HC-One Limited

Pendleton Court Care 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 unannounced inspection took place on Friday 23 September 2016.

The home is a large converted mansion house situated in an elevated position at the rear of a residential estate. The home is registered with CQC to provide care for up to 58 older people. Accommodation is on three floors in single en-suite bedrooms. A passenger lift provides access to each floor. The home is within walking distance of a local park and shops. It is also close to the local bus routes into Manchester city centre and Salford/Eccles and is close to the motorway network. There are three units at the home including nursing, residential and dementia. On the day of the inspection there were 25 people living on the nursing unit, 24 people living on the residential and nine people living on the dementia unit. As a result the home was at full occupancy.

We last inspected Pendleton Court Care Home on 04 June 2015, when the home was rated as 'Requires Improvement' overall and in the Safe, Effective and Well-led key questions. During that inspection we identified a breach of regulation with regards to staffing levels. We also found a breach and issued a warning notice with regards to medication. This inspection focussed on whether improvements had been made since the last inspection. We found at this inspection that the action required to address the breaches had been completed.

People living at the home told us they felt safe living at Pendleton Court. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns.

We found medication was now being given to people safely, ensuring people weren't placed at risk. Both the manager and provider also undertook regular audits to ensure there were no shortfalls in practice.

Staff were recruited safely with references from previous employers being sought and DBS (Disclosure Barring Service) checks undertaken.

There were sufficient staff working at the home to meet people's needs. Feedback from people living at the home, visitors and staff was that staffing levels were sufficient. Staff in particular, told us there were now enough staff working at the home to look after people safely.

Staff received an induction when they started working at the home, as well as receiving appropriate training and supervision to support them in their role.

The home worked within the requirements of the MCA (Mental Capacity Act), with the manager completing appropriate assessments if there were concerns about a person's capacity. The home also worked within the requirements of DoLS (Deprivation of Liberty Safeguards) and supported people to access outside space, whilst keeping them safe at the same time.

We saw people received enough to eat and drink, with people also making positive comments about the food provided at the home.

All of the people we spoke with during the inspection including people living at the home, visitors and health professionals made positive comments about the care provided.

People told us they felt staff treated them with dignity and respect and promoted their independence where possible.

We observed several caring interactions during the inspection between staff and people living at the home, such as when people became distressed and upset.

People felt the home was responsive to their needs and we saw examples of staff doing this during the inspection.

Each person living at the home had their own care plan, which was person centred and detailed people's choices and personal preferences.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. There were no active complaints at the time of the inspection.

All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach the management with concerns.

There were systems in place to monitor the quality of service such as audits, resident meetings, staff meetings and accident/incident monitoring.

Staff told us they enjoyed their work and liked working at Pendleton Court.

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 living at the home told us they felt safe. Staff also displayed a good understanding about reporting safeguarding concerns.

Medication was handled safely, with notable improvements since the last inspection.

Appropriate checks were carried out before staff began working at the home to ensure they could work with vulnerable adults.

Is the service effective?

Good

The service was effective.

We found staff received sufficient training to support them in their role.

The manager had made DoLS (Deprivation of Liberty Safeguards) referrals where necessary.

We saw people received enough to eat and drink and received appropriate support at meal times.

Is the service caring?

Good

The service was caring.

The people we spoke with and their relatives told us they were happy with the care provided by staff at the home.

We saw people were treated with dignity and respect by staff

People's clothes were clean and we saw people looked well-groomed and presented.

Is the service responsive?

Good

The service was responsive.

Each person living at the home had their own care plan, which provided guidance to staff about how best to meet people's needs. These were regularly updated.

We saw examples of where the home had been responsive to people's needs.

There were systems in place to seek feedback from people such as residents meetings and satisfaction surveys.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

Staff who worked at the home felt the home was well-led and that the manager was approachable.

We found there were various systems in place to monitor the quality of service provided at the home.

Pendleton Court 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, and to provide a rating for the service under the Care Act 2014.

We carried out this unannounced inspection on Friday 23 September 2016. This meant the provider did not know we would be visiting the home on this day. The inspection team consisted of two adult social care inspectors and a pharmacist from the CQC (Care Quality Commission). The pharmacist looked at how medication was handled.

In advance of our inspection we made contact with local Clinical Commissioning Group (CCG) Safeguarding, Infection Control and Environmental Health teams based at Salford local authority. We also contacted Heathwatch. This was to see if they had any information to share with us in advance of the inspection. As part of our inspection planning we reviewed all the information we held about the home. This is included previous inspection reports, warning notices and notifications sent to us by the home including safeguarding incidents or serious injuries.

At the time of the inspection there were 58 people living at the home, across the three units. During the inspection we spoke with the registered manager, operations director, eight people who lived at the home, two visiting friends/relatives, seven members of staff and one visiting health care professional.

We looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included four care plans, five staff personnel files and 12 medication administration records (MAR).

We spoke with people in communal areas and in their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed breakfast and lunch being

served in the dining room of the home on both the residential and nursing units to see how people were supported to eat and drink.

Good

Our findings

The people we spoke with said they felt safe living at Pendleton Court. One person said; "I feel safe. No worries. My call alarm is always near me. If I'm in bed they make sure it's next to me and when I'm sat out, they've clipped it to the chair so I can reach it. They always answer the alarm quickly". Another person said; "I feel safe. If something happens they put things in place. I fell out of bed once so now I've got this mat. I've never fallen out again". A third person also told us; "I don't feel as safe as I did because I've had a fall but that's not the homes fault. I've seen somebody but I've lost my confidence. That would be the same wherever I was". A fourth person also added; "I feel safe. No worries".

During the inspection we also spoke with any visiting relatives who were at the home. They also told us they felt their family members were safe. One relative said; "Whenever we've visited, the call alarm is always in reach of [person]". Another relative told us; "Impressions of the home is good so far. All seems okay and no concerns".

At our inspection in June 2015 we found that medicines were not managed safely and people living in Pendleton Court were not always given their medicines correctly. We issued the provider with a warning notice requiring them to take the required action within a specified timeframe to improve the way medicines were managed within the home. At this inspection, we looked to see whether or not improvements had been made and whether people were now receiving their medicines correctly and safely. We found that significant improvements had been made and these had been maintained so that people received their medicines at the times they needed them and in a safe way.

Medicines were stored securely and medication trolleys were locked when unattended. We found there were adequate stocks of each person's medicines available with no excess stock. Having good stock control helps to reduce the amount of medicines stored and potentially wasted.

The home had policies, procedures and systems for managing medicines and copies of these were available for nurses and care workers to follow. Medicine records were clear and accurate. We checked a sample of 12 people's medicines against the corresponding records and these showed that medicines had been given correctly. Some medicines, such as painkillers, were prescribed to be taken only 'when required'. Many people living in the home could ask for these medicines when they needed them. However some people, especially those who were very poorly or living with dementia, were unable to do so. Personalised information was available to enable staff to support people to take these medicines safely and with due regard to their individual needs and preferences.

Medicines were only handled and administered by trained nurses and care workers. Having well trained staff reduced the risk of making mistakes with medicines. The manager carried out regular medication audits on each unit and we saw that where discrepancies or concerns were noted, the manager took swift action to address them.

We found there were appropriate systems in place to safeguard people from abuse. The staff we spoke with had a good understanding of safeguarding and whistleblowing and how they would report concerns. The home had also made appropriate referrals to both CQC and the local authority when there were concerns. One member of staff told us; "Safeguarding is any form of abuse. It could be that a person isn't being handled properly or being treated with dignity. If I had a concern or saw anything, I'd report it to the nurse on duty and the manager". Another member of staff said; "A safeguarding concern could involve anybody and be by anybody; physical abuse, verbal abuse, financial abuse, neglect. For example; person giving family member regular amounts of money, not providing care timely".

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file we looked at contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks and evidence of references being sought from previous employers. There were also interview notes detailing the staff's answer to the interview question. The staff we spoke with told us they were asked to provide references and complete a DBS form, when applying for the job. These had been obtained before staff started working for the service, which demonstrated to us staff had been recruited safely.

At our inspection in June 2015, we found the home did not have sufficient numbers of staff to meet people's needs. Following this inspection, the home sent us an action plan, telling us about the changes they intended to make. This included recruiting senior staff to work specifically on the dementia unit to ensure there was consistent support on both days and nights. The home also reviewed the dependency of people living at the home on the residential units, with staffing numbers being increased by one extra member of staff at night and an extra member of staff on early shift during the day. Our observations at this inspection were that the home now had sufficient staff to care for people safely and to meet their needs timely.

People who lived at the home, staff and visitors all told us they felt staffing numbers were adequate and acknowledged they had improved. One person said; "They check on me throughout the night and day. I've always got my buzzer if I need them. I've no concerns". Another person added; "I've always got the call bell to hand and the staff answer it quickly". A member of staff also said; "We have one nurse and two support workers at night. It's enough staff for 25 people. We plan the shift effectively and can get everything done timely". Another member of staff told us; "I don't think there could ever be enough staff, not in care. Now nights are drawing in, people want to go to bed earlier and that can be a busy time. That said, since the new manager has taken over, we've never been short staffed. Previously we were just told to make do". A third member of staff also added; "One extra pair of hands would be good because there is always something to do and it can get busy but we do manage working together and people don't really have to wait".

We looked at how risk was managed within the service. We saw people had specific risk assessments in their care plans covering areas such as MUST (Malnutrition Universal Screening Tool), waterlow, choking, falls and moving and handling. The risk assessments provided clear control measures about how staff needed to keep people safe. For example, in one moving and handling risk assessment, this clearly described that two staff needed to assist with all transfers and we observed this during the inspection. Another person had been identified as being at risk of malnutrition and staff had completed food and fluid sheets to monitor food intake. This would ensure appropriate action was taken if the person was at risk of further weight loss.

The home also had a system in place to monitor accidents and accident. These were recorded on a HC-One specific system known as 'Datix', detailing the nature of what had happened and any action taken. There was also an audit of falls undertaken. This looked at if care plans and risk assessments were updated following incidents, if they had been logged on the internal system, if any equipment was required and any investigations undertaken. This meant the provider could monitor any re-occurring incidents and respond accordingly.

Good

Our findings

The people living at the home told us they thought the staff were good at their job and had the correct skills. One person said to us; "The staff are well trained. They know what they are doing. One of the staff got there NVQ 3 yesterday".

There was an induction programme in place, which staff were expected to complete when they first started working at the home and was centred on the Care Certificate. The Care Certificate is a set of standards that social care and health workers maintain to perform their duties. It is the new minimum standards that should be covered as part of induction training of new care workers. One member of staff said; "The induction was okay. I had to do some touch training and safeguarding before I started and I shadowed for two weeks. I am now doing the care certificate". Another member of staff added; "I transferred from another home in the area, but I was still asked to do an induction here. There were no concerns with it and I was happy".

We saw staff were provided with sufficient training to support them to undertake their role effectively. We looked at the training matrix, which showed staff received training in safeguarding, moving and handling, medication, MCA/DoLs, equality and diversity, infection control and fire. The home used 'Touch training', which staff complete online, in their own time, or during quieter periods of their shift. The staff we spoke with said they had enough training and support available to them. One member of staff said; "We use touch training. We have a lot. It's good. Every year we repeat the training and more is added". Another member of staff said; "I've learnt more in the past six months than the past 12 years. There is always some new training. We also attend training as a result of people's needs. [Person] had a stroke. I'm now attending stroke training once a month until February with the stroke team. DoLS team, ANP's, assisted living attend so I've learnt a lot from different professionals too". Another member of staff added; "I've done a lot of training. I've just completed fire and M&H updates. I feel we have enough training to prepare us for our role".

We found staff received supervision as part of their on-going development and staff confirmed they took place, usually three to four times each year. We looked at a sample of supervision records and saw they provided a focus on concerns, further training and also any research, exercises and tasks to be completed by the next supervision. One member of staff said; "Supervision is every three months and I've had an appraisal". Another member of staff said; "The new manager has got them up and running now. My first supervision involved a session on completing a supportive supervision. I feel very supported by the new manager".

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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager was open and honest regarding the homes position in regards to DoLS. The new manager had found that the previous manager at Pendleton Court had not submitted DoLS applications to the Local Authority despite people living at the home having been identified as requiring authorisations.

The new manager had contacted the Local Authority and agreed the people at the home that were a priority to complete the required applications. Mental capacity assessments had been completed and restricted screening tools to support the application. We saw at the time of our inspection that the prioritised authorisations had been submitted and the manager confirmed following the inspection that all required applications had been submitted and people were awaiting assessment. We saw one person had a granted authorisation and the manager had devised a matrix to monitor the applications to ensure reapplications were made within the required timeframes. Senior staff were able to identify who had a DoLS authorisation granted and they had contacted people's families to inform them of the DoLS application which meant they were prepared for the process and were given the opportunity to identify any reservations.

The staff we spoke with demonstrated a good understanding of MCA/DoLS. One member of staff said; "I'm not sure which people on here would be subject to DoLS. It would identify them on the person's file so if there was a concern, I would check the person's file. If the person has capacity, they make all their own decisions. If the person hasn't got capacity, a family member would be involved in the decisions or the local authority". Another member of staff said; "We had completed DoLS applications but we required further documentation which has now been completed and sent awaiting authorisation. I've always contacted people's families to inform them that the applications have been made as it can be quite a shock for families".

During the inspection we observed staff seeking consent from people living at the home before care was provided. For example, we observed a staff member ask a person discreetly could they take them to their bedroom to receive personal care. Another person was asked if they were ready before being transferred from a chair by a member of staff. This demonstrated people living at the home were in agreement with the care they received and that staff sought appropriate consent before carrying out care interventions.

We looked at how people were supported to maintain good nutrition and hydration. We noted people had specific eating and drinking care plans in place. There was also a clear description of people current nutritional status such as if they required a normal or soft diet, normal or thickened fluids and if they required support from staff. Staff also maintained records of people's food and fluid intake, making it easier to identify potential concerns. Across HC-one, staff are advised to encourage people to drink '30 x body weight in kilograms' to ensure a good fluid intake. We looked at a sample of these records and saw overall, these numbers were achieved and in some cases were surpassed. One person said; "They keep me well topped up with drinks. I always get one when I ask for one".

The home also maintained a record of people's weights, which were done either weekly or monthly depending on each person's risk assessment. In one instance, we saw staff had been quick to respond when

a person lost a substantial amount of weight and had made a referral to the dietician. The dietician had made recommendations which we saw the home had followed such as carrying out weekly weights, maintaining food charts and fortifying food. One person said; "They weigh you every month". A second person added; "The weight has fallen off me but I'll only eat certain things and I get plenty of them".

We asked people for their views and opinions of the food and drink at the home. One person said; "The foods alright and I always get a drink when I want one. They are good with the drinks". Another person said; "The food is alright. I've put myself on a diet so I haven't been eating the pudding. They tell you in the morning what's on the menu and then we pick what we are having from that". Another person added; "The food on average isn't so bad. I'm not good in a morning for eating but they always give me a choice; porridge, cereal, bacon and eggs. You can pretty much have whatever you want. Dinner is a cooked meal and then it's a lighter meal at tea". A fourth person also commented; "I have my meals in my bedroom which is my choice. I prefer to be in my bedroom. The food is quite good and we certainly get enough to eat".

We saw adaptations had been made to the environment that would help people living with dementia to retain their independence in the home. This had been an area of improvement since the last inspection where we had raised concerns. The adaptations included pictorial signs on doors, memory boxes and sensory objects such as door handles, locks and chains attached to a board on the wall. These were designed for people to touch and explore as they walked around the home. On the dementia unit, there was also a list of which staff were working that day, what day it was and what the weather was like. These adaptations would make it easier for people to orientate with their surroundings.

We saw people had access to health professionals as necessary. There was a record in people's care plans of any appointments they had attended, if they had been referred for further advice, or if they had been visited at the home. Some of the professionals involved with people's care included district nurses, dieticians, podiatrists and the bladder and bowel service. One person told us; "They call the GP when you need them. I'm under the GP, podiatrist and I have been to the eye hospital because of my sight since being here".

Good

Our findings

We asked people living at Pendleton Court if they liked living there and were happy with the care they received. During the inspection we were able to speak with eight people living at the home. Other people were unable to tell us about their experiences due to living with different stages of dementia. One person told us; "I can't fault the care here. I don't know how anyone could". Another person said; "They are so gentle with me. I need the hoist but they are very caring and gentle. I completely trust them. I have such a laugh. I really do. I enjoy the banter". A third person added; "I had a medical emergency and the staff member sat with me. Stroking my hand and reassuring me until the emergency services came. They are kind".

The visiting relatives we spoke with were also complimentary about the care provided at the home. One relative said; "The staff are very nice. They seem knowledgeable. We've been able to visit whenever we've wanted. We were given the codes so we can just come straight up on to the floor". Another relative added; "The staff are brilliant. This is a lovely home".

People told us they liked the staff and described them as kind and caring. One person said; "The staff are all really quite good. They're pleasant and they come in and have a chat". Another person said; "I've nothing to grumble about. I think all the staff are alright. I can have a chat with them". A third person also said to us; "The staff and people are excellent. I don't use that word lightly. They bend over backwards to help you. The staff are genuine. It's not a put on. It's lovely here. "If one of the girls had wings. She'd fly. She's an angel".

During the inspection we observed several caring interactions between staff and people living at the home. At one point, a person living at the home said they felt cold and a member of staff returned swiftly with a blanket and placed it around them. We also observed that when speaking to people, staff often crouched down on one knee, speaking to them at the same eye level to facilitate better communication. Staff also took the time to speak with people during care interventions, such as explaining what was happening during the process, keeping people calm.

The staff we spoke with told us they thought good care was delivered by staff at the home. One member of staff said; "We are a good team. There is always somebody to help out. Everybody is very supportive. People are well looked after. I wouldn't hesitate to have my family member here". Another member of staff said; "We are a good team. I think it is a great home. People receive good care. I wouldn't hesitate to have a family member here".

During the inspection we also saw several instances where privacy and dignity was promoted by staff. On

one occasion, a person who lived at the home was attempting to take their clothes off and staff quickly discouraged this. Another person needed to be assisted with personal care and staff took this person to their bedroom to do this discreetly. One person told us; "I like my door open so that I can see what's happening but when they are doing anything private, they always close the door and they keep me covered up". Another person added; "The staff make you comfortable. They are lovely. Nothing is a bother. They are respectful, they ask you before doing things, they knock before coming in to my room. It really is great here". A member of staff also told us; "Respect people's dignity. Knock on doors before entering people's bedrooms. Greet person with a cup of tea. You should always treat people how you would like people to treat you". Another member of staff added; "When supporting people with personal care, we make sure people's doors are closed. Cover people up with a towel so they do not feel exposed. Ask people's family to wait outside if they are visiting at the time".

People also said staff encouraged them to be independent and to try and do things for themselves. Staff also told us how they did this when assisting people. One person living at the home said; "I can't walk, I lose balance but I am encouraged to walk short distances with the zimmer frame. The staff only use a chair for longer distances". Another person said; "They try getting me to do all sorts but I'm having none of it. I do what I want, when I want and that's how I'll remain". A member of staff also told us; "We are here to help people but also to encourage them to do the things that they can for themselves. We make people feel safe trying by just being there. We leave people to do what they can and would offer our help if somebody was having problems". Another member of staff added; "We give people pots of tea so they can make their own cup, people offer the biscuits out and so on. It's good to see people getting involved".

We looked at the care provided to a person who was approaching the end of their life. Their care plan contained a DNACPR, advanced care plan and was signed by the person with regards to their care needs. The home had also completed the Six Steps, End of Life Care Pathway. The pathway ensures all people at the end of their life receive high quality care provided by organisations that encompass palliative care. We were told; "The staff are responsive to my needs. I'm on the end of life. They do everything for me. I don't want to eat with other people. They bring my breakfast to me in the quiet lounge. I love it in there, hearing the birds early morning".

Good

Our findings

The people we spoke with said they felt the service was responsive to their needs and that their choice and preferences were adhered to by the staff. One person said; "I prefer showers because they're quicker. I don't need them often but I get one when I want one". Another person said; "I get a shower when I want one. I prefer a shower than a bath so that's my choice". A third person also added; "I like to stay in bed and get up when I want to get up, I can't fault the staff. They are first class". A visiting health professional also added; This home is quite good. The staff are knowledgeable about people living here. Staff make appropriate, timely referrals to the practice. They also action what is asked of them timely and we are not having to chase things up".

We saw examples of where staff at the home had been responsive to people's needs and preferences. For example, where a person had been assessed as needing a wheelchair for all transfers, this was provided for them by staff. This person also required a stand aid when being seated into their chair and we observed this being used during the inspection. Their care plan also stated they required assistance to have a shave and keep their hair tidy and we observed this person to be well groomed. Another person was described as having poor nutritional intake and required staff to support them to eat their food and cut it up into more manageable pieces. Again, we observed this person's food was cut in to small pieces and staff sat with the person throughout lunch.

We saw that prior to being admitted to the home, initial assessments of peoples care needs were undertaken by staff. This captured any next of kin information, medication on admission, communication, behaviour, breathing, eating and drinking, oral hygiene, personal care mobilising, sleeping and end of life decisions. This would enable to staff to gain an understanding of people's needs and the care they required. One person told us; "My brother looked around homes for me and thought this one. I looked and agreed. I had an initial assessment and we relook at that every now and then".

During the inspection we looked at the care plans of four people who lived at the home. We saw they were person centred and had been completed in detail that would allow staff to support people in line with their needs and preferences. We saw care plans provided information about supporting people with personal hygiene, dressing, oral care, vision/hearing, foot/nail care, mobility, continence, medication, eating/drinking and social interests. There was also a record of people's social history such as any previous employment, family information, school years and previous hobbies. This information would allow staff to deliver care based on people's preferences and things of interest.

We looked at how people were stimulated and the activities provided at the home. We also spoke with the activities coordinator, who was passionate about their role and seemed to very much enjoy their role. We were told; "We are well budgeted for activities and can purchase things to support them. We've got empathy dolls. I look at what hobbies and activities people enjoyed in the past and incorporate them in the activities programme so there is something for everybody". We're part of the sport museum. This has enabled us to go to clubs for free and we provide feedback on our experience. We have free concerts weekly through the veteran fund. All different entertainers come in. It depends on the season. In summer, people can be out with me doing the garden. One person likes to go shopping several times a week so the bus is really convenient to take them".

We saw there were various notice boards around the building, detailing the activities scheduled at the home during the week. These included one to one sessions, pub lunches, pamper sessions, sporting memories of Manchester United, sing along, bingo and a session of residents own choice. On the day of the inspection an entertainer had visited the home and performed on each unit, which people living at the home, staff and relatives clearly enjoyed. We also saw artwork displayed throughout the building, which had been produced by people living at the home. Next to the main entrance to the home, is a café area, where people can meet with friends and family and use the facilities.

The home were also hosting a fayre the following day after the inspection, which people repeatedly voiced they were looking forward to. One person living at the home said; "There is enough to do. Activities and things going on daily. They take me down in my chair. I'm really looking forward to the fayre tomorrow". Another person said; "There is always something going on. There seems to be a lot of activities. I don't want to get involved but the staff do always ask me. I just don't want to go". A visiting relative also told us; "There always seems to be something going on. A lot of activities. We really like the café area. It's lovely to sit in there with the music and have a coffee". Another relative added; "The activities are the best thing about here. We are all involved. It's a good do and feels very family orientated".

People we spoke with told us they did not have any complaints, but would feel confident to raise any concerns they may have with staff. We saw the complaints procedure was clearly displayed in several areas around the home and was also displayed in pictorial form. This would help enable people, including people who were not able to read, to make a complaint if needed. We saw any complaints made had been responded to appropriately. One person said; "I've no complaints. I'd speak to the staff if I did. I've no concerns. It's a good home".

We saw people living at the home and their relatives were involved in the care provided at the home. This would ensure people were at the centre of their care planning. We saw records of these reviews in care plans, with relatives and people also saying they were involved in this process. We saw this provided a focus on health, any accidents/incidents, medication, nutrition and activities.

We looked at some of the most recent satisfaction surveys which had been sent to people living at the home and their relatives. This asked for views and opinions of the environment, menus, management, complaints, communication, décor/maintenance and specific requests. There was also an electronic; 'Have your say' feedback device available, enabling people to leave a message or make comment about their experiences at the home. The home also ran 'Managers Surgery's'. This presented the opportunity for people to speak with management about any concerns they may have.

Good

Our findings

There was a registered manager in place. 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.

There was a clear management structure and the registered manager had the immediate support of a deputy manager. The registered manager had recently transferred from another HC-One home in the area, with staff telling us they had seen great improvements since the manager started. There was also a regional operations manager and assistant operations manager who visited the home regularly to carry out quality assurance checks. The registered manager told us they felt supported by the organisation and senior management team. The registered manager also told us that they had an open door policy in which people who used the service, relatives and staff could approach them at any time. This was corroborated by the people and staff we spoke with.

Staff told us morale was good and they were happy working in the home. We found there was a positive atmosphere within the home and the staff team were motivated and worked well together. One member of staff said; "I feel this is a good place to work and I am glad I made the change". Another member of staff said; "We are definitely going in the right direction. I wouldn't have my relatives go anywhere else but here if they needed care".

We received positive feedback from people who lived at the home, staff and visitors about the management and leadership. One member of staff said; "She's very approachable and supportive. I've not been administering medicines for long, but if I'm unsure of anything, I can just ask. I can ask her anything, she just wants me to get things right. She's the best manager we've had". Another member of staff said "She's a very good manager. She knows her stuff and really cares". Another member of staff said; "I'm more confident since the new manager started. The new manager is there to help. Things have improved significantly since they started here". A fourth member of staff also commented; "We've got a good manager and that's what you need. They are really supportive of activities and all the staff participating".

We saw that there were various systems in place to monitor the quality of service. This included regular audits and checks undertaken by both the home manager and management from HC-One. These audits provided a focus on care plans, weights, personal evacuation plans, health and safety, medication, infection control, weights, the dining experience, how people were presented and any feedback people had. We saw

there were agreed objectives and actions set if any discrepancies were identified.

The home manager also undertook a daily walk round of the home. This provided the manager with the opportunity to observe care practices and make improvements. The home also completed their own self-assessment tool. This was centred around the CQC five 'Key Questions' and presented the opportunity to state what supporting evidence would be required to meet each standard and how regulations would be met.

Staff told us team meetings were regular and provided them with the opportunity to discuss their work and hear about any developments at the home. Staff told us they could make suggestions, and that they felt their ideas would be listened to. We looked at the minutes from the most recent staff meeting. We saw topics such as completion of records, DBS applications, the review process, touch training, supervisions and on call arrangements were all discussed. One member of staff told us; "We have monthly meetings with the manager. The manager has meetings in the day and the evening so it provides everybody working here an opportunity to attend".

The home had a range of policies and procedures in place, which would allow staff to seek further information and guidance regarding their work.

The home manager submitted notifications to CQC as required where there had been allegations of abuse, serious injuries or expected/unexpected deaths.

The ratings from our previous inspection in June 2015 were displayed near the main entrance of the home, as is now a legal requirement.