

Mayflower Care Home (Northfleet) Limited

# Mayflower Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This unannounced inspection took place on 10 November 2016. Mayflower Care Home provides accommodation and personal care for up to 76 people. On the day of the inspection, 75 people were using the service.

At our previous inspection of 5, 6 and 9 March 2015 we found the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) 2010 relating to staffing levels and management of medicines. We undertook a comprehensive inspection on 10 November 2016 to check that the service now met the legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Mayflower Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We found the action taken to address the breaches was not comprehensive. We identified that the provider was not meeting regulatory requirements and remained in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staffing.

At this inspection, we found people had not always received safe and appropriate care. The registered manager did not always deploy sufficient staff to meet people's needs safely.

There was 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.

People told us they were happy at the service. People and their relatives said staff were kind and caring. Staff upheld people's dignity and respected their privacy and confidentiality. Staff knew people well and understood their communication needs.

Staff knew how to protect people from abuse. The provider used a safe and robust process to recruit suitable staff. People received the support they required with their medicines. Staff managed and administered people's medicines safely.

Staff identified risks to people's health and safety and had sufficient information on how to protect them from harm. The registered manager ensured staff followed guidance in place to manage the risks safely.

Staff assessed and reviewed people's needs regularly. People's support plans had guidance for staff on how to deliver care. People and their relatives were involved in planning for people's care. People received care which reflected their preferences and as planned.

Staff sought and received people's consent to the support they provided. Staff supported people in line with the principles of the Mental Capacity Act 2005. The registered manager ensured decisions were made in

people's 'best interests' if they were unable to do so. Staff upheld people's rights and appropriately supported those whose freedom was authorised to be restricted under the Deprivation of Liberty Safeguards.

People accessed health care services when needed. The service worked in partnership with healthcare professionals to ensure people received appropriate care and treatment.

People had sufficient food and drink and enjoyed the meals provided at the service. Staff made referrals about people's dietary needs and monitored their food and fluid intake as required. People took part in activities they enjoyed at the service and in the community.

Staff received training and support that enabled them to plan and deliver people's support safely and competently. Staff had regular supervision. The registered manager took action to address any knowledge gaps.

The registered manager sought people and their relative's views about the service and used their feedback to make improvements. People knew how to make a complaint. The service had investigated fully and resolved complaints received in line with provider's procedures.

The quality of the service was subject to regular checks and audits. The registered manager took action to address any areas requiring improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. The provider had not ensured there were always sufficient staff on duty to meet people's needs safely. This meant people were at risk of receiving unsafe and inappropriate care.

Staff identified risks to people's health and had plans in place to manage the risks safely.

Staff knew how to identify abuse and the action to take to ensure people were safe.

The service used robust processes to recruit suitable staff.

People received the support they required with their medicines. Staff managed and administered people's medicines safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received support to undertake their role effectively. People received support from skilled and knowledgeable staff.

People gave consent to care and support. Staff supported people in line with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards.

People had access to healthcare services when needed. People received sufficient food and drink which met their nutritional needs.

**Good** ●

### Is the service caring?

The service was caring. People told us staff were polite and caring.

Staff upheld people's dignity and respected their privacy and confidentiality.

Staff involved people in planning their care and support. Staff knew and respected people's preferences and choices.

**Good** ●

People received support to maintain relationships important to them.

### **Is the service responsive?**

The service was responsive. Staff assessed and reviewed people's needs and had support plans on how to provide their care. People received their care as planned.

Staff planned and delivered people's support with the involvement of relatives.

The service asked people and their relatives about their views of the service and responded to their feedback. The registered manager had investigated and resolved complaints appropriately.

People took part in activities of their choice and pursued their interests.

**Good** ●

### **Is the service well-led?**

The service was well-led. People and staff said the registered manager was approachable and friendly. Staff felt supported and valued at the service.

The registered manager carried out checks to monitor the quality of the service and made improvements where necessary

The service worked closely with healthcare professionals to ensure people received appropriate support.

**Requires Improvement** ●

# Mayflower Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection of Mayflower Care Home under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. It 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 unannounced inspection took place on 10 November 2016. The inspection was carried out by two inspectors, a specialist nurse advisor 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, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with 15 people who used the service and six relatives and a healthcare professional visiting the service. We were informed the registered manager was on annual leave. We spoke with a deputy manager, head of care and an operations manager visiting the service. We also spoke with 15 members of staff including care staff, two nurses, activities coordinators, domestic and kitchen staff, training coordinator and a shift coordinator.

We looked at 30 people's care records and 15 medicines administration records (MAR) charts. We viewed 15 records relating to staff including training, supervision, appraisals and duty rotas. We read management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We checked feedback the service had received from people and their relatives.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We 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.

After the inspection we received feedback from healthcare professionals and local authority who commissioned the service.

# Is the service safe?

## Our findings

At our previous inspection of the service on 5, 6 and 9 March 2015, we found the registered manager had not deployed sufficient numbers of staff on duty to meet people's needs. The registered manager assessed people's needs and the support they required. However, this was not effective in identifying areas where shortfalls lay to ensure there were enough staff to consistently meet people's needs in a timely manner.

At this inspection of 10 November 2016, we found the registered manager did not ensure they were sufficient staff on duty to meet people's needs safely. One person told us, "The staff are lovely but there are not enough carers on duty especially during the night." Another person said, "I hear call bells ringing for a long time." One relative told us, "The staffing levels are variable." One member of staff told us they "felt stretched at times."

People had not always received support in a timely manner because staff were not deployed appropriately to meet people's needs. During the inspection we saw that some people required a high level of support to meet their needs, often with the assistance of two members of staff. One member of staff told us, "We should always transfer in twos and we get training to do this, but sometimes it is not always possible as we are short staffed." We observed two members of staff support a person to transfer from a wheelchair to a chair as stated in the person's care plan. One of them told us, "This is hard due to having only two staff and sometimes one is doing something else." Although we did not see people transferred unsafely, we were concerned people had to wait to receive care. We observed that in communal areas, there were sometimes a lack of staff presence to monitor and support people because staff were busy undertaking tasks and supporting people with personal care in their rooms. The registered manager had not always safeguarded people's well-being by having sufficient numbers of staff and or deployment within the service.

People received the support they required although they sometimes had to wait for long periods. We observed staff did not always quickly respond to people's requests or answer call bells promptly. People used call bells to alert staff if they needed support in their rooms. However, some people and their relatives felt staff did not always respond in a timely manner. An inspector spoke to staff on the unit about this. They told us they could not leave people they were supporting when call bells rang and had to complete their tasks safely. The noise of the call bells might have caused distress to people. We observed one person call for staff from a toilet saying, "Can someone please help me." Staff explained the situation and said the level of activity varied from unit to unit as people had different health conditions. One member of staff told us, "I am exhausted, I have not had a break." Staff told us they usually managed the situation apart from a few occasions when staffing levels were lower than planned due to sickness absence.

People had not received the support they required which caused them discomfort. On the day of our inspection, we found that on the night shift of 9 November 2016 there was one nurse and two members of care staff to look after 27 people instead of one nurse and three care staff on the ground floor as stated on the rota. We saw on that unit one person walking about and needed staff to reassure them. The nurse on that unit was administering medicines whilst the two care staff supported another person with personal care in their room. We spoke with a manager who told us they had failed to get cover due to a member of

staff calling in sick. Staff told us and rotas showed the registered manager usually covered absences with regular agency staff.

We spoke with the registered manager how they determined staffing levels. They explained the service regularly reviewed people's needs and any changes to their health and the support they required. They told us the service also took into account people's preferences, feedback from staff, incidents, and accidents that would have occurred at the service when deciding staffing levels. Although the registered manager was aware of people's needs and used this information to determine the staffing levels, people and their relatives did not feel there were sufficient numbers of staff available to support people adequately and safely.

We could not be confident people always received safe care and the support they required because there were insufficient members of staff available to support them.

The provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's needs safely. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection of 5, 6 and 9 March 2015, we found that people were not always protected against the risks associated with the unsafe use and management of medicines. Staff did not have sufficient guidance on how to administer people's medicines and there was no protocol for 'as required' (PRN) medicines. People had not received medicines in line with their prescription. Medication administration records (MAR) contained gaps and were not accurately completed. Medicines were not always stored appropriately.

At this inspection of 10 November 2016, we saw safe practices in place in relation to the storage, managing and administering of medicines. People received the support they required with their medicines to maintain their health. Staff assessed people's needs in regards to managing medicines. Staff supported those people who were unable to manage their medicines safely. Medication Administration Records (MAR) were accurately completed and showed people had received their medicines at the correct dose and at the appropriate time. The service had an up to date medicine policy and protocol on managing 'as required' (PRN) medicines. Some people were prescribed PRN medicines. Staff had followed the provider's guidance on PRNs and asked people if they wanted these medicines and had recorded appropriately why they wanted it.

Medicines were stored appropriately and securely to reduce the risk of misuse. Medicines were stored securely and disposed appropriately in line with relevant legislation and guidance. People received their medicines from staff whose records showed they had received additional training in medicines management and assessed as competent to do so. Staff had sufficient guidance and understood the procedures in place to manage people's medicines safely.

People were safe from risk of abuse and neglect. Staff knew how to recognise signs of abuse and their responsibility to report any concerns to protect people from harm. Staff understood the service's safeguarding procedures to report any abuse to the registered manager to take appropriate action. Staff knew the provider's procedure to follow to report their concerns of abuse to external agencies such as the local authority safeguarding team and CQC when necessary. One member of staff told us, "I would whistle-blow if I felt the manager had not adequately addressed concerns of abuse."

The service had taken action to minimise the risk of harm to people. The registered manager assessed risks

to people's health and safety and put guidance in place for staff on how to support people safely. Care records included up to date information on risks to people's health and safety. Some of the risk assessments were on the environment, nutrition, mobility, use of bed safety rails and falls. People who were at risk of developing pressure ulcers had these risks assessed and where necessary pressure relieving equipment such as cushions and mattresses were used appropriately. Staff carried out reviews of people's risk assessments to ensure they were still effective. During the inspection we saw staff supported a person to use their mobility aid in line with their risk management plan.

People received support from suitable staff recruited through a safe and robust recruitment process. The provider carried out appropriate checks that included reference requests, proof of identity, employment history, criminal checks and right to work. Staff and records confirmed staff started work at the service after they obtained all checks.

Staff knew what to do in case of emergency to keep people safe. The service had adequate procedures in place to deal with foreseeable emergencies to protect people from harm. Each person had a Personal Emergency Evacuation Plans (PEEP) with up to date information about the risk level associated with evacuating them safely in the event of a fire.

Staff knew how to evacuate the building safely in case of fire. The service regularly practiced emergency drills to ensure staff knew how to protect people from risk of harm. They had recorded response times to fire drills and discussed with people the importance of following the evacuation protocols to keep safe.

Staff learnt from incidents to protect people from avoidable harm. Staff recorded accidents and incidents in line with the provider's policy. The registered manager investigated incidents and developed action plans to prevent recurrence. Staff minutes showed the registered manager discussed accidents and incidents and to draw lessons.

The environment was safe for people. The service carried out regular checks on the premises and equipment to ensure they were in good working order. The maintenance staff carried out regular checks and service of emergency exits, fire doors, emergency lighting, fire alarms and panel and fire fighting equipment and kept up to date records. Equipment such as hoists and mobility aids were regularly serviced to ensure people could use them without risk of injury. Records confirmed the maintenance team attended to repairs immediately and staff said they felt confident to use the equipment.

## Is the service effective?

### Our findings

People told us they received the care and support they needed. One person told us, "There is a good team here and they care for me." Another person said, "They do everything I want, it's like a hotel" and another said, "They [staff] do their best."

The registered manager supported staff to carry out their role effectively. Staff undertook an induction process which enabled them to understand their responsibilities. Induction records showed staff had read people's records to understand how to support them. The registered manager discussed the values and ethos of the organisation and ensured all staff completed the provider's mandatory training. One member of staff told us, "The induction was very good. I 'shadowed' experienced colleagues which helped me develop confidence in my role before working independently." Another member of staff said, "The induction was very important as I got to understand how people like to be supported. I also had a mentor who supported me during my induction" The registered manager monitored staff performance during probation and confirmed them in post after assessing them as competent.

Staff received regular support to undertake their role. One healthcare professional told us, "The staff appear to have the skills and knowledge." Staff had regular supervision and records showed they had discussed their role and the care and support they provided to people. Supervision records were comprehensive and had follow up actions on previously discussed issues. Staff received an annual appraisal of their performance and put a learning plan when they identified training needs.

Staff had the knowledge and skills to support people effectively. One healthcare professional said, "My general impression of Mayflower is that the staff are very good and generally provide an excellent service for the [people]." Staff had received relevant training that included safeguarding adults, person centred care, health and safety, fire safety, first aid, medicines management, infection control and MCA. Staff received specialist training in dementia and challenging behaviour to enable them to understand people's health conditions. Staff explained how they had put this learning into practice to ensure people received appropriate support. The registered manager supported staff to attend and keep their training up to date.

People gave consent to care and treatment. Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005. Staff sought and obtained people's consent before they supported them. People told us staff respected their decisions and choices. Records showed a person's family and professionals involved in their care were appropriately involved in making decisions in their 'best interest'. Staff carried out assessments to determine people's capacity to make decisions. This had only happened as a mental capacity assessment had shown the person was unable to make certain decisions themselves. The managers and staff had good understanding of the MCA principles.

People enjoyed their freedom and rights as appropriate to their health needs. Staff understood people's freedom would only be restricted if authorised by the court of protection or by the Deprivation of Liberty Safeguards (DoLS). Each person had been assessed and restrictions to their freedom or choice was monitored. The registered manager made DoLS applications to the local authority when necessary. People subject to DoLS received support in line with the conditions of the authorisation.

People told us they received sufficient food and drink which they enjoyed. One person told us, "The food is very nice, I like it." Another said, "They cook a lovely roast chicken and roast beef." One relative told us, "The staff help [relative] with eating. [Person's name] gets plenty to eat and drink." Another said, "The food is very good and they have a good selection." Staff held regular meetings with people, discussed what food they wished to have and encouraged them to make choices when they could. Records confirmed the discussions with staff and menu plans reflected people's choices and preferences. The menu planner showed healthy options available to people.

People received food which met their individual needs. Staff and kitchen staff were aware of people's dietary needs and preferences and the support they required with their nutrition. Records showed people were supported in line with their dietary requirements such as pureed and soft diet and gluten and dairy free meals. One person needed support with eating as they were at risk of choking due to swallowing difficulties. The person had been referred to a Speech and Language Therapist (SALT) to assess their needs. Staff followed SALT guidelines to ensure the service met the person specific dietary needs. Staff were able to describe in detail how they supported the person to eat safely. We observed the person was fully supervised at meal times and was encouraged to eat slowly and take regular sips of their drink to encourage safe swallowing. We saw fresh food prepared in the kitchen. Fruit and drinks were readily available for people at the service.

People received appropriate care to maintain their health. One person told us, "Staff will get the GP to come if I am not well." Another person said "If I need the GP my daughter takes me." Staff monitored people's health and ensured they saw healthcare professionals when they needed to. One person told us, "I have an operation planned." The registered manager received daily reports on people's health and ensured staff took appropriate action to address people's needs. People received appropriate urgent care when needed. Staff told us they knew to call for emergency services if a person became seriously unwell.

People had health plans which detailed information about their general health. Care records showed people's visits to hospital for check-ups, home visits by GPs, dentists, podiatrists, SALT and physiotherapists. Staff recorded the guidance and treatment given and any follow ups they needed to carry out. Staff had involved a GP and occupational therapist due to concerns on a person's falls and ensured the person used their mobility aid for support when walking. The registered manager ensured people's care plans contained clear guidance for staff on how to support people with their individual health needs.

## Is the service caring?

### Our findings

People told us staff were kind and caring. One person told us, "Staff are helpful and polite to everyone. It's feels homely here". One relative said, "They [staff] say hello and talk to [person]. It is a lovely place for [person] to live."

We heard mixed views from people, their relatives and staff about the amount of time staff spent with people. One person told us, "They talk nicely to me, they sit and listen to me." One relative, "They talk nicely to [relative] and ask if everything is ok. If I ask for a staff member to come and help they do come." However, another person said, "They [staff] are busy, run off their feet, sometimes I feel lonely, but they try. They are good and kind." A relative told us, "The staff here are very caring however they do not always spend enough time with my relative." One member of staff told us, "We try and talk to people and have a chat. It is only two of us, and normally one is doing medication, so it is hard, but we try and involve them as much as we can." Another member of staff said, "We have not got enough staff, I would like to spend more time, but I cannot."

Staff treated people with respect and upheld their dignity. One person told us, "They [staff] knock on my door before coming in." One relative told us, "[Person] receives calls from abroad and when they phone the staff bring the phone to [person] or they let them go and take the call in the privacy of the office." Another relative told us, "The staff treat my relative with respect." We observed staff gave people the support they needed discreetly in a way that supported their dignity. For example, they quietly asked people if they wanted any help with their eating in such a way other people could not overhear. Staff told us they ensured doors and curtains were shut when supporting people with personal care. People spent private time in their rooms when they chose to. Relatives told us staff always made them to feel welcomed and could easily speak to people in private if they wished. Some people preferred to remain in the lounge or their bedroom and staff respected people's space.

Staff encouraged people to maintain contact with their friends and family as they wished and made it easier for them to do so. One person told us, "I can make a phone call to my family when I want." Another person said, "[Relative] can bring puppies in for us to play with. It's never been an issue." Another person said, "I have written my Christmas cards. What's left is for staff to post them for me."

Staff knew people well and understood their needs. People had developed positive relationships with staff. They said they felt comfortable to receive care and support from them. One person told us, "I have known some of the staff over a long time. They always do the best for me." Staff knew people's background, their preferences and daily routines and respected their differences including use of their preferred name. Records showed staff knew people's likes and dislikes and communicated with them in a way they understood. During the inspection, we saw staff speak to people in a polite and friendly manner. Staff understood the role of cultural and religious beliefs in people's lives and used this information to plan service delivery when celebrating religious occasions or when preparing meals.

Staff involved people in their day to day care. For example, people told us they decorated and arranged their bedrooms as they wished. Some people had furnished their rooms with family photographs and ornaments of sentimental value to them. One person told us, "I have been encouraged [by staff] to bring some of my

personal possessions into my bedroom."

People had a keyworker who was an assigned member of staff who they spoke about their care and support. The keyworker spent additional times with people to maintain communication and to build relationships with people. People and their relatives told us the service provided them with the information they needed regarding their care and support. Staff supported people to express their views when they met with healthcare professionals. People had meetings with staff, care coordinators and social workers about their health and the support they needed. Staff supported people to maintain control about their care and support.

Staff promoted people's independence and encouraged them to do as much as possible for themselves. Staff respected people's choices on what to wear, when to get up and go to bed and what to do. We observed at lunchtime a person was supported to eat their meal with adapted cutlery. This supported them to grip the cutlery and enabled them to eat their meal independently and with dignity. One person chose to have their lunch in their room and staff respected their wishes. Care records showed people's individual strengths and independence levels and had information about the activities people could complete such as washing their face, combing their hair or dressing themselves.

People at the end of their life received the care they required. A note from a relative letter read, "Staff took great care of [relative's] health and kept us well informed when [he/she] was not so well... We were helped to prepare for the practicalities of [he/her] passing and we were telephoned to give us the opportunity to be there at the end." The registered manager ensured there was appropriate support to meet their needs. The service had a close working relationship with a local hospice who provided advice and carried out training with staff on end of life care. The service encouraged and supported people and their relatives to plan people's end of life care and support. Staff knew the support people would require and respect their wishes up to the end of their lives.

## Is the service responsive?

### Our findings

People received care appropriate to meet their individual needs. Staff involved people and their relatives in assessing people's needs and planning for their support and care. People told us staff met with them to obtain information about their needs before and after they started to use the service. People could spend up to a fortnight on a trial basis before deciding to use the service permanently. Care plans contained a 'This is me' record that included assessments of people's health, background and routines that were important to them. This ensured the service could meet each person's needs appropriately.

Staff monitored and responded appropriately to meet people's needs. Staff carried out regular reviews of people's needs and the support they required and updated their care plans to reflect any changes. One person told us, "I meet with [staff] and talk about any help I need. They do take note of what I say." Records showed people had received support to meet their individual needs and in a way they preferred. People, their relatives and healthcare professionals were involved in reviews of people's care. One relative told us, "Staff invites us to meetings to discuss my relative's welfare at the service." Another relative told us, "The staff keep me up to date with any changes in my relative's condition." We saw staff had updated a person's care plan as their mental health had declined and they required staff to remind them about their personal care, going into the community and maintaining contact with family. The registered manager ensured staff had enough guidance on how to support people with their individual needs.

People received support to be as independent as possible. Staff encouraged people to do what they could do on their own and knew the level of support people required to do the tasks. For example, a person's record showed they needed to be prompted to have their personal care. One person told us, "All I need is a gentle reminder about my hygiene." Staff told us they provided minimal support to people to encourage people to do what they could do which promoted their daily living skills.

Staff supported people to follow their interests and take part in activities of their choice. There was a schedule of individual and group activities. People were encouraged to be involved in activities within the local community. For example, people visited the local rugby club, attended church services, went out to local cafés and had participated at a local school harvest festival. On the day of our inspection, we observed that there was little going on in terms of activities on the five units. We observed some people were alone in their rooms and were at risk of social isolation. The activities co-ordinator told us individual visits were undertaken to people who remained in their rooms. However, we did not observe this during the inspection. Staff also told us about an initiative called 'Ladder to the Moon' which encouraged suggestions from people regarding the experiences they wished to have. We saw photographs of previous activities displayed on the noticeboard. Records showed how people spent their time in and out of the service and their level of interaction with other people and staff.

People and their relatives knew to make a complaint. They felt confident the registered manager would investigate any issues they raised. One person told us, "I would tell [registered manager]. She is very nice and would listen." Another person said, "I would tell my children and they would take up the matter with the manager." A third relative said, "I have no complaints but know who to approach if I had any issues." People

and their relatives had access to the complaints procedure which they said the registered manager had explained to them and understood the timescales for dealing with complaints. The service kept a record of complaints received and action taken to ensure all concerns were resolved. The registered manager had investigated and resolved complaints in line with the provider's complaints procedure. We saw a detailed written response to a relative who had raised an issue. Staff had reflected on the complaint and used it to improve their practice.

The service regularly obtained people's views of the service and acted on their feedback. People and their relatives attended regular meetings organised by the registered manager, completed questionnaires and wrote in the visitors books at the front office about their experiences. Minutes of meetings showed the registered manager actively encouraged them to contribute their views and used the feedback to understand people's experience of their care. For example, the registered manager had ensured increased choices were made to the menu as suggested by people. We read questionnaires completed by relatives. Feedback was positive and showed they were satisfied with the standard of care and support people received at the service. Compliments received by the service read, "Many thanks for all you do for mum, often going beyond the call of duty. It's truly appreciated." Another card sent to the service stated, "You made a very festive and restful celebration day."

## Is the service well-led?

### Our findings

The service was not always well-led. At this inspection of 10 November 2016, we found the registered manager monitored the quality of care planning and risk management. However, the audit systems used to monitor the quality of service were not always robust enough to pick up the concerns highlighted in this report.

At our previous inspection on 4, 5 and 6 March 2015, we made a recommendation to the provider to seek guidance from relevant reputable sources to update the service's policies and procedures to reflect best practice guidance and changes in legislation. At this inspection of 10 November 2016, we found the policies and procedures were current and up to date.

People and staff told us the registered manager was friendly and approachable. People and their relatives told us they were pleased with the way the registered manager managed the service and spoke highly of the service. One relative told us, "The service is managed well and the staff seem to work as a team." One member of staff told us, "[The registered manager] is good to be honest. She's been a good change within the service since she had been here care has improved greatly." One healthcare professional said, "The service appears to be managed well. I believe staff are supported and trained well." However, another healthcare professional did feedback and told us they were concerned about the management and leadership of the service, a position we found to be different. We felt there was an open and transparent culture at the service.

There was a positive and open culture at the service and people and their relatives were involved in the development of the service. Staff said that the registered manager promoted an open and inclusive environment. They said the registered manager encouraged them to acknowledge and learn from mistakes to improve the quality of care people received.

Staff told us the registered manager promoted teamwork. One member of staff told us, "We work as a team and support each other to provide good care." The registered manager ensured staff had a range of skills, knowledge and competencies required to meet the diverse needs of people. Communication was good within the team. Staff received up to date information about people's health and the support they required at handover meetings, team meetings and supervision. Minutes of team minutes showed staff discussed best practice on supporting people and shared experiences from training courses attended. Staff also used suggestion boxes and had meetings with the registered manager if they wanted. The registered manager used team meetings to ensure staff understood their roles and responsibilities in relation to how they supported people.

Staff told us they felt supported by the registered manager and management team. One member of staff told us, "The manager is available and listens to any concerns I might have." Another member of staff said, "The manager provides us with feedback about the quality of our work." Staff understood the service's vision and values and told us how it shaped their way on how to support people by involving them in their care and support.

The registered manager undertook checks to monitor the quality of the service and made improvements when necessary. For example the registered manager carried out audits on medicine administration records and stocks of medicines to ensure staff followed procedures and that people received safe care. The management team carried out spot checks out of hours to observe the quality of care people received. Health and safety audits identified building and equipment maintenance issues and cleaning concerns to make the service safe for people and staff. The service followed up on action plans for example, the service was undergoing refurbishment at the time of our inspection. Maintenance staff completed works promptly and took into account people's safety.

The provider had oversight of the management of the service and made regular visits to the service. Seniors managers carried out audits care plans and risk assessments to ensure that records were up to date and effective. We saw that policies, procedures and practice were regularly reviewed in line with changing legislation and good practice as advised by healthcare professionals. For example, the provider had updated the policy on managing risk to improve people's safety and after discussions with staff had introduced the changes.

The service had ensured the planning and delivery of people's care and support was subject to regular checks. The registered manager had record keeping discussions with staff to improve the quality of written reports about the support and care people received. The registered manager ensured staff had recorded visits and guidance from healthcare professionals and had sufficient information about how to support people to improve their health.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). However, we had concerns around the effectiveness of the systems used to deploy staff at the service. The service had submitted notifications to CQC as required.

The registered manager worked in close partnership with healthcare professionals to ensure people received timely and appropriate care and treatment. One member of staff told us, "We work with various professionals to find different ways to support people effectively." Records showed the involvement of the healthcare professionals such as social workers, physiotherapists and dementia specialist to ensure people's care and treatment reflected relevant guidance and best practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs.