sound knowledge and understanding of the needs of people they cared for. One staff member said, "This is a very rewarding job and I love to look after people and help them achieve the best they can. I always ensure I give the time to people and never rush them". Before this inspection we had received a concern informing us people cared for in their rooms were not being cared for properly. We visited six people who were in their bedrooms. We did not see any evidence to support this. People looked comfortable and staff were seen to pop in and out carrying out welfare checks. Each person had a single room which was fitted with an appropriate safety lock. People told us they could spend time alone if they wished.

We considered how 'dignity in care' was managed. People using the service had a key worker or named nurse. Key workers/named workers role was to have an oversight of people's care and support and to build positive relationships with them. We observed people were appropriately dressed and assistance with personal care was given behind closed doors. One person told us, "They [staff] make sure my clothes are clean and laundered nicely."

Before this inspection we had received a concern indicating people's personal care needs were not being met. We checked people's care records. We were able to establish the level of support staff provided in meeting people's needs. For example bathing and showering. Where a bath or shower was not an option

due to people's health, people were given bed baths. Daily records indicated full support with personal care was given. We discussed how the staff managed personal care with people who were resistive to any support. Staff told us they always recorded personal hygiene needs in daily records to make sure staff following on from their shift were aware of any problem and would offer the support later. One staff member told us, "Sometimes we have difficulty with [named person]. We never force anyone we just try different ways to encourage them. More often than not we are successful."

Staff spoke about people in a respectful, confidential and friendly way. Communication was seen to be very good. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. People's records were kept safe and secure. This meant people using the service could be confident their right to privacy was respected with their personal information kept confidential.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance, people were encouraged to maintain their mobility. Staff we spoke with recognised the importance of maintaining independence. One member of staff told us, "We try to support and encourage the people to do things for themselves where possible. It's good for them and helps them to keep active." We observed one person helping staff wash some crockery.

There was information about advocacy services available in the home. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

We saw there was a 'Holistic Room' equipped with a prayer mat and objects of reference for different faiths. This meant people using the service, visitors and staff had an opportunity to meet their spiritual needs in the privacy of this room.

The service had trained staff in the Gold Standard Framework [GSF] that was due for renewal this year. GSF is a systematic evidence based approach to optimising the care for people nearing the end of life. It revolves around helping people to live well until the end of life and includes care in their final years. This provided staff with the right skills to support people and those who matter to them such as close relatives make advanced decisions regarding their care and support needs. People could have confidence their end of life wishes would be followed and they would be afforded their dignity, their comfort and be treated with respect according to their wishes.

We looked at acknowledgements from relatives who used our webform and noted the following comments, "We would like to record our thanks to Stocks Hall for the care and kindness shown to [name removed]' over the past 9 months at Andrew Smith House, and also for the wonderful love and devotion of the staff in the last three days of his life, given to both '[names removed]' and myself received." "For everyone's support during mums care and beyond for dad. Thank you from the bottom of my heart."

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. Everyone we spoke with who were able to comment were complementary about the staff regarding their willingness to help them. One person told us, "The carers will do anything for you" and another person commented, "They help me all the time." People told us they determined their own day. Relatives told us they were always informed and kept up to date if their family member's needs changed or they experienced difficulties. One relative said, "They always contact me quickly if [family member] has any problems or is feeling unwell."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at eight people's support plans and other associated documentation. We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person's needs. People had been involved in their assessment of needs and information had been gathered from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home.

We looked at a sample of electronic care plans and some paper records on each unit. Each person had a care plan that reflected their assessed needs. The care plans were detailed and included personalised information. This information helped staff to gain understanding of people's background and interests and ensured the care and support met with their cultural and spiritual needs and lifestyle preferences. This included for example, interests and activities, family contact, identification and management of risks, personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs.

Care records also detailed people's routines, likes and preferences and provided good evidence to show people were at the centre of their care. The care plans and associated risk assessments had been regularly reviewed by staff. This helped to ensure people's care and support was maintained consistently and helped staff to monitor and respond to any changes in people's well-being. Detailed daily records were kept of the care and support delivered and this helped staff to monitor and respond to people's wellbeing. Staff we spoke with understood good values in care and their understanding of equality and diversity was good with reference to "caring for people as individuals with individual needs".

Care plans for people living with dementia were supplemented by 'This is Me' information. This gave details of what was important in people's lives and how this could be achieved with staff support. This included a profile of their needs and details about their life history. The profile set out what was important to each person for example how they were dressed, personal care and how they could best be supported. These plans were kept in people's rooms in a locked cupboard. However we randomly checked these and found not all these plans were completed.

It was not easy to establish how people and or their relatives had been involved in the reviews of their care. This was because the service had a computer based assessment and support planning system which could

be accessed only by authorised staff. This was designed to be used by all staff within the service. Staff had laptop computers to use when making relevant notes and to access all the information they needed to know to care for people safely.

We spoke with relatives during this inspection and asked them how involved they were in planning their relatives care. Relatives did not seem to be familiar with the term care planning but confirmed they were consulted about their relatives care. Comments included, "I'm not aware of a care plan but I am involved. They tell me if anything changes. And "I'm not aware of a care plan but staff keep me up to date." We discussed this issue with the registered manager who told us the electronic care plan was not user friendly in having care plans signed by people. They were looking at ways to overcome this problem and we were reassured care planning was discussed with people and or their relatives.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The provider had systems in place to ensure they could respond to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had. This meant staff were kept well informed about the care of people living in the home.

Daily reports provided evidence to show people had received care and support in line with their care plan. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, falls and behaviour.

People were able to keep in contact with families and friends. Visiting arrangements were flexible. Visitors we spoke with told us they were able to visit their relatives and friends at any time and were made to feel welcome. Tea and coffee making facilities were provided for visitors use in satellite kitchens located around the home. People's friends and family had been invited to join in with activities and were informed of forthcoming events. We noted one person's relative was involved in arranging a summer event.

Prior to the inspection we were told people were not involved in activities and there was no activities person. We noted information about daily activities was displayed on notice boards around the home.

People told us they were generally satisfied with the type and frequency of activities provided in the home. One person told us, "We have lots going on". Another person told us, "I don't get involved, but there is plenty going on. I prefer to watch. I get into the garden on nice days." Another person told us, "We have lots going on. We had a 'Strictly Come Dancing' event. People were up and dancing, it was very enjoyable. We have games too. [Volunteer] is very good and comes and plays a few tunes." During our visit we listened to people singing along to the organ being played, people enjoying doing jigsaws and a quiz taking place. We also noted baking was being planned.

People also had the opportunity to continue with activities they had enjoyed before they stayed at the home. Two people attended a 'smile club' and one person went to a Salvation Army church meeting on a Sunday. A visitor told us they were able to visit the home had take their relative out for a walk or something to eat. The service had their own mini bus and regular outings were taking place. The registered manager told us an activity person had been successfully recruited and was due to commence working next week. It was anticipated the successful applicant would be employed for 16 hours a week to lead and develop the activities in the home.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with

any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide. There had been two formal complaints at the service. We found a very professional approach had been taken to deal with the issues raised. The whole process from receiving the complaint to a resulting satisfactory conclusion had involved the complainant. All complaints were reviewed in order to identify any lessons learnt and enable strategies to be put into place to minimise the risk of a reoccurrence.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "I would definitely say something if I was concerned about anything. I would probably tell the manager." Relatives we spoke with were complementary about the service and told us they would raise any concern with a member of staff or the registered manager if needed and be confident this would be taken seriously.

Relatives told us, "The manager will listen to us. I can speak up and I have raised concerns. They are always acted on." "We did have issues about cleanliness but these were addressed straight away by [registered manager]." And "I have raised concerns, well things I was not too happy about with the manager and the issues were very quickly resolved. Since this manager has been in post I've seen a big difference in how things are done, -all for the better."

Staff we spoke with confirmed they knew what action to take should someone in their care or a relative approached them with a complaint. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide.

Good

Is the service well-led?

Our findings

We asked people for their opinion of how the service was managed. People made positive comments as to how the service was run. They said, "There has been a lot of positive changes since the new manager started" and "I think he is very nice, we always see him about and we can talk to him." Relatives we spoke with told us, "I've seen a lot of changes recently, for the better since this new manager has started," and "I think he is very personable. He most certainly has time to talk to us. I have raised issues I am not happy with and he has dealt with this very well. I have no problems at all."

The registered manager was qualified, competent and experienced to manage the service effectively. He had been registered with the commission on 6 April 2016. He was supported by a deputy manager. The registered manager was able to keep in contact with registered managers from other homes to share best practice. The registered manager's practice was monitored informally by the provider during the day to day management of the home.

The registered manager was seen to interact professionally with people living in the home, with staff and with visitors. Throughout our discussions it was clear they had a thorough knowledge of people's needs and circumstances and were committed to the principles of person centred care.

The management team were able to describe their achievements so far and were aware of the improvements needed. There was a business and development plan available to support this.

Weekly management reports were provided from each unit to the registered manager. The reports included information on people's health changes, infections, admissions, nutritional needs and falls. This supported the registered manager to have continuing oversight of the service and helped to assess and monitor the quality of the service. Records showed the registered manager had commenced a care plan auditing schedule with clear timescales for completion. We were told a medicines management audit tool would be introduced as there had been only external auditing so far.

The registered manager completed the required quarterly reports for the health commissioners which included an overview of falls, pressure sores, DoLS and infection rates in the home. There was evidence these systems had identified shortfalls and that improvements had been made. The results of the audits were monitored and prompt action taken to improve the service where shortfalls were noted.

There were systems to seek people's views and opinions about the running of the home. People were asked to complete annual customer satisfaction surveys to help monitor their satisfaction with the service provided.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local commissioners, local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

Staff were being held accountable for their practice and they were receiving training and supervision to support them in their role. Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities. They told us they were kept up to date and encouraged to share their views and opinions at meetings. We looked at minutes of meetings and found information had been provided about recent changes and also encouragement and support had been given to the team.

Staff told us there was good communication at the home and they were well supported. Staff felt they could raise their concerns with the registered manager and were confident they would be listened to and appropriate action would be taken when needed. There was a stable staff team. Staff spoken with told us they were happy working at the home. They said, "I've seen a vast improvement since [registered manager] came to work here. Everyone is smiling. He has done a great job. He is always there to talk to. He'll help anyway he can and nothing seems to faze him. It's fantastic." "There is never any resistance to our suggestions for change or if we need things. We asked if we could change the lounge arrangements for the benefit of the residents, you know, having a quiet lounge for people who benefit from the least activity and this was okayed. It's nice for people to have somewhere quiet to sit." "It's pleasant to be asked how are you and did you enjoy your time off when you are back on duty. It shows he cares."

Staff were aware of who to contact in the event of any emergency or concerns. There was always a senior member of staff on duty with designated responsibilities.

The service had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.