

Crystal Care Homes Ltd

Sycamore Rise Residential Care Home

Inspection report

3 Hill Lane
Sycamore Rise Residential Care Home
Colne
Lancashire
BB8 7EF

Tel: 01282864209

Website: www.crystalcarehomes.com

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16 February 2016

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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 carried out an unannounced inspection of Sycamore Rise care home on the 15 and 16 February 2016.

Sycamore Rise care home is registered to provide accommodation, personal care and support for 23 people. Sycamore Rise is located in a rural location on the outskirts of Colne in Lancashire. The accommodation consists of 21 single and two twin-bedded rooms.

The service was last inspected in September 2013 and was found compliant in all areas inspected. At the time of this inspection there was a registered manager employed. 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.

Throughout this inspection we received positive feedback from people who used the service, visitors and community professionals. People expressed satisfaction with the service provided and spoke very highly of the staff that supported them. Comments included, "Staff are really good. Their interaction with people living here is great. They know my [relatives] needs well" and "Staff are very pleasant. What they are doing is invaluable and they make me very feel safe".

We noted the service had robust processes and procedures in place to maintain a safe environment for people accessing the service and for staff and visitors. The service had detailed and up to date health and safety checks which covered areas such as water safety, fire safety, maintenance and a walk through inspection of the service to look for any obvious hazards. We noted 'building risk assessments were also in place. These considered risks associated with 'trips and falls', in the kitchen area, bathroom, stairway and corridors.

We noted audits on equipment and furnishings were done on a monthly basis. These audits included bedrooms, lounge, stairs, lift and hoists. We saw the service had fire risk procedures in place and detailed annual fire risk assessments were followed. These risk assessment covered areas such as testing all call points, emergency lighting and fire extinguishers.

People using the service told us they felt safe living at the home. Visitors were also confident that their relatives were in a safe place. We noted robust safeguarding procedures were in place and staff showed a good understanding around recognising the signs of abuse. Staff had also undertaken safeguarding training.

At the time of inspection we found the service had adequate staffing levels. Staff told us they had time to undertake the caring role effectively. People told us their needs were met appropriately and staff had time to sit with them. We observed a good level of staff interaction to support this.

We found the service had a good recruitment system in place. We found appropriate documentation in

people's recruitment files. We noted the service required all new staff to undertake a thorough induction process. This required them to familiarise themselves with the people using the service, read the service's policies and procedures and shadow experienced members of staff.

The service had processes in place for the appropriate administration of medicines. Staff were adequately trained in medicines management. Medicines were stored safely and in line with current guidance.

We saw the service had created detailed individual risk assessments for all people using the service. These risk assessments included behaviours which challenge, skin integrity, mobility and nutritional needs.

We saw detailed care plans which gave clear information about people's needs, wishes, feelings and health conditions. These were reviewed monthly by senior care staff with oversight of the registered manager when required.

We saw evidence of detailed training programmes for staff. All carers had a Level 2 or above NVQ (National Vocational Qualification) or above or were working towards this. All people spoken with were very positive about staff knowledge and skills and felt their needs were being met appropriately.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provided legal safeguards for people who may be unable to make their own decisions. The manager also demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests. At the time of inspection we found that no person using the service was subject to a DoLS.

We noted that people's nutritional requirements were being met and choice was offered at every meal time. We saw the food was freshly prepared and served at a suitable temperature.

We saw appropriate referrals had been made to dieticians and instructions were strictly followed in cases where people had known dietary requirements. Health care professionals we spoke with told us the service was pro-active with health referrals.

Over the two days of the inspection we noted positive staff interaction and engagement with people using the service. Staff addressed people in a respectful and caring manner. The service had a calm and warm atmosphere. We observed people enjoying each other's company, conversing, laughing and helping each other with crosswords and puzzles.

We had positive feedback from people using the service, relatives and staff about the registered manager. People told us they were happy to approach management with any concerns or questions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. They were supported by care staff that were considered to be of good character and had been recruited through a thorough and robust procedure.

The service had detailed environmental risk assessments and procedures which were reviewed effectively.

Staff demonstrated sound knowledge of safeguarding issues and procedures. They were aware of their duty and responsibility to protect people from abuse.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was good guidance in place for staff about how to support people in a safe manner.

Is the service effective?

Good ●

The service was effective.

Appropriate systems were in place to ensure staff were sufficiently trained.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

Staff received a detailed induction prior to commencing employment.

Supervision and appraisal was carried out effectively and in line with the service policy requirements.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring.

People told us they were treated well and their privacy and dignity was respected by staff.

People's care and support was delivered to reflect their wishes and preferences.

Staff were knowledgeable about people's individual needs.

Is the service responsive?

Good ●

The service was responsive.

People told us living at the service was an enjoyable time for them.

Care records were detailed and clear. Care was tailored to meet people's individual needs and requirements.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Activities were tailored to individual need and people were encouraged to take part in activities of their choice.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager employed who was registered with the Care Quality Commission and was qualified to take on the role.

The registered manager effectively monitored the quality of the service by means of through audits, observation and gathering feedback from people who used the service, staff and visitors.

Staff told us they felt well supported in their caring role by the registered manager and felt able to approach her with any issues. We also found the registered manager to be approachable and responsive.

Sycamore Rise Residential Care 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 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.

This inspection took place on 15 and 16 February 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 23 people receiving care at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with seven people who used the service and four relatives. We spoke with two senior care assistants, one care assistant, a chef, the registered manager and the service provider. We also spoke with two visiting health care professional.

We looked around the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service.

We looked at the results from a recent customer satisfaction survey.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Sycamore Rise. People's comments included, "Oh I feel very safe here" and "Staff are very pleasant. What they are doing is invaluable and they make me feel very safe". Relatives we spoke with also told us they felt their [relatives] were cared for well and that they were safe. One relative said "Staff are excellent. They meet my [relatives] needs well and I have never thought they were unsafe here. The staff attitude is good. Very professional". We asked visiting health care professionals if they had any concerns with how people were cared for. They told us the care was good and "Staff know what they are doing".

We looked at what processes the service had in place to maintain a safe environment and protect residents, visitors and staff from harm. We found that the service had a very detailed health and safety 'inspection schedule'. This covered areas such as water safety, fire safety, maintenance and a walk through inspection of the service to look for any obvious hazards. We saw that each of these subject headings had a detailed breakdown of further areas to be considered, such as water temperature checks and ensuring physical checks of the area and equipment were done. We noted risk assessments were in place and signed in line with procedural guidance. They were also reviewed effectively. We noted emergency planning procedures were in place to identify and reduce risks associated with extreme weather conditions. The registered manager told us that it was her responsibility to ensure these checks were carried out. We saw evidence that these checklists were appropriately completed and kept up to date.

We noted 'building risk assessments were also in place. These identified risks associated with 'trips and falls' in the kitchen area, bathroom, stairway and corridors. We saw these checks were in date and reviewed every month.

We saw the service had fire risk procedures in place and detailed annual fire risk assessments were followed. These risk assessment covered areas such as testing all call points, emergency lighting and fire extinguishers. We noted weekly fire alarm and fire drills were completed. Care staff we spoke with told us fire alarm tests and drills happened weekly. We saw fire training was up to date. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. We noted people were required to sign a 'visitor's book' when entering and leaving the service. We observed that bedroom doors were numbered for identification should there be an emergency situation. We saw a clear procedure for all staff to follow in the event of a fire and individual risk assessments were in place to support this.

The registered manager told us audits of equipment and furnishings were carried out on a monthly basis. These audits covered areas such as bedrooms, lounge, stairs, lift and hoists. The registered manager told us it was her responsibility to ensure these checks were done. We noted these audits were up to date and completed in full.

We noted audits on accidents were done monthly. The registered manager told us it was her job to monitor any falls people had and ensure referrals to the falls team and doctor where made where appropriate. We

saw 'accident monitoring forms' which were used alongside 'falls monitoring forms'. This enabled a clearer picture when assessing a change in a person's need. We found this information was also incorporated in the person's care file and individual risk assessments were updated when appropriate.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with staff and the registered manager. Staff spoken with showed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff told us they had received training and guidance on safeguarding and protecting adults. We saw evidence of up to date safeguarding adults training on the service's training matrix. We noted a detailed file which provided all staff with points of contact, contact numbers and clear instruction in what to do if they suspect any abusive practice has taken place. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. The policy highlighted, 'definitions of abuse', 'identifying abuse' and the 'roles and responsibly' of individuals. We also noted the service had details of contacts to report any safeguarding issues displayed at the entrance of the building.

We looked at staff rotas. These indicated processes were in place which aimed to maintain consistent staffing arrangements. The registered manager told us that she tried to keep the service as "homely" as possible. She said she did this by maintaining a consistent staffing team so that staff were familiar to the people using the service. The registered manager said, "I have never used a member of agency staff in the seven years I have been here. If I can't cover a shift I will do it". We looked at rotas from three weeks prior to the inspection date and the week of the inspection. We noted no staff sickness. We also noted adequate staffing levels and observed adequate staff presence throughout the building. Staff told us they never felt rushed in their roles. One staff member said, "The staffing is good. I never feel rushed. The manager helps out if needed". People using the service indicated the staffing level was appropriate. One person said, "Oh it's wonderful here the staff are marvellous. They really look after you". Another person told us, "Staff will help me with anything. I never feel rushed. I can get anxious and the staff will sit with me and calm me". Visitors we spoke with indicated there was an appropriate staff presence in the building. One family member said, "The staff are so attentive. They look after my [relative] really well. They really looked after them when they 'took a turn for the worst' and now they have never been as well. They are so happy living here".

We looked at how recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. The three recruitment files we looked at had appropriate information in line with current guidance. We saw required character checks had been completed and these were recorded. The files also included proof of identity and DBS (Disclosure and Barring Service) checks. 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. We noted the service had a risk assessment in each person's file. This highlighted the risk of the person being present in the building for mandatory training before DBS clearance. It gave clear guidelines to follow in such an event.

We looked at the way the service supported people with their medicines. People we spoke with told us they received their medicines daily. We observed a lunch time medicine round and noted this was done in line with procedural guidance. The registered manager told us she ensured she completed 'spot checks' on staff administering medicines. She told us these checks were done, "At least" monthly and staff were chosen at random. Staff confirmed this happened. The manager also told us she would 'sample audit' the medicines trolley and medicine record sheets on a monthly basis. We saw evidence that this was done and up to date.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Medicines were stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. There were systems in place to check aspects of medicine management practices on an on-going basis. Staff had access to a range of medicines policies and procedures and nationally recognised guidance which were available for reference. Staff responsible for administering medicines had completed medicine management training. Senior staff handed over keys to each other before every shift. Senior staff we spoke with confirmed the keys would stay in their possession throughout the shift with the exception of handing them over to the registered manager.

We looked at how risks to people's individual safety and well-being were assessed and managed. We looked at three care records. We found individual risks had been assessed and recorded in people's care files. The assessments included moving and handling, mobility, behaviours which challenge, nutrition and pressure relief. The assessments we looked at reflected risks associated with the person's specific needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. We found all risk assessments to be detailed and up to date. Staff showed appropriate knowledge when we asked how they would deal with behaviour which challenges. We noted all staff had also received training on this.

We looked at procedures in place for infection control. We noted the service had one full time member of domestic staff. The registered manager also told us that care staff would "Pick cleaning shifts up" during the weekend when the domestic was not in the building. We noted a detailed 'cleaning rota' was in place. This identified tasks to be done on a daily and weekly basis. We noted the service was clean and free from odour, bathrooms, communal areas and bedrooms were clean. We saw antibacterial hand gel on the corridors, communal areas, bathrooms and bedrooms. Adequate personal protective equipment (PPE) such as gloves and aprons were also in these areas. We observed staff wearing appropriate PPE when serving food and supporting people using the service. The registered manager told us she carried out a monthly audit on infection and prevention control in the building. This included checking carpets, bathroom facilities, hand hygiene and use of PPE. People we spoke with and their relatives confirmed the service was always clean and free from odours.

Is the service effective?

Our findings

People we spoke with indicated they were happy with the care and support they received from the service. They told us the carers were helpful and were respectful of their needs. One person said, "Staff know what I like, they help me find my clothes in the morning and care for me very well". Visitors we spoke with expressed satisfaction with the service their relatives received. One relative said, "Staff are really good. Their interaction with people living here is great. They know my [relatives] needs well". Another relative said, "I couldn't ask for better care for my [relative] the staff are very knowledgeable in what they do."

We looked at the processes in place for staff training. Staff told us they felt the training received equipped them to carry out the role of a carer. They told us they received a good amount of training and that the training courses were very detailed. One staff member said, "It feels like we are always training, but that's a good thing".

We saw an effective training matrix system was in place. The registered manager told us this was reviewed on a regular basis to ensure all the staff were up to date. We saw the training offered to all carers was relevant to the caring role and covered a wide range of topics including person centred care, malnutrition, safe moving and handling and dementia care. We saw the service supported staff as appropriate to attain recognised qualifications in health and social care. We saw staff held a National Vocational Qualification (NVQ) level 2 or 3 in care, or where working towards it. We noted senior care staff had been trained in end of life care.

We looked at the services induction process for new staff. We found this induction process to be very detailed and thorough. The registered manager told us as part of the induction the person was required to read policies and shadow experienced staff. The length of the induction period was at the registered manager's discretion. The registered manager told us she would observe the staff members conduct and regularly meet with them to discuss their progress before "Signing them off".

We spoke with the staff about the induction process. Staff told us they thought the process was very thorough and gave them the skills and knowledge to competently carry out their role as a carer. We spoke with visiting health care professionals about staff conduct. They told us the staff were very knowledgeable and caring. They had no worries that staff could not effectively carry out their roles as carers.

We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the 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).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. We noted that no one was subject to a DoLS at the time of the inspection. However the registered manager and staff spoken to demonstrated a good understanding around the principles.

We noted staff received supervision and appraisal in line with current procedural guidelines. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. We noted the supervision sessions identified training needs and good and bad practice issues. Action plans were created with 'target and aims for improvement' along with target dates to ensure any issues were monitored and addressed in an appropriate time frame. Staff spoken with told us they received regular one to one sessions and on-going support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. One staff member said, "It's a good chance to have a chat about any issues I may have". Another staff member told us supervision was always a two way process where the registered manager would always listen to anything that they wished to discuss.

We looked around the premises. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. We noted that people were also sitting in the communal areas in furniture they had brought from home. One person said, "My bedroom is nice. I have brought my own furniture from home". One relative told us how their [relative] had brought their favourite recliner chair from home and this was now used for them to sit in in the communal room. They told us the registered manager was very accommodating with this.

We observed the meals service at breakfast and lunch. We noted the dining tables were set with table cloths, drinks, napkins and condiments. People were offered the choice of sitting at the table or dining in the lounge. We noted the service employed two chefs. We saw meals being prepared from freshly bought produce. The people we spoke with told us the meals were very good and always hot when served. One person said, "I love the food here. I will have to go on a diet if I am not careful". Another person said, "The food is lovely. There is always plenty of choice, we get spoiled". During the inspection we saw a family member dining with their [relative]. They told us how this happened regularly and how much they enjoyed the food. We looked at processes in place to offer a balanced meal choice. We noted the service had a meal planner which was influenced by the people using the service.

We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including general practitioners and dieticians were liaised with as necessary. We noted several people had food and fluid intake charts in place. However, we noted one of these charts had gaps where staff signatures should have been. We spoke with the registered manager about this who assured us the person was receiving an adequate intake and would speak to staff about this. The registered manager also told us she would arrange further training for all staff in effective record keeping. She assured us she would do this as a matter of priority.

We spoke with the chef about the dietary requirements of people. A good understanding of people's dietary requirements and their likes and dislikes was demonstrated. We were shown detailed information on needs and preferences. We noted food was stored appropriately and kept at an acceptable temperature. We noted meat temperatures were checked on a daily basis along with fridge and freezer temperatures. These were documented. The chef told us food was ordered on a weekly basis and stock was rotated. The chef

displayed good knowledge about infection control matters. We noted the kitchen had a food hygiene rating of five. This rating had been awarded by the 'food standards agency' and is classed as 'very good'.

Is the service caring?

Our findings

The people we spoke with made positive comments about the staff team and the care and support they received. One person said, "I love living here, the staff are so nice to me". Other people told us how they had first accessed the service for a respite stay. However, had enjoyed the experience so much that they had returned to live on a permanent basis. One person said, "I missed the interaction with people. This is my home now and I am very happy". Visitors told us how the staff displayed a caring approach. One family member said, "It may not be the poshest place, but it is by far the most caring place around". Another family member told us they had had experience of different care providers over the years and found Sycamore Rise to be the best. A visiting health professional told us they had found the staff to be very caring and felt it to be, "One of the better care homes".

We observed people being offered choices throughout our inspection. People told us staff always considered their choices. We saw that people were spoken to in a respectful manner and found staff to be friendly in their approach. One person said, "I like to stay in my room. That's my choice. Staff are respectful of that. They check I am okay and I go to the dining room for my meals". Visitors we spoke with were very positive about staff interaction. They told us that staff always had time for their relatives. During the inspection we observed positive and respectful interactions between staff and people using the service. Staff looked happy in their role and confirmed our observations by telling us they 'loved' working for the service. One staff member said, "I love working here. It's a brilliant place to work".

The service had a 'key worker' system in place. This gave every person who used the service a named member of staff who had responsibility for overseeing aspects of their care and support. The service had a policy in place for the use of 'key workers'. It stated, "The service believes that good standards of care are best assured by allocating each person using the service to a named member of staff. The service considers the 'key worker' can make major contributions to a person's quality of care". Relatives we spoke with told us they felt this was an effective way of working.

Staff spoken with gave positive examples about how they ensured they treated people with dignity and as an individual. Staff also told us they had received training in 'equality and diversity' and 'dementia care'. This helped to ensure staff were aware of the presenting needs and requirements of a person with a diagnosis of dementia and considerate of the persons human rights.

Over the two days of inspection we observed people spending time listening to music, playing quizzes, reading and completing puzzles. We observed family and friends visiting the service and noted their privacy was respected. We observed positive interaction between people, staff and relatives. People we spoke to told us how staff were respectful of their wishes and always knocked before entering their bedrooms. One person said, "Everybody is very respectful here. You can do what you like". Another person told us how, "Lovely" it was at Christmas. They said "It was done up just as I would have it at home".

We saw the entrance of the building was used for sharing information about forthcoming activities and events. Advocacy information was also available should anyone choose to access the service. We also noted

information about advocacy was detailed in the "service user guide". A copy of the 'service user guide' was evident in the bedrooms we looked at. The registered manager told us there was nobody using the advocacy service at the time of inspection.

Is the service responsive?

Our findings

People we spoke to told us they liked living at the service. One person said, "Oh its grand here. This is my home. I like to sit with my friends and have a chat". Another person told us how they felt the service had, "Got the care right". They told us how they could wander around and on occasions would visit family and go for coffee. Visitors we spoke with stated they were very happy with the care their relatives received. One person said, "The staff are very friendly. Even though we have not been coming here long the staff still know who we are here to see. It is great. It is like we have been coming for years".

We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager told us there were processes in place to assess people's needs before they used the service. The assessment involved gathering information from the person and other sources, such as families and care professionals. We looked at three people's care records and noted that the pre-admission assessments were detailed with relevant information. Relatives confirmed they had been involved in the assessment process. One family member said, "We met with the registered manager before my [relative] came. She asked us lots of questions and came to see my [relative] in their home environment". The registered manager told us that part of the transition process was to invite the person to visit the service to meet everyone and this can happen as many times as the person wishes. This gives the person a chance to become familiar with the surroundings before moving in.

The registered manager told us that each person using the service had a care plan. We looked at three of these care plans and found adequate documentation to support the development of the care planning process and support the delivery of care. We noted at the front of the care files a 'needs assessment'. This was signed by the person. We also noted, 'consent to share information with medical professionals' form, again this was signed by the person. We observed that each of the plans had a very detailed summary of the person along with a photograph. The summary covered interests, hobbies, background, likes, dislikes and any significant events in the person's life. We noted care plans in response to identified needs and preferences. These covered subjects such as personal needs, skin integrity, mobility, medication, allergies and sleeping patterns. The purpose of the care plans was to provide detailed directions for staff to follow on meeting the needs of the person.

We noted procedures in place for the monitoring and review of care plans. The registered manager told us it was the responsibility of the senior staff review care plans on a monthly basis with the oversight of the registered manager when required. People we spoke with and their relatives told us they had been part of annual reviews. They told us it was useful to be part of the review process as this kept them informed with any changes and updates on their relatives care.

We saw evidence of detailed information recorded when the service had liaised effectively with other agencies such as district nurses and doctors. We spoke to one health care professional who told us how they felt the registered manager was 'pro-active' with referrals. During the two day inspection we saw several Doctors attend the home for routine appointments.

The registered manager told us the service did not employ a full time activities coordinator. However, a member of care staff was allocated daily to carry out activities. We noted a variety of activities were offered on a daily basis. These activities ranged from hair and nail treatments to quizzes, arm chair exercises and sing-a-longs. People told us they enjoyed the activities. One person said, "There is always something going on. Oh we do have fun some sometimes". The registered manager told us some of the activities were tailored to individual need for example knitting and domestic chores. These were identified when speaking with the person about their interests. We saw evidence of people enjoying these activities during the inspection.

We spoke with people about spending time away from the service with friends and families. People told us they often went out for the afternoon. Staff told us they would support people with contacting their friends and families. One visitor told us "My [relative] contacted me by telephone, the staff help them with this".

Visitors we spoke with told us that they were always made to feel very welcome and were offered refreshments by staff during their visit. We saw evidence of this during the inspection. We asked visitors about their involvement with hospital appointments and other aspects of their relatives care. One relative told us, "The registered manager always keeps me informed". Other relatives confirmed they were kept informed at all times and if they were unable to attend appointments a staff member would go in their absence. We observed a family member collect their [relative] for a medical appointment during the inspection. We spoke to them on their return and they told us how a member of staff would assist them if required.

We looked at how complaints were managed. We noted the service had a complaints procedure in place. The complaints procedure was on display in the service and also in the 'service user guide' The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible. We noted complaints had been dealt with effectively and appropriate professionals had been involved when needed. Relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. People using the service displayed a clear understanding of the processes to follow should they need to. One person said, "I will speak to staff or the registered manager".

The registered manager showed us a file containing thank you cards and letters from families and people who had used the service for short stay. One card received from a family member said, "We would like to extend our heartfelt thanks to you all for the care, compassion, sympathy and undying love you have shown to my [relative]. You made us feel very welcome and never in the way". Another card said, "We admire the devotion you give to all the people in your trust and we know you make sacrifices from time to time to maintain the high standard of care". We noted a thank you card from a person who had stayed on a short term basis. It said, "Thank you all for your kindness. You were all very kind and helpful. I will always remember you all and I really enjoyed my stay. Thank you again for making my stay fun".

Is the service well-led?

Our findings

People told us the registered manager was "Very approachable". People told us how they felt able to approach the registered manager at any time of the day and were confident she would listen. One person said, "She is always spending time with us". We spoke with staff who also confirmed this. One staff member said, "The registered manager is great she is always out and about on the floor helping us. Her office is also central so we can go in any time with any questions we have". Staff also told us they could contact the registered manager and the provider out of their working hours if they had any issues.

There was a registered manager in post at the time of the inspection. The registered manager had responsibility for the day to day operation of the service. She was supported in her role by senior care staff. Throughout our discussions it was evident the registered manager had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care.

Over the two days of inspection we noted the registered manager was very approachable. She considered the service to be well led. People we spoke with told us the registered manager was always visible around the service and felt they could go to her office at any part of the day. Staff told us they felt the registered manager always had time for them and they felt able to discuss anything with her. Visitors told us the registered manager was helpful. We saw visitors approach the registered manager on numerous occasions during the inspection. These visitors appeared to have a good relationship with the registered manager and appeared happy that their queries had been dealt with effectively.

We saw a wide range of policies and procedures were in place at the service. These provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. The code stated, "The service recognises it has a duty to people using the service to ensure staff who work at the home act at all times in a professional manner by treating people with respect. Staff should act at all times in a manner that upholds the homes values, integrity and good reputation. Staff should also act with care and diligence". This code of conduct ensured the staff team were aware of how they should carry out their roles and what was expected of them. Over the two days of the inspection we noted that care staff adhered to these principles. Staff also displayed a good understanding of their roles and responsibilities when we spoke with them.

We noted the service had effective audit systems in place and these were kept up to date. The registered manager told us the service used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires. Comments included, "I would recommend this home to others", "I have double helpings of everything" and "Staff are good with me and they know my condition". We noted 11 questionnaires had been completed. All 11 stated the person was very satisfied with the care they received.

We saw evidence that staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments, good and bad practice was also noted and discussed in full. We

noted that ideas from staff were listened to and actioned if appropriate. Staff told us, "Meetings are a good arena for discussing any new ideas". We noted additional staff meetings were held for senior care staff. The registered manager told us she would test out the skills and knowledge of senior staff in these meetings. Senior staff we spoke with confirmed this. One staff member said, "The registered manager will always choose a subject to test our knowledge on practice issues". We noted the most recent meeting looked at the processes of referring a person to a medical professional and medicine administration. We noted staff were required to answer a series of questions on both subjects and submit them to the registered manager prior to the meeting. These answers were then discussed at the meeting. The registered manager told us the staff appeared to enjoy this way of working. Staff confirmed it was useful.

Staff we spoke with told us they were happy working at the service. Comments included, "Fantastic. I love working here. The registered manager is out of this world, she is always there if you need her" And "I like my role. I feel very supported". We noted staff were well informed and had a good working knowledge of their role, responsibilities and duty of care to the people they supported and each other. Staff told us they had received the training they needed and how the registered manager encouraged them to complete their NVQ level 2 and NVQ level 3 in care.

We noted the service had a 'statement of purpose'. This clearly outlined the underpinning principles of the service and the provider's commitment to ensuring people received high quality care and support. This detailed the services vision and values was to, "Ensure that a range of personal care needs along with the emotional, social and spiritual wellbeing of each person is maintained". As well as "Protecting people from harm, allowing people to exercise control, being heard and listened to, maintaining personal privacy, helping people maintain independence and maintain links with family and wider communities".

We found the service had 'Investors In People' status. This was displayed in the entrance hall. Investors In People provides a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework. The Investors in People accreditation is known as the sign of a good employer and an outperforming place to work.