AMAFHH Healthcare Limited

Quarry Hill Grange Residential Home

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 25 October 2016 and was unannounced.

Quarry Hill Grange provides accommodation for up to 23 people who require personal care and support. There were 20 people using the service at the time of our inspection including people living with dementia.

The service had a registered manager. 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 told us they felt safe living at Quarry Hill Grange. Relatives we spoke with agreed with them. The staff team knew their responsibilities for keeping people safe from avoidable harm and knew the process to follow if they felt people were at risk of abuse or harm.

People's needs had been identified and the risks associated with people's care and support had been assessed and managed. Where risks had been identified these had, where ever possible, been minimised to better protect people's health and welfare.

Plans of care had been developed for each person using the service and the staff team knew the needs of the people they were supporting well.

People received their medicines as prescribed. Systems were in place to regularly audit the medicines held at the service and appropriate records were being kept.

Recruitment checks had been carried out when new members of staff had been employed. This was to check that they were suitable to work at the service. The staff team had received training relevant to their role within the service and on-going support had been provided by the registered manager.

People on the whole felt there were currently enough members of staff on duty each day because their care and support needs were being met. The registered manager monitored staffing levels on a monthly basis to ensure appropriate numbers of staff were deployed.

People told us the meals served at Quarry Hill Grange were good. People's nutritional and dietary requirements had been assessed and a balanced diet was being provided. For people assessed to be at risk of not getting the food and fluids they needed to keep them well, records showing their food and fluid intake had been kept.

People were supported to maintain good health. They had access to relevant healthcare services such as doctors, community nurses and opticians and they received on-going healthcare support.

People had been involved in making day to day decisions about their care and support. Where people lacked the capacity to make their own decisions, these had been made for them in their best interest and in consultation with others.

People told us that the staff team were kind and caring and they treated people with respect. The relatives we spoke with agreed. Throughout our visit we observed the staff team treating people in a kind and considerate manner.

Staff meetings and meetings for the people using the service were being held. These meetings provided people with the opportunity to be involved in how the service was run.

The staff team felt supported by the registered manager and felt able to speak with them if they had a concern of any kind. People using the service and their relatives knew what to do if they had a concern of any kind and were confident that any concern raised would be dealt with properly.

There were systems in place to regularly check the quality and safety of the service being provided. Regular checks had been carried out on the environment and on the equipment used to maintain people's safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe and the staff team were aware of their responsibility to keep people safe from avoidable harm.

Risks associated with people's care and support had been assessed.

People received their medicines in a safe way.

An appropriate recruitment process was being followed.

Is the service effective?

Good

The service was effective.

The staff team had the skills and knowledge they needed to meet the needs of those in their care.

Where people lacked the capacity to make decisions, these had been made for them in their best interest. Staff members had a basic understanding of the principles of the Mental Capacity Act 2005.

A balanced and varied diet was provided.

People were supported to access healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

The staff team were kind and caring and treated people with respect.

People were supported and encouraged to make choices about their care and support on a daily basis.

The staff team understood the needs of the people they were supporting.

People's relatives were able to visit and were made welcome at all times.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and they had been involved in deciding what care and support they needed.

People had plans of care in place, that reflected the care and support they needed and had been reviewed.

There was a formal complaints process in place and people knew what to do if they were concerned or unhappy about anything.

Is the service well-led?

Good

The service was well led.

People told us that the registered manager was approachable and the service was well managed.

The staff team working at the service felt supported by the registered manager.

People had been given the opportunity to share their thoughts on the service being provided.

Monitoring systems were in place to check the quality of the service being provided.

Quarry Hill Grange Residential 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 25 October 2016 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit 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 the information within the PIR along with information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

At the time of our inspection there were 20 people using the service. We were able to speak with four people living at Quarry Hill Grange and six relatives of people living there. We also spoke with the registered manager, the deputy manager, the cook and six care workers.

We observed care and support being provided in the communal areas of the home. This was so that we

could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care. We also looked at associated documents including risk assessments and medicine records. We looked at four staff recruitment and training files and the quality assurance audits that the registered manager had completed.

Good

Is the service safe?

Our findings

People who were able to speak with us told us they felt safe living at Quarry Hill Grange and felt safe with the care workers who supported them. This was because when they needed staff support, they came quickly. One person explained, "I fell at home before coming here ten months ago. It's a safe place to be." Relatives we spoke with agreed with what they told us. One explained, "The place is safe. Definitely." Another told us, "She [relative] spends time in her room. She feels safe. She had a couple of falls and is not good on her feet. The carers came quickly." A third said, [Relative] has a bedside pressure mat but leaves his walking frame behind. It was his third time of falling. The staff came immediately and informed me the next morning."

Care workers we spoke with knew their responsibilities for keeping people safe from avoidable harm. Training on the safeguarding of adults had been provided and they knew the procedure they needed to follow when concerns about people's safety had been identified. This included reporting their concerns to either the registered manager or deputy manager. One care worker told us, "I would inform the manager straight away, she would definitely deal with it." Another explained, "If I needed to, I could speak to the manager. If I had concerns I can speak to the senior and they would report to the manager as well."

The registered manager and deputy manager were aware of their responsibilities for keeping people safe. They knew the procedure to follow when a safeguarding concern had been raised with them. This included referring it to the relevant safeguarding authorities and the Care Quality Commission (CQC).

Risks associated with people's care and support had been assessed when they had first moved into the service. These had then been reviewed on a monthly basis. Risks assessed included those associated with people's mobility, their nutrition and hydration and the care or their skin. A relative told us, "They [staff team] keep you informed about risks and I would be worried if they didn't. A risk assessment was done and the forms shared. The duty of care was explained."

We saw in the records we checked that actions to minimise risks had been identified. This meant that the risks presented to the people using the service could be, wherever possible, minimised and properly managed by the staff team.

We looked at the maintenance records kept. Regular safety checks had been carried out on the environment and the equipment used for people's care and support. Checks were also being carried out on the hot water in the home to ensure it was safe. Fire safety checks and fire evacuation drills had been carried out and the staff team were aware of the procedure to follow in the event of a fire taking place.

Personal emergency evacuation plans had been completed. These showed the staff team how each person using the service were to be assisted in the event of an emergency. We did note that these were not always personalised. For example, if staff were required to evacuate one of the people using the service, the equipment they would need to use was not included in the plan. This meant the staff team did not have all the information they needed should they be required to support this person in this way.

A business continuity plan was in place for emergencies and untoward events such as loss of amenities, flood or fire. This provided the registered manager with a plan to follow should these instances ever occur.

Appropriate checks had been carried out prior to new members of staff starting work. References had been obtained and a check with the Disclosure and Barring Scheme (DBS) had been made. A DBS check provides information as to whether someone is suitable to work at this type of service. This meant that people using the service were protected by the pre-employment checks that had been carried out.

People we spoke with felt that generally, there were enough staff on each shift to meet their needs. The relatives we spoke with agreed with what they told us. One person explained, "The buzzer works. The staff response to the buzzer varies. Depends how busy. If not busy it is quick. Meal times and bedtimes will take longer." A relative explained, "The number of staff varies. There is a core team but turnover happens with other staff. There are fewer staff on weekends. It depends on the number of residents. It depends on how much time other residents might be taking. I have waited 4 minutes for the front door to be opened." Another person told us, "When we come we always see plenty of staff."

We looked at the staffing rota and the dependency tool used to determine the numbers of staff deployed on each shift. This was to check that there were sufficient numbers of staff on duty at any one time. On the day of our visit there were three care workers and a senior staff member working on the morning shift and two care workers, a care worker completing their induction and a senior staff member on the afternoon shift. There was also a member of staff who worked 8 till 1 and 4 till 8 to support the care workers in their role. The registered manager was monitoring staffing levels on a monthly basis to make sure they remained sufficient to meet people's needs. Care workers we spoke with told us that there were normally enough staff on duty to meet the current needs of the people they were supporting. One told us, "I feel there is enough staff, we don't have to rush and we meet people's needs."

Our observations showed that there was always a member of staff available in the lounge areas. When people used their call bell to summon help, these were answered quickly. The staff team went about their work in an unhurried manner. We observed them supporting people at a pace that suited them. They gave people the space and time they needed. Although staff were busy, they had time to chat to people.

People told us they received their medicines when they should. One person told us, "I get my medicines on time. If my daughter takes me out she can take medicines with her. I have a choice. I was getting sleepy with some tablets and the doctor came to see me and has assessed my medicines."

We looked at the way people's medicines were managed to see if they had received these as prescribed. We saw that they had. We checked the medication and corresponding records for six people. We checked to see that the medicine had been appropriately signed for when it had been received into the service, which it had. We also checked to see it had been appropriately signed for when it had been administered, which again it had. Protocols were in place for people who had medicines as and when they required, such as paracetamol for pain relief. These protocols informed the reader what these medicines were for and how often they should be offered. We did note the protocol for a medicine which was given for agitation was rather vague and didn't include at what stage of their agitation this should be offered. We shared this with the deputy manager for their attention and action.

For people who had homely remedies such as cod liver oil tablets, there was evidence that consultation had been carried out with their GP to ensure this was acceptable. Creams and liquid medicines had been dated when opened. This was to make sure that they were not used for longer than the recommended guidelines.

We observed the deputy manager administer medicines to people. They dispensed people's medicine out of their dossett pack into a cup. (A dossett pack is a container in which a pharmacist dispenses people's medicines). Each time they checked the medicine against the person's name. Once satisfied they took them to the person and explained they had brought their medicines. They provided the person with a drink and waited whilst they took them, they did not rush them. Once satisfied the person had taken their medicine they signed the medicine administration record and started the process again. This meant that people were provided with their medicines in a safe way.

The medication trolley was safely stored and secured when not in use. Temperatures of both the room in which the medicines were stored and the fridge used for storing medicines required to be held below room temperature, were recorded daily and were within required limits.

Good

Is the service effective?

Our findings

People who were able to speak with us told us they were looked after well and felt the staff team had the skills and knowledge to properly meet their individual needs. The relatives we spoke with agreed with what they told us. One person explained, "To a certain point the staff know how to support me. This place is O.K. I'd recommend it to everyone." A relative told us, "I was outside but could hear, "Can I put some cream on that? Do you want some help to go to the toilet?" I'd rate that as very good. It's reassuring that this standard of care is there for him."

The registered manager explained that staff members had been provided with an induction into the service when they had first started working there and relevant training had been completed. Staff members we spoke with and the training records we looked at confirmed this. On the day of our visit a new care worker was in the process of completing their induction. They told us that they had received training in moving and handling the previous day and had been given the opportunity to shadow an experienced member of the staff team.

The training records showed us that appropriate training had been provided. This included training on moving and handling, safeguarding people, food hygiene and dementia awareness. The registered manager was also in the process of sourcing training on dignity in care, malnutrition and diabetes. This showed us that the staff team had been provided with the opportunity to gain the knowledge and understanding they needed, in order to support the people using the service.

Care workers we spoke with told us they felt well trained and that their training had prepared them to care for and support the people using the service. One explained, "I feel my training was enough to assist with caring for people. I know what I am doing. I am always learning. Recently I was on some dementia training and it told us that when there are two carers one should always tell the person what we are doing as the other person does it. This means they are more likely to be calm." Another explained, "I have had dementia training, we learnt how they feel, how they see us, how they forget things."

The staff team felt supported by the registered manager and they told us that they [registered manager] were always available should they need help or advice. Monthly team meetings had been held and regular supervision sessions had been completed. (Supervision provides the staff team with the opportunity to meet with the registered manager to discuss their progress within the staff team.) One care worker explained, "[In supervision] we talk about any training I might need, how the job is going, if I need any time off, different aspects of the job. I have had an appraisal, I found it useful, and it set goals for the next year, such as gaining confidence when using the hoist."

People's care and support were provided in line with relevant legislation and guidance. 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).

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. The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. At the time of our visit there were four authorised DoLS in place.

The registered manager had a good understanding of MCA and DoLS and was able to demonstrate when they had contacted the local authority for an authorisation under DoLS. From the training records we looked at we could see that the majority of the staff team had completed training on the MCA and DoLS. The staff members we spoke with during our visit understood the basic principles of this legislation but would benefit from further information on this subject. The registered manager acknowledged this and agreed to follow this up during team meetings and supervisions. One care worker told us, "I haven't had MCA or DoLS training yet. It is discussed in staff meetings. It's about people being able to make their own decisions."

Mental capacity assessments had been carried out when people had been assessed as lacking the capacity to make a decision about their care or support. For example, when deciding whether to take their medicines or not. This assessment ensured that any decisions were made in people's best interest.

We saw that whenever possible, people had been involved in making day to day decisions about their care and support. We observed the staff team offering choices and supporting people to make decisions about their care throughout the day. One staff member told us, "Before we do anything, we greet them [people using the service] we ask them 'do you want to get up this morning', if they don't we go back later. We explain what we are doing and ask, 'would you like to wear these clothes or different clothes'. If they don't like the food we give them a choice. It's all about giving choices and letting them make decisions." Another explained, "We offer a choice of meals, if they struggle we offer help. We assess each time we don't just help; sometimes they are able to help themselves other times we need to assist them. We always encourage people to be independent." One of the people using the service explained, "Staff ask me if I would like a shower today. What clothes would you like to wear?" Another told us, "[Staff members], very good at asking for permission."

People using the service told us the meals served at Quarry Hill Grange were good. Their relatives agreed with what they told us. At lunch time people were helped or walked with frames to the main dining room, the conservatory or the two smaller sitting areas. Drinks and water were set up on tables or on dining trolleys. People who were sleeping were gently woken up and asked if they wished to eat. The dialogue of staff was kindly and supportive. People in the main dining room had their lunches and were all independently eating. People with arthritis were offered spoons. In the T.V rooms people were eating slowly, at their own pace and people who struggled were helped by the staff team. We noticed one person struggling with their meal and they had little interaction with the staff team, but eventually the deputy manager came to check on them. It was noted that because people were eating in four different areas, the meal time was rather task focussed. However, the individual support provided by the staff team enabled people to eat and drink as independently as possible. People ate at a pace that suited them and support was carried out with kindness, skill and patience and in a very person centred way.

Monitoring charts to document people's food and fluid intake were used for those people assessed to be at risk of dehydration or malnutrition. The records we looked at had been completed consistently. A recommended daily fluid intake had been identified and the fluids being taken were totalled at the end of

the day. These charts demonstrated that the person was receiving the food and fluids they needed to maintain their health.

People using the service had access to the relevant health professionals such as doctors, chiropodists and community nurses. This was evidenced through talking to them and their relatives and checking their records. One person told us, "They know when to get a nurse or a doctor in." A relative told us, "If anything goes wrong they will contact me, they will say, the doctor has come to see [relative]. I don't think they could do anything better for [relative] than they are doing." One person's records showed us that the dietician had been contacted for advice when they were unwell and had lost their appetite. This showed us that the staff team monitored and acted appropriately with regards to people's health and well-being.

Quarry Hill Grange is a converted older property. The environment was clean though we noted within the lounges and conservatory areas there were numerous items piled up which made these areas look rather untidy. Some of the corridors were narrow and convoluted. Although there were pictures on the walls these were not always displayed in frames. The activities programme was displayed in the reception area where very few of the people using the service went. We did not see this displayed anywhere else. We discussed with the registered manager the environment and how it could be enhanced more for people living with dementia. Following our discussion they told us that they would contact outside agencies such as the Alzheimer's Society for further guidance and advice.

Good

Is the service caring?

Our findings

People who were able to speak with us told us that the staff team at Quarry Hill Grange were kind and caring and our observations confirmed this. They told us they felt valued, that the staff listened to them and they were supportive. Visiting relatives agreed with what they told us. One person explained, "They are very good at caring. The staff are friendly. Never come across a member of staff who wasn't friendly." Another told us, "They are very nice. You can have a laugh and a joke with them." A relative told us, "Staff always treat [relative] with respect, they are very good." Another added, "Staff are really kind we couldn't wish for better staff."

We observed support being provided throughout our visit. Staff showed a good understanding of people's needs. They were aware of what people liked and did not like and they were seen supporting them in a relaxed and kindly manner. We observed staff reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way.

We saw members of staff getting down to people's eye level, calling people by their preferred name and engaging in conversation, which people clearly appreciated. We did note however that there were also periods of time when people were left without any interaction which resulted in people falling asleep or simply watching the day go by.

We noted two people with very dirty fingernails. We brought this to the attention of the registered manager because this had not been picked up by the care workers providing their care and support. The registered manager acknowledged this and instructed a care worker to attend to this. Unfortunately this was carried out in front of others. The same clippers were also used between the two people and these were not disinfected between uses. This task was not handled in a dignified way. We also noted that there were a number of people who had not been assisted to have a shave and some people looked rather unkempt and dishevelled. We shared this with the registered manager so that these issues could be addressed. During the afternoon of our visit we observed one of the care workers assisting a person to change their clothes when they had spilt something down them. This was handled in a dignified way.

During the morning of our visit we noted that there was a television on in both lounges and music was playing in the conservatory. Due to how the service was laid out this meant that noise levels throughout these areas were very high. So much so that some of the staff team had to shout to be heard. This was much improved by the afternoon when people were able to enjoy conversations with both the staff members and each other.

One person needed assistance with moving from one chair to another with the use of the hoist. We observed staff carrying this out in the communal area. Staff made sure that the person's lap was covered with a blanket to promote their dignity and they explained to them what was happening throughout.

We observed staff involving people in making choices about their care and support. People were given choices about what time they wanted to get up, where they wanted to sit, what they wanted to eat and drink

and whether they wanted to join in the activity session that was held in the afternoon of our visit. Staff respected the choices that people made.

We saw the staff team respecting people's privacy and they gave us examples of how they ensured people's privacy and dignity was respected. One care worker explained, "If they [people using the service] go to the toilet we make sure they keep the door closed. In their bedrooms we keep curtains closed when giving personal care. If using a hoist and it is a lady, we cover them with a blanket. We have some people here who, because of their dementia, may get undressed in the lounge so we make sure they are covered as quickly as possible." Another told us, "We close curtains for personal care and always talk to them [people using the service] to encourage them to do things for themselves. If I saw anyone treating a resident without respect I would report them to the manager. We should always provide dignified care."

People using the service had been involved in making day to day decisions about their care and support whenever possible. One person told us, "Yes I am involved with my care." A relative told us, "They respected my [relative] wish to stay in her room and to have the door pulled shut – though not locked. They come regularly to check if she is OK and wants something."

We looked at people's plans of care to see if they included details about their personal preferences or their likes or dislikes. We saw that whilst some did include people's preferences others could have been more personalised. For example more comprehensive information about people's food and drink preferences would be of benefit. Also what toiletries people liked to use when being assisted with personal care. Providing this type of information would enable the staff team to offer more person centred care. Whilst it was noted that some of this information was lacking within the documentation, it was evident that the care workers we spoke with knew people's preferences. One care worker told us, "[person's name] likes egg on toast and hot blackcurrant juice." Another told us, "We talk with people and get to know their past life, their family, their likes and dislikes. We treat this as their home not our work place."

Relatives told us that there were no restrictions on visiting times and that they were always made welcome by the staff team. One relative told us, "Staff always offer us a coffee and biscuits. If we are here at meal times we are invited to stay for a meal."

Good

Is the service responsive?

Our findings

Relatives told us that they and their family member had been involved in deciding what care and support they needed. One relative told us, "I have seen the care plan when it was all done and they checked if I was happy with it. I am happy with my involvement because my mum wouldn't understand the questions." Another explained, "We have a care plan. We have a photocopy. It's readily available and we've been asked to review it. I would like the review to be a two way process. If I have questions they are answered."

The registered manager explained that whenever possible people's care and support needs were assessed prior to them moving into the service. The exception to this would be if it were an emergency hospital discharge. In these circumstances as much information as possible would be sought from the hospital and the person's social worker. The gathering of this information enabled the registered manager to determine whether the person's needs could be met. From the initial assessment a plan of care had been developed.

We looked at four people's plans of care in detail to determine whether they accurately reflected the care and support the people were receiving. Whilst some areas within them showed you what support was to be provided, other areas lacked information on preferences with regards to their care and support. For example there was no mention in their personal care plan of what toiletries they liked to use. In their dressing care plan, there was no information telling the reader what they preferred to wear. The plans merely mentioned about the need for assistance with moving and handling equipment and 'two carers to assist'. More personalised information would give the staff team the knowledge to provide more person centred care. We shared this with the registered manager who assured us that the care plans would be reviewed to include more personal information.

We found inconsistencies within one person's plan of care. This was with regard to the type of sling to be used when they were assisted with the aid of a hoist. One section of their plan of care instructed the care staff to use a black medium sling, yet in another section, it instructed the care staff to use a large universal sling. Inaccurate information could put people at risk of getting inappropriate care. We shared this shortfall with the registered manager who assured us that this would be rectified.

People's plans of care had been reviewed each month or sooner if changes to their health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person, contacting the GP and for another, the community nurse. This meant that there were arrangements in place to regularly assess and review people's care. Where people had been unable to take part in the review of their plan of care we saw evidence to demonstrate that their relatives had been contacted to see if they were happy with the care being provided. This showed us that consultation had taken place regarding the care and support people received.

A document entitled 'All about me' was included in people's plans of care. This document gave the reader information about the person's past history and their likes and dislikes. Those we saw varied in content though, with some being more thorough than others. We also found in one person's documentation two versions of 'All about me'. In one it stated they had married at the age of 18 and had two children, in the

other it stated that they were married at the age of 20 and had three children. Whilst it is important to learn and understand people's life history, it is equally important to ensure that the staff team have accurate information that can support them to instigate conversations. The registered manager acknowledged this and assured us this would be acted on

People were offered opportunities to be involved in activities they enjoyed. An activity coordinator was employed. When they were not working, people were supported to access activities by the care workers on duty. We looked at the records kept and found a number of trips had been organised. These included a recent boat trip and a trip to Skegness. On the day of our visit activities were being provided by the care workers on duty. They spent time talking with people. Music was put on in the conservatory, one person was offered knitting whilst another was seen doing armchair exercises. When people declined to join in, this was respected by the staff team.

The things people liked to do had been explored when they had first moved into the service and the activity coordinator and care workers offered the things that people enjoyed. A care worker told us, "When people first come we assess them, we talk to the person and their family about their likes and dislikes. One of the people using the service explained, "I don't get bored. I enjoy playing domino's, doing colouring. I read my paper after dinner. My daughter takes me out for trips to the park and shops. They (the service) have offered me trips out. Sometimes I go to my room when I want and I have my own TV and enjoy watching football." A relative told us, "My mother is largely in her bedroom but staff come in to engage her with activities and to talk to her for half an hour if she is in the mood to talk."

A formal complaints process was in place and this was displayed for people's information. People we spoke with knew what to do and who to talk to if they had a complaint or concern of any kind. One person told us, "I only have one complaint and that's about laundry. Don't know what will come back. I have mentioned it to the manager. It's improved but not a 100% yet. If it was serious I would talk to my daughter." A relative explained, "Anything we don't think is right we talk to them and it is put right. On one occasion we didn't think she was in her own clothes. The staff sorted it out."

Good

Is the service well-led?

Our findings

People who were able to speak with us felt that the service was well managed and the registered manager was approachable and reliable. One person told us, "The atmosphere is charming and jolly. You can have a laugh with staff and have a good time. That's how it should be." They felt able to talk to the registered manager and they had confidence that they would listen to them and deal with any issues they raised. A relative told us, "[Relative] wanted a bed light and it was fitted. He wanted the window unblocked to let in air and that was done. The door handle on the cupboard was broken and that was fixed." Another relative told us, "When my wife came here recently she really did not want to be here. I was struggling and not able to cope. The staff and manager here were supportive to me."

Staff members we spoke with told us they felt supported by the registered manager and felt able to speak to them if they had any concerns or suggestions of any kind. One staff member told us, "The manager is open and understanding, and will listen to staff's views." Another explained, "I love my job, I am supported by the manager, she has an open door policy."

Monthly staff meetings had taken place. Issues discussed at the last meeting held included people's changing care needs, liaising with family members the Mental Capacity Act and ideas for improving the service. This showed us that the staff team had the opportunity to be involved in how the service was run. One staff member told us, "We have staff meetings, you can talk about anything and anything said to [registered manager] gets acted on very quickly."

Meetings had also been held for the people using the service and their relatives on a regular basis. During these meetings topics discussed included food, outings, entertainment and the complaints process. This showed us that people using the service were encouraged to share their thoughts on the service they received. One of the people using the service told us, "I did a survey and attended residents meeting in the past. The feedback was taken on board. Changes were made to activities. The boat outing was arranged. A fete for raising money for the entertainments fund happened." This showed us that people's thoughts of the service were taken seriously.

Surveys had been used to gather people's feedback on the care and support they received. These were being used on an annual basis. The last survey which had been sent out in June 2016 showed us that of the 23 given out, 8 had so far been returned. Where negative comments had been received about a person's support, the registered manager had arranged to meet with the person personally to rectify the issues. This showed us that the registered manager took people's comments on board and worked with them to improve the service they received.

There were systems in place to regularly monitor the quality and safety of the service being provided. Checks were being carried out on a daily, weekly and monthly basis. These included checks on people's medicines records and their plans of care, accidents and incidents that had occurred and health and safety within the home. Call bells and sensors were also being monitored on a daily basis to identify the length of time it was taking for the staff team to answer calls for assistance. Where these were found to be overly long, the reason

for the delay was discussed with the staff team in order that any issues could be identified and rectified. Checks carried out enabled the registered manager to provide a safe and continually improving service.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.