Devonshire Manor Homes Limited

Devonshire Manor

Inspection report

38-40 North Road
Birkenhead
Wirral
CH42 7JF
Tel: 0151 652 2274
Website: www.devonshiremanorcarehome.co.uk

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We undertook this comprehensive inspection on the 1 April 2015, this was an unannounced visit.

At our last inspection in April 2014, breaches of legal requirements were identified. We asked the provider to take appropriate action to ensure improvements were made. During this inspection we found that the required improvements had been made.

Devonshire Manor provides personal care and accommodation for up to 15 people. The home is a detached three storey building in Birkenhead, Wirral. It is within walking distance of local shops and had good transport links. A small car park and garden are available within the grounds. The home has recently been refurbished throughout to a high standard. A stair lift enables access to the bedrooms located on upper floors for people with mobility issues. There are 13 single bedrooms and a double bedroom all of which are of a good standard. Communal bathrooms with specialised bathing facilities are available on each floor. On the ground floor, there is a communal lounge and dining room for people to use.

Summary of findings

On the day of our visit, the registered manager was on sick leave on the day of inspection. They did not participate in the inspection. 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. We were assisted on this inspection by the deputy manager of the home.

People who lived at the home were happy there and held the staff in high regard. They said they were well looked after. People who lived at the home were supported to maintain their independence and were treated with dignity and respect at all times. A member of staff had recently taken over the role of activities co-ordinator and was working hard to provide a range of activities to occupy and interest people. From our observations it was clear that staff genuinely cared for the people they looked after and knew them well.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime. People's special dietary requirements were also catered for.

The home had the majority of medication supplied in monitored dosage packs from their local pharmacy. Records relating to these medications were accurate. There were however minor discrepancies with boxed medication which we spoke to the deputy manager about. All medication records were completely legibly and properly signed for. All staff giving out medication had been medication trained.

We saw that staff were recruited safely and that sufficient staff were on duty to meet people's needs. Staff had received the training they needed to do their jobs safely and were appropriately supported in the workplace.

People told us they felt safe at the home and had no worries or concerns. Staff we spoke with were knowledgeable about types of abuse and what to do if they suspected abuse had occurred. Safeguarding incidents were appropriately reported, investigated and responded to by the manager.

We reviewed three care records. Two of the care plans provided sufficient information on people's needs and risks and guidance to staff on how to meet them. One of the care plans however contained only an interim care plan. We spoke to the deputy manager about this.

Regular reviews of care plans took place to monitor any changes to the support people required and people had prompt access to other healthcare professionals as and when required. For example, doctors, dentists, district nurses and chiropody services.

We saw that staff asked people's consent before providing personal care and that people were able to choose how they lived their lives at the home. Some people who lived at the home had short term memory loss or dementia type conditions. We saw that the home had made progress in ensuring people's mental health needs were assessed and had employed elements of good practice in accordance with the Mental Capacity Act 2005 (MCA).

Where people lacked capacity however, care plans lacked adequate information on how this impacted on their day to day lives and the decisions people were able to make. Staff understanding of MCA and Deprivation of Liberty Safeguard legislation also required improvement. We spoke to the deputy manager about this.

We saw that people were provided with information about the service and life at the home. Information in relation to how people were able to make a complaint was directed more at what staff should do in the event of a complaint being made. We discussed this with the deputy manager and asked them to display more 'people' friendly information. People and relatives we spoke with however said they would know how to make a complaint. No-one we spoke with had any complaints.

The premises were safe, well maintained and there were good infection control procedures in place. The home was free from hazards and spotlessly clean. Equipment was properly serviced and maintained and in sufficient supply and the home had recently been awarded a five star rating (excellent) by Environmental Health.

There were a range of quality assurance systems in place to assess the quality and safety of the service received and to obtain people's views.

Summary of findings

People and staff told us that the home was well led. Staff told us that they felt well supported in their roles and that regular staff meetings took place where they were able to express their views. We saw that regular management meetings took place.

All the health and social care professional we spoke with said the home was well led, two healthcare professionals fed back that they would not hesitate recommending the home to anyone who needed personal care.

Summary of findings

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 had no worries or concerns. We looked at three care files and found that the majority of people's risks were assessed and safely managed.

Staff knew how to recognise and report signs of potential abuse. They were recruited safely and there were sufficient staff on duty to meet people's health and welfare needs.

The storage and administration of medication was safe and people received the medicines they needed.

The environment was safe, clean, well maintained and the home had good infection control procedures.

Is the service effective?

Requires Improvement

The service was generally effective but required improvement in one area relating to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People's mental health needs were considered and some elements of good practice in accordance with the Mental Capacity Act 2005 were identified. Where people lacked capacity information on how this impacted on people's day to day lives and their ability to consent required improvement. Staff knowledge and understanding of the Deprivation of Liberty Safeguards also required improvement.

People said they were well looked after. It was clear from our observations that staff knew people well and had the skills/knowledge to care for them.

People were given enough to eat and drink and were given a choice of suitable nutritious foods to meet their dietary needs. Meals were served in a relaxed homely atmosphere.

We saw people had prompt access to health related support and access to other healthcare professionals as and when required.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with held staff in high regard. Health care professionals we spoke with had nothing but praise for the way staff interacted and cared for people at the home.

Summary of findings

Staff were observed to be kind, caring and respectful when people required support. Interactions between people and staff were warm and pleasant and people were relaxed and comfortable in the company of staff. It was obvious from our observations that staff genuinely cared for the people they looked after.

People's independence was promoted and people were able to make everyday choices in how they lived their lives.

People were given appropriate information about the home.

Is the service responsive?

Good

The service was responsive

People's needs and care had been individually assessed, care planned and regularly reviewed. One person's care plan did not cover all of the person's needs but we were assured this would be rectified without delay.

The service was responsive when people became unwell and people received ongoing care from a range of health and social care professionals.

A range of activities were provided and staff interacted positively with people throughout the day either in passing or in direct conversation. This promoted their well being

People, relatives and the health and social care professionals we spoke with had no complaints. Everybody spoke highly of the manager and the staff team.

The provider's complaints policy was displayed but was geared more towards the home's internal procedure. People and relatives we spoke with however said they knew how to make a complaint and would be happy talking to the manager or any of the care staff.

Is the service well-led?

Good

The service was well led.

People and staff we spoke with said the home was well led and managed. Healthcare professionals could not speak highly enough of the home.

A range of quality assurance systems were in place to ensure that the home was safe and provided a good service.

Regular staff and management meetings were held. People's satisfaction with the service was sought through the use of satisfaction questionnaires. A survey in August 2014 generated positive results. These mechanisms enabled the provider to come to an informed view of the standard of service provided.

Devonshire Manor

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 1 April 2015 and was unannounced. The inspection was carried out by two Adult Social Care (ASC) Inspectors.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also undertook telephone interviews with five health and social care professionals prior to our visit.

On the day of the inspection we spoke with five people who lived at the home, two relatives and six care staff. We also spoke with the deputy manager and one visiting health and social professional. The registered manager was on sick leave at the time our visit and did not participate in the inspection.

We looked at the communal and bedroom areas that people shared in the home. We reviewed a range of records including three care records, medication records, recruitment records for six members of staff, staff training records, policies and procedures, records relating to health and safety and records relating to the quality checks undertaken by the service.

Good

Is the service safe?

Our findings

All of the people we spoke with said that they felt safe at the home. One person's relative responded on their behalf due to communication difficulties. They told us they thought the person was safe.

We saw that the provider had a policy in place for identifying and reporting potential safeguarding incidents. All the staff spoken with understood potential types of abuse and the correct action to took should an allegation or incident of abuse occur.

The provider's safeguarding procedure was displayed on a corridor wall for staff to refer to and training records confirmed that all staff received safeguarding training. A user friendly version of the policy was also documented in the service user guide for people and/or relatives at the home to refer to.

We saw however that the timescales for reporting allegations of misconduct to the CQC in the policy where incorrect. For example Page 3 of the policy stated allegations of misconduct resulting in actual or potential harm to a person would be notified to CQC within 48 hours if substantiated. Regulation 18(e) of the Care Quality Commission (Registration) Regulations 2009 states however that the registered person must notify the Commission without delay of any abuse or allegation of abuse in relation to people in receipt of the regulated activity regardless of whether it is later substantiated or not.

We checked the provider's records relating to the management of potential safeguarding incidents at the home. We found that they had been appropriately dealt with and reported to the Care Quality Commission in accordance with the regulation and Local Authority guidelines. This assured us the provider was following correct local and legal procedures.

We looked at the care plans belonging to three people who lived at the home. Two people's risks in the delivery of care had been assessed and management plans put into place. For example, risks were assessed in relation to malnutrition, skin integrity/pressure ulcers, falls and moving and handling including the use of associated equipment for example, zimmer frames, wheelchairs and bath hoists. Personal emergency plans were also in place to advise staff how to safely evacuate the person in the event of an emergency.

One person had not had their risks fully assessed. We asked the deputy manager about this who told us the person had initially come for respite. They explained that when a person came for respite an interim assessment of the person's risks were undertaken as the person was only expected to stay for a short period. They told us a comprehensive assessment was then undertaken if the person became a permanent resident at the home. They confirmed that the person was now permanently living at the home and said they would review the risk assessments without delay.

A call bell system was in place in people's bedrooms and communal areas to enable people to call staff for help. We asked four people at the home whether their call bells were answered promptly, all said yes. During our visit we found people's needs were met promptly, a staff member was always visible in communal areas and people's call bells were answered in timely manner.

The premises were well maintained and had been recently refurbished throughout in pastel shades and had new carpets fitted. The gardens although small were tidy and well looked after. We saw that regular health and safety checks were undertaken by the manager of the service to ensure that the premises remained safe and suitable for purpose. The staff communication book showed staff routinely recorded minor repairs for action and people's bedrooms were regularly risk assessed to ensure they remained clean, free from hazards and in a good state of repair.

There was an onsite laundry room and a commercial kitchen for the preparation of people's meals. We saw that the home had been awarded a five star rating by Environmental Health in September 2014 for its food hygiene. A five star rating is excellent. We saw that the kitchen was well organised and managed and that appropriate kitchen and food management practices were in place.

We looked at a variety of safety certificates for the home's utilities and services, including gas, electrics, heating,

Good

Is the service safe?

specialised bathing equipment and small appliances. Records showed the systems and equipment in use conformed to the relevant and recognised standards and were regularly externally inspected and serviced.

We saw that staff wore protective personal clothing when assisting with personal care. Antibacterial soap and alcohol hand gels were also available throughout the home to assist with infection control. The home itself was spotlessly clean and free from offensive odours. Infection control audits were conducted monthly which checked all areas of the home and its equipment to ensure standards of cleanliness were maintained.

At our last inspection in April 2013, we found that appropriate action in relation to people's falls had not always been taken. This breached regulations. We reviewed the management of people's falls again during this inspection and saw that people now received appropriate and timely referral to the falls prevention team where people's falls where a cause for concern.

We saw that accident and incidents were recorded on individual accident/ incident forms and monitored by the manager monthly. The manager analysed the number, type, location and times of accident/incidents to identify any trends in when, where and how accidents/incidents occurred so that preventative action could be taken where possible.

We looked at the personnel files of six staff. All files included evidence of a criminal convictions check and satisfactory references had been obtained for all employees except one. This member had only provided one reference prior employment but had been employed by the provider for some time and had undergone suitable appraisals to assess their suitability for the role. Staff we spoke with told us they underwent a comprehensive induction. Records confirmed this.

We saw that the home was adequately staffed. The deputy manager told us that during the day, a member of the management team plus three care staff were on duty, during the night this reduced to one waking member of staff and one member of staff who was on a 'sleeping' shift. Sleeping shifts are when a staff member is able to rest but is available should an emergency situation arise. We did not observe night time staffing. Staff rotas for January and February 2015 confirmed this and were well organised sufficiently in advance. The majority of staff at the home had worked at the home for several years which enabled people who lived at the home to experience continuity of care and positive build relationships with staff at the home.

We looked at the arrangements for the safe keeping and safe administration of medicines at the home. We saw that people's medication was kept securely in a locked medicines trolley that was fixed to the wall. Medication was dispensed in the majority via monitored dosage blister packs. Some medication such as 'prescribe when required' medication was boxed. The deputy manager told us that the majority of staff had received training to administer medication safely to people who lived at the home. Records confirmed this. We saw that medication was only to be administered by staff authorised to do so.

We checked a sample of three people's medication administration records (MAR) to ensure they corresponded with the medication left in people's monitored dosage system. We found that people's monitored dosage medication was administered accurately and matched the records of administration. There were minor discrepancies in respect of boxed medications which we discussed with the deputy manager. MAR records were well maintained and completed appropriately with staff signatures and the use of codes to record the reasons for when people had not received their medication. People we spoke with said they received their medications.

Requires Improvement

Is the service effective?

Our findings

We spoke with the deputy manager and seven staff about the people they cared for. Staff we spoke with demonstrated a good understanding and knowledge of people's needs. We observed staff supporting people throughout the day and from our observations it was clear staff knew people well and had the skills/knowledge to care for them.

We spoke with five health and social care professionals. They were all very positive about the home and the skills and knowledge of staff. Comments included "From what I have seen, all the staff are knowledgeable. They seem very well trained"; "The staff seem well trained and know what they have to do and they do it all very well" and "The staff have a good knowledge of people's individual needs. They are very patient and attentive".

We reviewed six staff files. We saw evidence that each staff member had had an induction when they started working at the home. Training records also showed that staff members had access to regular training opportunities. Training was provided for example in health and safety; first aid; moving and handling; dementia/mental capacity; safeguarding; care planning; infection control; food hygiene and the administration of medication. Some staff members were due to complete one or two of the required training courses but this had been clearly identified and monitored by the manager.

One staff member told us "The training here is spot-on. My induction when I started was really good and I have more training coming up in moving and handling". Another said "I have had plenty of training related to health and safety and the whistleblowing procedure. I have recently completed an National Vocational Qualification Level 2 and may go on to the next level".

We reviewed the provider's appraisal and supervision policies. The supervision policy specified that six supervision sessions per staff member would take place each year. The files we looked at however showed that the majority staff had undergone two supervisions and one appraisal during 2014. This meant the supervision practice at the home did not match the provider's policy. All the staff we spoke with however felt well supported and were happy in their job roles. They told us in addition to their individual supervision, the manager held regular staff meetings.

One staff said "We have regular meetings and we all have a say. We do get listened to so they are worth going to". Another told us "We have meetings quite a lot and I would be happy to talk about any problems I had. The manager is very approachable and easy to talk to".

Handover meetings between shifts also took place. One staff member told us "I feel the handover is important. We have them at the end of every shift. It gives us a chance to talk about all the residents and any problems we may have had". A social care professional also fed back that the home's "Communication is brilliant. This is the first place I would ring if I was trying to place someone".

We saw staff throughout the day checking people consented to the support they were being given.

Care plans showed that people had been given a choice in how they wished to be cared for. We saw evidence in people's file that consent had been sought for specific aspects of care. For example, the taking and use of photographs on relevant care records, for information to be shared with relevant healthcare professionals as and when necessary and for staff to store and manage people's personal financial allowances.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Where people had dementia type conditions or short term memory loss, we saw some elements of good practice in the planning and delivery of care. For example care files contained a brief mental health assessment covering emotional needs and any behavioural needs the person had and provided information to staff about people's personal life histories. Personal life histories capture the life story and memories of each person and help staff deliver person centred care. They enable the person to talk about their past and give staff, visitor and/or and other professionals an improved understanding of the person they are caring for. Personal life histories have been shown to be especially useful when caring for a person with dementia.

Requires Improvement

Is the service effective?

Care plans however required improvement in relation to people's mental capacity. For example, one person's social services assessment identified them as lacking capacity to make their own decisions. The person had a lasting power of attorney (LPA) in place for health, welfare and financial decisions. A LPA is a legally appointed representative who is able to consent to certain decisions on the person's behalf. The person rather than their LPA however had signed consent forms in relation to the sharing of information, consulting professionals and the management of their personal financial allowance. There was also a lack of information in the person's care plan in relation to how the person's lack of capacity impacted on their day to day life.

One person had had their mental capacity assessed in relation to a specific decision about their safety. The home had ensured a best interest meeting had taken place with the person's relatives and staff at the home. This has been organised and clearly documented in accordance with MCA best practice guidelines. There was no evidence however that the home had enabled the person to participate in the decision making or that any least restrictive options had been considered before the decision was taken. The home had also not considered whether the action they had undertaken was a restriction or deprivation of the person's liberty. We spoke to the deputy manager about this who told us that the management team were due to undertake Local Authority training in the Deprivation of Liberty Safeguards and knew it was an area that they required development in. We asked them to pursue a DoLS application for this person without delay.

We observed the serving of the lunchtime meal and saw that the meal was served promptly and pleasantly by staff. The food provided was of sufficient quantity, looked and smelt appetising. We saw that there were two choices on offer on the day of our visit for the lunchtime main meal; sausage or chicken casserole and jam sponge pudding or blancmange for dessert.

The dining room was light, airy and the lunchtime meal was served in a relaxed, social atmosphere. Each dining room table displayed the day's menu choices. We saw that there was a good selection of breakfast choices ranging from cereals to a full cooked English breakfast with a selection of fruit and biscuits offered for afternoon tea. Throughout the day, we observed that snacks and drinks were offered to people continually by staff and people asked staff freely for additional snacks and drinks as and when required. These requests were responded to pleasantly and in a timely manner.

People we spoke with told us they had enough to eat and drink and that the food was good. One person told us "The food here is absolutely lovely. You cannot complain about it and you get plenty" and a relative said "Since they have been here, their appetite has really improved so I am happy about that. They eat very well".

We saw that people's nutritional needs were assessed and their preferences noted in the planning and delivery of care. We reviewed the cares files of two people who were identified as having special dietary requirements in relation to a medical condition. We found that care plans contained limited information in relation to the person's dietary requirements and risks. We asked the cook on duty about this however and found that they had a good working knowledge of each person's special dietary requirements, the types of foodstuffs they were able to eat and their preferences. This assured us that people's special dietary requirements were taken into consideration when people's meals were prepared. We saw that people were weighed monthly and we saw that staff made a note of what people ate and drank during mealtimes in their daily notes.

Care plans contained some information about people's health related illnesses but could hve been improved with information about what these conditions were and the signs to spot in the event of ill health. People's daily notes however showed that staff were monitoring people's health and wellbeing on a daily basis and responding appropriately when people became unwell. Records also showed that people had prompt access to medical and specialist support services as and when required.

Relatives we spoke confirmed this. Comments included "In the past if they haven't been well they have contacted the doctor straight away and let me know"; "If anything went wrong, I know staff would handle it and contact me and let me know. They do keep in touch" and "They seem to have a good relationship with all the doctors and nurses so if they need anything or have any concerns about one of the residents they just ring and they come out".

We asked five health and social care professionals about how the home liaised with them to ensure people received the health and social care support they required. They all

Requires Improvement

Is the service effective?

said communication by the home was good. One professional told us "Any problems at all and they (the staff) are right on the phone to us. They are very good with the residents".

Another said "I have a good working relationship with everyone there. The manager is very pro-active and liaises with the people they need to, like GPs, nurses and ourselves at the Local Authority". "They (the staff) always ask questions and I am confident they would do anything I recommended without a doubt". Another told us "The home engages very well with therapy services. Communication is great".

Good

Is the service caring?

Our findings

People's comments on the staff included "The staff are really nice with everyone. They are so patient and caring. They could not do more for us" ; "The carers are always in and out, talking to us. I don't think you could get more caring and patient staff. We are lucky to have them" and "The staff are respectful and call everyone by their names. It's like a big family here, the atmosphere is lovely".

Relatives we spoke were equally complimentary about the staff. Comments included "When I have been here, I have seen the carers sitting down and talking to the residents. They always find time" and "The carers know their job and what they had to do. Some have worked here a while now and they know all the people individually so they know what they like and don't like".

A healthcare professional who had visited the home for the very first time on the day of our visit told us "It's the first time I have been here but the staff and the manager have been so helpful. They seem really supportive. A really good experience".

Other health and social care professionals we spoke with could not speak highly enough of the staff. Comments included "I have been out several times and each time the staff are lovely. Very pleasant"; "All the staff are really caring. They look after everyone really well. Couldn't get better staff., so caring and patient with everyone. People seem happy when I go in and that's down to the staff I think"; "Staff are excellent, caring, so helpful each time I visit"; "Staff are so welcoming and supportive from the minute you step in the door they help and "All the staff I have met and talked to are lovely, so much so I would not hesitate to recommend this home to anyone who asked".

Staff we spoke with said they felt the service cared for people well. One staff member we spoke with said "We have only got 14 or 15 residents so we get to know them all very well. We know them individually and what they like". Another said "Some of the staff here have worked at the home for a while. We are dedicated and really do care for people. They are like family to us".

We observed staff throughout the day supporting people who lived at the home. We saw that all interactions were positive. Staff interacted with people in a warm and kind manner and from our observations it was clear that staff genuinely cared for the people they looked after. Staff were respectful of people's needs and wishes at all times and supported them at their own pace in a dignified and sensitive manner.

We saw that there were periods throughout that the day when staff took the time to sit with people and have a general chat. The mood was jovial and homely and appropriate music played softly in the background throughout the day. People and staff were seen to chat frequently either in passing or in a direct face to face conversation about everyday things that most people would talk about when they knew people well. This promoted people's emotional well-being.

From our observations it was obvious that people felt comfortable in the company of staff. Staff maintained people's dignity at all times and people looked well dressed and well cared for.

All the care files we looked at showed that people and/or their families had been involved in planning their care. Care plans outlined the tasks people could do independently and what people required help with. This promoted people's independence.

We saw evidence that end of life discussions had taken place with people and their relatives with people's preferences and wishes recorded. This showed us that the home understood and respected the advance decisions made by people in respect of their end of life care. We saw that staff at the home had recently completed and achieved accreditation in the NHS Six Steps Programme in end of life care. A healthcare professional we spoke with fed back that staff at the home had recently been involved in providing palliative care and that "They managed and cared for the people really well".

We looked at the daily written records that corresponded to the care records we had reviewed. Daily records showed the support people had received and gave information about the person's general well-being. Daily records showed that people had received care and support in accordance with their needs and wishes.

The home had a service user guide for people to refer to. We looked at the information provided and saw that it was a well written, comprehensive guide to the home, its staff and the services/facilities provided. This showed us that people were given appropriate information in relation to their care and the place that they lived.

Good

Is the service responsive?

Our findings

People we spoke with confirmed that they could choose how they lived their day to day life. One person told us "We choose when to go to bed and if you want a sleep in of a morning then that's ok". Care plans confirmed people had been given a choice about how they wished to be cared for and that they had been asked what they liked and disliked in relation to their care.

People we spoke with said they were happy with the care they received. One person told us "We see the manager around all time. They come over for a chat and you can talk to them anytime. Another said "If there was something I wanted to complain about then I know who to talk to. I know the manager but I could talk to any of the carers".

A person relative said that they "Had never had to complain but if I did have to I know I could speak to the manager, or any of the staff really".

We saw that people's needs were responded to promptly throughout the day and that the service was responsive when people's needs changed. One person we spoke with said that that staff are "Always around if you need anything. As far as I am concerned we all get well looked after". A healthcare professional told us "I have found all the staff very caring. If anybody needs anything they are straight there".

Another healthcare professional told us how well the manager had supported a person to move from one service to another, they said "I recently had to move a person to a different home. The manager constantly kept in touch with everyone so the transition was absolutely perfect". Another said "I am very impressed with them. They listen, update care plans comprehensively and act on suggestions we put forward".

We reviewed three care files. All care files contained person centred information about the person needs, risks and preferences but one person's care file required some additional information as they only had an interim care plan in place. People's assessment and care planning information was written in the first person, showed evidence that people and their families had been involved in discussion and planning the person's care and had been regularly reviewed.

Some of the health information in people's files required further explanation. For example, one person had undergone a medical procedure but the person's care records did not say what this was for or what the outcome was. We asked the deputy manager who was able to tell us what this was for. Another person had missed an optical appointment but the reason why was not documented. We asked the deputy manager about this and they said they would investigate why the person had not attended their appointment.

People had prompt access to their GP in respect of ill-health and records showed care was provided by a range of other healthcare professionals such as dentists, district nurses, chiropodists, the memory clinic and the falls prevention team.

People's social and activity interests had been discussed and documented and a member of existing staff had recently taken over the role of activities co-ordinator. They told us "I have taken over as activities co-ordinator and I have been busy asking people and their families what they would like to do".

We looked at the activities diary and reviewed a sample of the activities undertaken during January to February 2015. We saw that a range of activities was provided including a manicure/pampering session, group reminiscence about the war, a movie afternoon, Jenga, memory games, musical bingo, sing-a-longs and seasonal activities. On the afternoon of our visit, the activities co-ordinator was facilitating a general chat with people in the communal lounge.

We saw from activity records, that people had been given a choice in what activities they would like to do and that the activities co-ordinator was open to and acted upon people's activity suggestions.

We saw that throughout the day, the majority of people interacted with both other people who lived at the home and staff in the communal lounge. Visitors were welcomed at all times, were free to stay for as long as they wanted and were treated in a pleasant and warm manner by staff.

We saw that the provider's complaints procedure was displayed in the entrance area to the home. The procedure displayed however, was an internal procedure intended to guide staff on what to do should a complaint be made. We spoke to the deputy manager about this and asked them to

Good

Is the service responsive?

display details of how and to whom people at the home could make a complaint to. Complaints forms were made available in the entrance area of the home for people to use.

We reviewed the provider's complaints records and saw that any complaints received had been responded to appropriately and in a timely manner by the manager. People and relatives we spoke with said they knew how to make a complaint.

Good

Is the service well-led?

Our findings

We observed the culture of the home to be open and inclusive. The staff team had a 'can do' attitude and we observed that people were happy and comfortable in their company. Staff we spoke with felt supported in the workplace and said the home was well led.

We spoke to a range of health and social care professionals who visited the home on a regular basis and asked them if they thought the home was well led. They could not speak highly enough of the manager and staff at the home.

Comments included "From the top down it seems well managed"; The manager knows their stuff, they manage the home very well"; "Without a doubt the manager liaises continually with other agencies, keeps in touch with family members, they action things and get it done" and " Oh yes without a doubt, the manager is really on the ball".

At our last inspection in April 2014, we found there was a lack of adequate quality management systems in place and a lack of managerial oversight by the provider. The manager currently in post at the time of the visit had recently taken over the role and although they had made some progress in this area, it was insufficient at the time our visit to comply with the regulations. At this visit, we reviewed again how the manager and provider ensured the quality and safety of the service provided and found that sufficient improvements had been made to meet the regulations.

We saw that the manager undertook a range of monthly audits which included monthly medication audits, accident and incident audits, infection control audits, health and safety audits and financial audits relating to people's personal allowances. We did not see evidence of any care planning audits, but we were emailed by the manager of the service after the inspection to confirm that these were regularly undertaken.

Regular management meetings took place between the provider and the management team. These meetings discussed any issues or suggestions for improvement to the service. We saw that where actions had been identified these had been acted upon.

We saw that views on the quality of the service provided was regularly sought from people who lived at the home, relatives, staff and other healthcare professionals. A relative told us "I have filled in questionnaire since I have been coming here so they do ask us for our opinion. You can talk to any of the staff anytime as well".

We saw that results from the last survey in August 2014 were all positive. A relative had commented that "My mum's care has been excellent. I and my family have no concerns or worries when we leave after visiting. My mum is very happy here". Staff comments included "Everything is great" and "No problems. Happy with all aspects of my role and training courses". We also saw that the home had received two compliments, one from a GP who complimented the home on its cleanliness and another from a professional healthcare team who had congratulated the home on the helpfulness of staff.