St Mary's Care Home Limited

St Mary's Nursing Home

Inspection report

327 Main Road
Sidcup
Kent
DA14 6QG

Tel: 02083027289

Date of inspection visit:
09 January 2018

Date of publication:
05 February 2018

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 09 January 2018 and was unannounced. St Mary's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Mary's Nursing accommodates up to 20 people. There were 14 people living at the home at the time of our inspection.

At the last comprehensive inspection in December 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because of issues in the way people's medicines had been managed. Following that inspection the provider wrote to us to tell us the action they would take to address our concerns. At this inspection we found that the issues we had identified had been addressed, in line with the provider's action plan.

The service had a registered manager in post. 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.

At this inspection we found that people were protected from the risk of abuse because staff were aware of the different types of abuse that could occur, the signs to look for, and the process for reporting and escalating any allegations, should they need to do so. There had been no allegations of abuse involving people at the service in the time since our last inspection.

People told us there were sufficient staff on duty during each shift to ensure their needs were safely met. The provider followed safe recruitment practices. Risks to people had been assessed and management plans put in place to ensure any identified risks were safely managed. Medicines were safely stored and appropriately recorded. People confirmed they were supported to take their medicines as prescribed. People were protected from the risk of infection because staff were aware of the provider's infection control procedures.

The registered manager reviewed the details of any accidents that occurred at the service to help reduce the risk of repeat occurrence. People's needs were assessed, and care and treatment delivered in line with nationally recognised guidance and standards. Staff received an induction when they started work at the service and were supported in their roles through a range of training in areas considered mandatory by the provider, and through regular supervision and an annual appraisal of their performance.

People told us they were happy with the décor at the service. They were supported to maintain a balance diet and spoke positively about the food on offer at the service. They also had access to a range of healthcare services when needed and staff worked to ensure people received co-ordinated care across different service types in support of their health.

Staff were aware of the need to seek consent from people when offering them support. 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. Staff were aware of, and worked in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where people lacked capacity to make specific decisions for themselves.

Staff treated people with kindness and consideration. They respected people's privacy and treated them dignity. People were involved in decisions about their care and treatment. They told us that the care they received met their individual needs and preferences. The provider offered a range of activities for people to take part in, in support of their need for stimulation. People were also supported to maintain the relationships that were important to them and relatives confirmed they were welcome to visit the service whenever they wanted.

The provider had a complaints policy and procedure in place which provided guidance on how to raise concerns. People and relatives expressed confidence that any issues they raised would be addressed by the registered manager. They told us that the service was well managed and that staff worked well as a team. The registered manager confirmed that the staff worked with the GP and local hospice team to ensure people received appropriate and dignified support at the end of their lives, although none of the people living at the service required this at the time of our inspection.

The registered manager held regular staff meetings to discuss the running of the service and to remind staff of good practice. The service worked in partnership with other agencies including local authority commissioners, and the local Clinical Commissioning Group (CCG), in support of people's needs. People's views on the service were sought through regular discussion and an annual survey, and they told us they were happy with the service they received. Staff worked well as a team in an open culture that was welcoming and compassionate. The provider had systems in place to monitor the quality and safety of the service, and improvements were made were issues were identified through the monitoring processes.

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 protected from the risk of abuse because staff were aware of the signs to look for, and action to take if they suspected abuse had occurred.

Risks to people had been assessed, and staff worked to manage identified risks to people safely.

People's medicines were safely stored, recorded, received, disposed of and administered.

There were sufficient staff to meet people's needs. The provider followed safe recruitment practices.

Staff were aware of the action to take to protect people from the risk of infection.

Staff knew to report any accidents or incidents. The registered manager reviewed accident and incident records to help identify areas of learning which reduced the risk of repeat occurrence.

Is the service effective?

Good

The service was effective.

Staff were supported in their roles through regular training, supervision and an annual appraisal of their performance.

People were supported to maintain a balanced diet.

People were supported to access a range of healthcare services when required. Staff worked to ensure people received co-ordinated care across different services.
Staff assessed people's needs and planned their care in line with nationally recognised standards and guidelines.

The living environment met people's needs.

Staff sought people's consent. The service acted in line with the requirements of the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS) where people lacked capacity to make specific decisions for themselves.

Is the service caring?

Good

The service was caring.

Staff treated people with consideration and care.

People were involved in making decisions about their support and treatment.

People's privacy was respected and staff treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People received care which reflected their individual needs and preferences. People's care plans were reviewed on a regular basis to ensure they remained up to date.

People were supported to maintain the relationships that were important to them.

The provider offered people a range of activities in support of their need for stimulation.

The service worked with healthcare professionals to ensure people received appropriate end of life care.

The provider had a complaints policy and procedure in place which gave guidance on raising concerns, and people expressed confidence that any issues they raised would be addressed.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who understood the responsibilities of the role and their requirements under the Health and Social Care Act 2008.

The provider had systems in place for monitoring the quality and safety of the service. Staff acted to make improvements where issues were identified through monitoring processes.

People and relatives spoke positively about the management

and working culture within the service.

The provider worked in partnership with other agencies including local authority commissioners and the local Clinical Commissioning Group (CCG).

Staff spoke positively about the way in which they worked as a team, and were aware of the responsibilities of their roles.

The provider had systems in place to seek feedback from people about the home and people were happy with the service they received.

St Mary's Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 the 09 January 2018 and was unannounced. The inspection team consisted of one inspector 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.

Prior to the inspection we reviewed the information we held about the service. This included details of notifications received from the provider about deaths and accidents. A notification is information about important events that the provider is required to send us by law. We also received feedback from a local authority commissioning team and the local Clinical Commissioning Group who had been involved in commissioning people's care at the service. The provider completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with five people and one relative to gain their views on the service. We also spent time observing the support staff provided to people and 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. Following the inspection we spoke with a further three relatives by telephone to get their feedback.

We spoke with eight members of staff, including the registered manager, chef and nurse on duty during the inspection. We also looked at records, including four people's care plans, four staff recruitment records, staff training and supervision records, and other records relating to the management of the service, including meeting minutes, policies and procedures, Medication Administration Records (MARs) and audits conducted by the provider.

Good

Is the service safe?

Our findings

At our last comprehensive inspection of the service in December 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's Medicine Administration Records (MARs) had not always been properly completed by staff to confirm they had received their medicine as prescribed. Following that inspection the provider wrote to us to tell us the action they would take to address our concerns. At this inspection we found that people's MARs had been signed correctly by staff to confirm they had received their medicines as prescribed.

People's medicines were managed safely. Medicines were securely stored and could only be accessed by named staff who had received training and been assessed as competent in administration. Records showed that daily checks had been made on storage area temperatures, including a medicines refrigerator, to ensure medicines were maintained within a safe temperature range for effective use. The provider had effective systems in place for the receiving and disposing of medicines.

People confirmed they received their medicines as prescribed. One person said, "The staff sort out my medicines; there have been no problems." People's MARs included a copy of their photograph and details of any known allergies to help reduce the risks associated with medicines administration. We saw guidance in place for staff on how and when people should be offered any medicines which had been prescribed to be taken 'as required'. Staff we spoke with were aware of the guidance and confirmed they followed it, when assessing whether to administer 'as required' medicines to people.

At our last comprehensive inspection we found improvement was required to the provider's recruitment processes because suitable references had not always been sought to demonstrate that staff were of good character. At this inspection we found that the provider had acted to address this issue and that they followed safe recruitment practices. Staff files contained details of each staff member's education and employment history as well as the reasons for any gaps in employment. We also saw checks had been made on staff identification, criminal records checks, references and right to work in the UK, where applicable. The provider had also conducted checks on nursing staff member's professional registrations to ensure they were suitable for the roles they had applied for.

People and relatives told us there were sufficient staff deployed at the service. One person said, "They [staff] are here all the time, in and out." Another person told us, "I use my call bell if I need help; they [staff] come quickly and help me." A relative commented, "I think there are enough staff; the residents are well attended to."

The registered manager explained that staffing levels were determined based on an assessment of people's needs. Records showed that actual staffing levels reflected the planned allocation and that people received support from a consistent staffing group who were familiar to them and with their needs. We saw staff on hand and available to support people when needed, and noted that call bells were responded to promptly, throughout the time of our inspection. Staff also confirmed they were able to support people safely with the current staffing levels. One staff member said, "The staffing levels are fine here; we're able to support people

when needed without having to rush."

People and relatives told us they felt safe at the service and that staff treated them well. One person said, "I'm happy here; I don't have any worries." A relative told us, "We feel [their loved one] is safe at the home and well looked after."

Risks to people had been assessed, and action taken to manage identified risks safely. Records showed that staff had conducted risk assessments relating to people's needs in a range of areas including malnutrition, moving and handling, skin integrity and falls. We saw action had been taken by staff where risks to people had been identified. For example, people had pressure relieving equipment in place where their skin integrity had been assessed as being at risk, and records confirmed they had been support to reposition on a regular basis, in order to reduce the risk of them developing pressure sores. In another example, records showed staff had involved a dietician in people's care where they had been assessed as being at risk of malnutrition, and staff we spoke with were aware of the action to take to manage this risk safely.

The provider had procedures in place for dealing with emergencies. People had personal emergency evacuation plans (PEEPs) in place, which provided information for staff and the emergency services on the level of support they required to evacuate from the service if needed. Records showed the regular checks had been made on fire safety equipment. Staff were aware of the action to take in the event of a fire, or medical emergency, and records confirmed they took part in periodic fire drills to help remind them of their responsibilities.

People were protected from the risk of abuse. Staff had received safeguarding adults training. They were aware of the different types of abuse that could occur and the signs that may indicate a person had been abused. The provider had safeguarding policies and procedures in place which provided guidance to staff on the action to take if they had any concerns. Staff were aware of the provider's reporting procedures. One staff member told us, "If I suspected someone had been abused, I would report it directly to the senior staff member in charge." Another staff member said, "I'd report any concerns to the registered manager, but if they didn't act, I know to whistle blow and would either call social services or CQC." The registered manager confirmed there had been no allegations of abuse at the service in the time since our last inspection, and this was confirmed by the local authority and when speaking to staff people and relatives during our inspection.

Staff were aware of the provider's procedures for reporting and recording any accidents and incidents at the service. We saw individual accident and incident records had been maintained by staff which included information about each incident and the steps that had been taken by staff in response. The registered manager monitored accidents and incidents records and took action to reduce the risk of repeat occurrence, where trends had been identified. For example, records showed the registered manager had referred one person to the GP following a review of accidents and incidents in which they'd identified one person as having fallen on more than one occasion in a short period of time. The registered manager confirmed that the person's medicines had subsequently been reviewed and we noted that the person had not been involved in any further accidents in the time since.

The provider had systems in place to protect people from the risk of infection. Staff received training in infection control and food hygiene. They were aware of the need to use personal protective equipment (PPE) when supporting people in order to reduce the risk of spreading infection, and people confirmed staff used PPE whilst supporting them. Domestic staff carried out regular cleaning duties throughout the home and we noted the home to be clean at the time of our inspection. Records show regular checks were also made on the cleanliness of the service, and the registered manager conducted periodic infection control

audits to ensure the home was following appropriate practices. There were hand washing facilities available for staff, people and any visitors to use, when needed.

Good

Is the service effective?

Our findings

People and relatives told us they considered staff to be competent in their roles. One person said, "They [staff] know what to do." Another person told us, "The staff seem well trained; I'm happy with the help they give me." A relative commented, "The staff are knowledgeable [about their loved one's support needs] and keep us well informed."

Staff confirmed they had completed an induction when starting work at the service, which included a period of orientation at the service, reviewing the provider's policies and procedures, and time spent shadowing more experienced colleagues. Staff also told us, and records confirmed, that they were required to complete training in a range of areas considered mandatory by the provider which was periodically refreshed to ensure they remained up to date with current practices. Training areas completed by staff included health and safety, moving and handling, safeguarding, first aid, infection control and fire safety, as well as training specific to people's conditions, for example around diabetes and Parkinson's disease. Records also showed that staff were supported by the provider to complete relevant qualifications in health and social care, such as diploma courses, in order to further develop their knowledge and skills.

The provider's training programme did not include any clinical training courses for nursing staff, to ensure their clinical skills remained up to date. However, people and relatives had no concerns about the competence of the nursing staff who supported them, and told us they received appropriate care and treatment. Nursing staff also demonstrated a good understanding of the clinical support people required, for example with regards to wound management. The registered manager confirmed that they provided support to staff to maintain their professional registrations and this was confirmed by the nursing staff we spoke with. They also told us that they would put a clinical training programme in place for nursing staff following our inspection, to ensure they remained up to date with best practice.

Staff were supported in their roles through regular supervision and an annual appraisal of their performance. A member of the nursing staff explained that their supervision sessions included reflective discussions on the clinical needs of the people at the service. Another staff member told us, "Even though I'm an experienced care worker, meeting with the manager for supervision helps me to focus on my responsibilities and in my understanding of my role."

The registered manager assessed people's needs before they moved into the home to help ensure the service was able to provide them with effective support. These assessments had been used as the starting point in developing people's care plans and risk assessments, in conjunction with nationally recognised guidance and standards. For example, we noted that people's medicines support had been developed with reference to guidance from the National Institute for Healthcare Excellence (NICE), and that the service used nationally recognised tolls such as the Malnutrition Universal Screen Tool (MUST) when assessing risks to people.

People were supported to maintain good health and to access a range of healthcare services when required. Staff explained that they monitored people's health as part of their roles and fed back any concerns or

changes in people's conditions to the registered manager so that they could arrange for appropriate healthcare referrals to be made where required. Records showed that people had access to a range of services in support of their health including a GP, dentist, optician, dietician and chiropodist. One person told us, "The doctor visits every week to check up on us."

Staff also described the steps they took to ensure people received co-ordinated, joined up care when moving between different services. We saw diary entries recorded in the service diary reminding staff to arrange transport on the days of people's appointments and the registered manager told us they arranged for staff to support people to attend appointments if required. This was confirmed by one relative who told us, "They [staff] arrange [their loved one's] healthcare appointments. If they're at the hospital then we usually go along, but a member of staff would do it if we couldn't manage."

People were supported to maintain a balanced diet. People's nutritional requirements were assessed as part of the planning of their care and professional guidance had been sought where risks to people had been identified. For example, we saw guidance in place from a dietician where one person had been assessed as being at risk of malnutrition; staff we spoke with were aware of the guidance and confirmed they supported the person accordingly. Kitchen staff also had access to information about people's individual dietary needs. For example we saw records identifying which people required a soft or pureed diet, as well as any medical conditions which needed to be taken into consideration when planning meals, as well as information about people's likes and dislikes.

The registered manager told us, and records confirmed that people's mealtime preferences had been discussed with them when planning the menu. People spoke positively about the options on offer at the home. One person said, "The food is nice here and every day there is something different." Another person told us, "The food is pretty good." A third person commented. ""I like the food, particularly the roast dinners."

We observed the lunchtime meal and noted that people were able to eat where they wished, Some people ate together in the dining room, whilst others at in the lounge area, or in their bedrooms. Staff were on hand to support people where required, for example by cutting up people's meals, where they were unable to do so themselves. We also noted that staff worked at a relaxed pace without rushing people where they required one to one support when eating.

Staff told us, and people confirmed that they sought consent from people when offering them support. One staff member said, "I always ask people if they're happy with what I'm doing and would never do anything people didn't want. If they refused my assistance, I'd ask a colleague to see if they could get the person to agree, or would report to the manager if it was an on-going issue."

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 had received training in the MCA and understood how it applied to their roles when supporting people. One staff member said, "I always try to give people choices so that they can make decisions for themselves, but understand the process for assisting people to make decisions in their best interests." This comment was reflective of the feedback we received from all of the care staff we spoke with. We saw documented mental capacity assessments had been conducted by staff for more significant decisions such as the use of bed rails. Where people had been assessed as lacking capacity around such decisions, records showed that the registered manager had involved family members and relevant healthcare professionals, where appropriate in making the decision in the person's best interests.

The registered manager was aware of the process for seeking authorisation to deprive people of their liberty, where it was in their best interests under DoLS. They told us, and records confirmed that they had submitted authorisation applications to the relevant local authorities where required. Whilst some local authority assessments were still being processed, we saw examples of authorisations having been granted a put in place, and noted that the provider had met the requirements of any conditions placed on them, where applicable.

People and relatives told us they were happy with the living environment at the service and that it met their needs. One person said, "I like my room, it's nice and bright and I love the curtains." A relative said, "[Their loved one] shares a bedroom with another resident and seems very content. We get the privacy and space we need when we visit." The registered manager confirmed that they were working through a programme of service improvements and redecoration, although they were awaiting planning permission in order to make some changes to the layout of parts of the service. Some adaptations had been made to the home in support of people's needs, such as a passenger lift which helped enable people move between the two floors of the service safely.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and considerate in their approach when providing them with support. One person said, "They [staff] know how to care; all are kind and helpful." Another person told us, "The staff are very, very kind." A relative said, "The staff are all friendly and caring." Another relative commented, "The staff treat [their loved one] the way we would want to be treated."

Throughout our inspection we observed staff working in an attentive and caring manner, offering encouragement and reassurance to people whilst supporting them. Staff regularly checked on people's well-being, both whilst in communal areas and when they were in their bedrooms, to ensure they were comfortable and happy.

Staff we spoke with knew people well. They were aware of people's backgrounds and family involvement, as well as their interests and preferences in the way they were care for. One staff member told us, "Many of us have worked here for years and the residents feel like family." This comment was reflected in the feedback we received from people and relatives, who spoke positively about the consistent staffing team and family feel to the home.

People were treated with dignity and their privacy was respected. One person told us, "The staff are respectful in the way they treat me." A relative said, "The staff have always been polite and respectful when I've visited." Another relative told us, "They respect [their loved one's] privacy; we have time to be alone if we want when they visit, and I've not seen anything involving the other residents that I shouldn't have."

Staff described the ways they worked in order to maintain people's privacy and dignity. One staff member told us, "I make sure I know on people's doors before going into their rooms. If I'm helping them to do something like wash or dress, I'll make sure the door and curtains are closed." Another staff member said, "It's important to communicate clearly and make sure the residents are comfortable when I'm assisting them. If I'm helping to give them a wash, I would make sure they're covered up as much as possible, so that they feel more relaxed."

We observed staff knocking on people's doors before entering their rooms during our inspection, and noted that bedroom doors were closed whilst people received support. Staff were also aware of the importance of keeping information about people confidential. We saw records relating to people care were securely stored in the registered manager's office which they confirmed was locked when not in use.

People were involved in decisions about their care and support. Staff told us they sought to offer people choices in their activities of daily living wherever possible, and that they always looked to meet people's preferences in the way they were supported. People we spoke with confirmed that staff sought their views. For example, one person told us, "They [staff] do ask me what I want. For example, they will show me my different clothes and ask me to choose."

Staff were also aware of people's different communication needs when seeking to involve people in making

decisions. For example, one staff member described the visual signals they looked for when supporting one person who could not communicate verbally. The explained that they spoke clearly, using short sentences to describe the options in the support they offered the person, giving them time between each option to respond using facial expressions that indicated their views.

Good

Is the service responsive?

Our findings

People received personalised care which met their individual needs and preferences. People could not always recall having held discussions about the support they needed, but relatives we spoke with confirmed that the registered manager and staff spoke with them and their loved ones to ensure their care reflected their wishes. One relative told us, "We've always been involved in discussions about [their loved one's] care and if we've asked for any changes, the manager has sorted it out." Another relative said, "We talked about the care [their loved one] needs and what our views are; I think the staff here work hard to provide the right support."

People had care plans in place which had been developed by staff based on an assessment of their individual needs. The care plans covered a range or areas in which people needed support, including mobility, safety in the home environment, personal hygiene, nutrition and pressure area care. We noted that whilst care plans included some information about people's life histories and the things that were important to them, they did not always include information regarding people's views and preferences in the support they needed. We discussed this with the registered manager who told us they were in the process of changing the documentation which would result in a more person-centred approach to the way in which care plans were drawn up.

Staff also confirmed that they sought people's views when offering support to ensure the care they provided was person centred and reflective of their preferences. For example one staff member explained how one person's morning routine varied from day to day and that sometimes they liked to be supported to get up, washed and dressed before breakfast whereas other times they preferred to have breakfast in bed. We spoke with the person who confirmed their morning preferences were met by staff each day.

Staff were also aware to monitor people's conditions and report any changes to the registered manager so that their care plans could be reviewed and updated if required. Records showed that people's care plans had been reviewed on a regular basis to ensure they remained up to date and reflective of people's needs.

People were able to maintain the relationships that were important to them. One person told us, "Yes, [their relatives] visit me when they can; they can come anytime." A relative said, "I can visit when I want and am always welcome; one of the family visits most days." Another relative told us, "We can visit anytime and are treated like family; the staff are always happy to see us and offer us a cup of coffee."

People were able to take part in a range of activities offered by the service, in support of their need for stimulation and social engagement. Activities on offer included quizzes and games, flower arranging, pampering sessions and chair based exercise sessions. We observed staff taking part in a quiz during our inspection which was conducted in a relaxed and friendly atmosphere. The activities co-ordinator also spent one to one time with people who chose to spend the day in their rooms, for example painting one person's nails whilst chatting with them.

The provider had a complaints policy and procedure on display in the home which provided guidance to

people on how they could raise any concerns about the service they received. This included information about the timescale in which they could expect to receive a response as well as information as to how to escalate their concerns if they remained unhappy with the outcome. People and relatives expressed confidence that any concerns they raised with the manager would be acted upon, but told us they had not needed to complain. The registered manager confirmed that the service had not received any formal complaints in the time since our last inspection.

The registered manager confirmed that the service offered appropriate support to people at the end of their lives, although none of the people living at the home required end of life care at the time of our inspection. Records showed that people's end of life wishes had been discussed with them or their family members, where they were happy to do so, although these conversations had been limited in some cases. The registered manager told us that when required, staff worked with the GP and local hospice team to ensure people received appropriate pain management and that any end of life care was provided in a comfortable and dignified manner.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who demonstrated a good understanding of the requirements of being a registered manager and their responsibilities under the Health and Social Care Act 2008. For example, they were aware of which events were notifiable to the Commission and records showed that they had submitted notifications appropriately, where required in the time since our last inspection.

People and relatives spoke positively about the management of the home and the registered manager. One person told us, "The home is well managed; the manager must do a good job." A relative said, "The manager does a good job; she listens and tries to address any little issues we raise." Another relative commented, "The manager is very approachable and always happy to help; we have no concerns at all."

Staff we spoke with told us that they were proud of the way in which they worked together at the service and that the registered manager encouraged a culture of openness and transparency. One staff member said, "The registered manager is always here if needed and is focussed on ensure that we provide the best possible care that we can within a strong team working environment." Another staff member told us, "The registered manager is very knowledgeable and her door is always open; she's clear in letting us know if there are any areas in which we could improve in the way we work and it's good to have her feedback so that we can provide a better service."

We observed staff working well together throughout our inspection, communicating with each other and focussing on the well-being of the people living in the home. The feedback we received about the working culture at the service was also positive. One person said, "They [staff] all seem to like each other and work well together; they have plenty of time for me and are a good team." A relative said, "[Their loved one] has lived at the home for years; many of the staff have always been there and they all seem to love the residents."

Records showed that the registered manager held regular staff meetings to discuss the management of the service and to remind staff of the responsibilities of their roles. For example, we noted that areas discussed at a recent meeting had included reminders for staff on their responsibilities around safeguarding, whistle blowing and infection control.

The provider had systems in place to monitor the quality and safety of the service. Records showed that the registered manager and staff conducted checks and audits in a range of areas including people's care plans, health and safety, medicines, infection control and cleaning, as well as regular checks on the safety of equipment and the environment. We saw action had been taken to address any issues identified during audit processes. For example, additional information had been added to one person's mobility care plan as a result of a recent audit conducted by the registered manager. In another example, a recent infection control audit had identified the need to ensure soap dispensers were topped up and we saw that this issue had been addressed when checking dispensers during our inspection.

People's views about the service were sought through one to one discussions and an annual survey. The

provider had also put a comments box in place for people and relatives to submit any feedback they had about the service provision and we saw notices up in the home encouraging people to discuss any aspects of the running of the service with the registered manager, should they wish to do so.

The registered manager explained that they only held occasional residents meetings because people were more comfortable providing feedback on a one to one basis. People and relatives confirmed that they were able to express their views freely in direct discussion with staff and that they were happy with this option. We reviewed the results of a recent annual survey and noted that these had only been collated shortly before our inspection. The survey included feedback from people on areas including the management of the service, the environment, the support people received and the food on offer. We noted that responses in all areas indicated that people were either quite, or very satisfied with the service, and this was reflective of the positive comments we received from people and relatives during the inspection. The registered manager confirmed that they were in the process of putting an action plan together to improve satisfaction levels further, where possible.

The registered manager told us the service worked in partnership with other agencies in an open and transparent way, for example by engaging with local authority commissioners and the local Clinical Commissioning Group (CCG) who help fund people's placements at the service, sharing information about people's support where appropriate to enable them to carry out placement reviews. We contacted one local authority who confirmed that they were not aware of any issues having been identified during a recent placement review at the service.