

Adamstan Limited

# Adamstan House Nursing 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

The inspection was carried out on 10 May 2017. The inspection was unannounced and carried out by one adult social care inspector.

Adamstan House Nursing Home accommodates up to 34 people who require nursing care. The service is situated in a residential area with easy access to St. Helens town centre and local amenities. Accommodation is over two floors. There were 31 people using the service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of the service was carried out in March 2016 and we found that the service was not meeting all the regulations of the Health and Social Care Act 2008 and associated Regulations. The registered provider sent us an action plan following the last inspection detailing how and when they intended to make the improvements. During this inspection we found that the required improvements had been made.

Improvements had been made in relation to the recruitment of new staff. Appropriate checks which were required to ensure the suitability of new staff had been carried out prior to them commencing work at the service. Application forms were completed as required and included information about the applicant's previous employment history. Photographic evidence of the applicant's identity had been obtained and was held in their recruitment file.

Improvements had been made relation to the management of medication. Medication was dispensed and administered to people on an individual basis and medication administration records were signed only after the person had taken their medicines. Medication was safely stored and administered by appropriately trained staff.

Improvements had been made in relation to planning and monitoring people's nutritional and hydrations needs. People's dietary needs had been assessed and planned for and their needs were being met. Specific guidance for staff to follow about the support people needed to eat and drink was reflected in their care plans.

Improvements had been made in relation to the accuracy and maintenance of people's care records. Charts which were in place for monitoring aspects of people's care were completed as required. This included charts for monitoring people's food and fluid intake, weight and skin integrity.

Improvements had been made in relation to monitoring and assessing the quality of the service people

received. There were effective systems in operation for checking on aspects of the service and making improvement to the service people received.

We have made a recommendation about the environment. There was lack of signage and stimulus around the service to promote the wayfinding and stimulation of people living with dementia.

Procedures for preventing abuse and for responding to an allegation of abuse were in place and understood by staff. Staff were confident about recognising and reporting suspected abuse and they said they would not hesitate to do so.

Staffing levels and skill mix were calculated to meet people's needs. There was the right amount of suitably skilled staff on duty to keep people safe.

The environment was free from hazards, clean and hygienic. Staff were aware of good infection prevention and control procedures and they adhered to them to minimise the spread of infection.

Staff received the training and support they needed. New staff completed an induction programme and received ongoing training relevant to their role, responsibilities and the needs of the people they supported.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood what their responsibilities were for ensuring decisions were made in people's best interests.

Information about how to complain was made available to people and family members and they felt confident about complaining should they need to.

People were treated with dignity and respect and their independence was promoted. Staff were caring and compassionate towards people and they had developed positive relationships with them and their family members.

## 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.

Medication was safely managed and administered to people.

Safe recruitment procedures were followed.

People were safeguarded from harm and potential abuse.

### Is the service effective?

Good ●

The service was effective.

The environment lacked signage and stimulation for people living with dementia.

People's nutritional and hydration needs were assessed and planned for. People were supported to maintain good health.

People received care and support from staff who received the appropriate training and support.

People's rights were protected in line with The Mental Capacity Act (MCA).

### Is the service caring?

Good ●

The service was caring.

People's privacy, dignity and independence was promoted and respected.

People's emotional needs were met in a caring and compassionate way.

Positive relationships had been formed between people and staff.

### Is the service responsive?

Good ●

The service was responsive.

People needs were fully assessed, planned for and kept under review.

People's needs were understood and responded to in a timely way.

People knew how to complain and were confident about complaining if they needed to.

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

**Good** ●

The service was well led.

The service had a registered manager.

Improvements from the last inspection had been made and maintained.

The service was regularly checked and the required improvements were made.

# Adamstan House Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector and it was unannounced. This means we did not give the registered provider prior knowledge of our inspection.

During the inspection we spoke with eleven people who used the service and five family members. Some people who used the service were living with dementia and could not speak with us about their experiences of using the service. However we used the Short Observational Framework for Inspection (SOFI) to understand their experiences of the care provided. We spoke with the registered manager, deputy manager and staff who held various roles including registered nurses, care staff, kitchen staff and domestic staff.

We looked at areas of the service including lounges, dining room, bedrooms, the kitchen, laundry and gardens. We looked at a range of documentation which included care records for four people who used the service and four staff files. We also looked at other records relating to the management of the service including a sample of medication and administration records, audits and safety certificates for equipment and systems used at the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us and information we received from the local authority.

# Is the service safe?

## Our findings

At the last inspection in March 2016 we asked the registered provider to make improvements to how people's medication was managed and how staff were recruited. This was because medication management and the recruitment of new staff were unsafe.

People told us they were treated well and felt safe living at the service. Their comments included, "I feel very safe indeed", "Safe as houses", "They [staff] make sure I am safe" and "They [staff] treat me very well. They keep me very safe". Family members told us that they thought their relative was protected from any harm. Their comments included, "I have no concerns what's so ever. [Relative] is my priority so if I thought he was unsafe I would not leave him here" "I can sleep comfortably at night knowing they [relative] is safe and well cared for" and "I have no doubt at all that [relative] is safe, and I've got to say staff treat her like royalty".

Since the last inspection the required improvements had been made so that medication was stored and administered to people safely. People were administered their medication safely medication administration records (MARs) were completed as required. There was a dedicated room for the storage of medication. The room was kept locked when not in use and it was clean, tidy and well organised. The key to the medication room was held only by authorised staff. An air conditioning system which had been recently installed helped to ensure that the room temperature was maintained at a safe level. The temperature of the room and fridges used for storing medication were monitored and recorded daily. The records showed that temperatures were within the required ranges to ensure medicines remained effective. Information and guidance about safe medication practices was displayed in the medication room, this included a copy of the registered providers policy and procedure for the safe management of medication.

Nurses who had undertaken the relevant training and competency checks were responsible for the administration, safe storage and disposal and recording of medication. They were careful when administering medication to ensure it was done safely. Medicines were dispensed for one person at a time and medication administration records (MARs) were signed only after the person had taken their medicines. A register was kept detailing any medicines which were destroyed or returned to the supplying pharmacy and it included the reason why. Controlled drugs (CDs), which are medicines that require a higher level of security, were stored securely and recorded in line with current good practice. We checked CDs and records for three people and found that stocks kept tallied with the records. Medicines, which on opening had an expiry date, had been labelled to show when they were first opened. This ensured that medicines were suitable and safe for use.

People's medication administration records (MARs) and care plans contained the required information about medicines, for example; any allergies, when medicines were required, and how the person liked to take them. A care plan was in place for people who were prescribed 'as required' (PRN) medicines. The plans detailed what the medicine was for and the circumstances when it should be administered. People's ability to communicate when they needed PRN medication was also recorded along with the signs and symptoms presented by those who were unable to verbalise.

Since the last inspection the required improvements had been made so that new staff were recruited safely. All the relevant checks had been undertaken before staff were employed. Staff employed had completed an application form providing details of their skills, experience and qualifications and previous work history and they attended interview. Pre-employment checks were carried out before new staff commenced their employment, including a check with the Disclosure and Barring Scheme (DBS). DBS checks are carried out to see if they applicants have been placed on a list for people who are barred from working with vulnerable adults. A minimum of two references were obtained, including where possible one from the applicants most recent employer. Each member of staff was required to produce photographic evidence of their identification in the form of a passport or driving licence, and a copy of it was held on their recruitment file. The registration PIN numbers of nursing staff had been checked to assure the registered provider they were all still registered to practice with the Nursing and Midwifery Council (NMC). These checks helped to ensure staff were suitable to work with people who used the service.

People were protected by staff that understood how to recognise and respond to the signs of abuse. Staff had completed up to date training in safeguarding of adults and knew where to access safeguarding information, including the registered providers safeguarding policy and procedure. The policy reflected the guidance provided by the local authority. Staff knew what was meant by abuse and they gave examples of the different types and signs and symptoms of abuse. They understood their responsibilities to report any concerns about abuse and told us they were confident to do so. The registered manager and other senior staff understood how to report safeguarding matters appropriately and had demonstrated that they had worked positively with the local safeguarding team to ensure people's safety when risks had been identified.

The registered provider had a whistleblowing policy. Whistleblowing is when staff report concerns in confidence and their disclosure is protected in law. The policy directed staff who they could talk to in the first instance and who they could talk to if they remained dissatisfied. Staff were clear on the purpose of whistleblowing and they knew the process enabled them to raise issues in confidence.

People received safe care and support from the right of amount of suitably qualified staff. The amount and skill mix of staff was calculated on the basis of the number of people occupied, their individual needs and dependency levels. Staffing rotas showed that there were up to three nurses and seven care staff on duty throughout the day. One nurse and three care staff were on duty each night. The staff team throughout each day also included a chef, kitchen and laundry assistant, two cleaners and an activities worker Monday to Friday. Absences and vacant posts were covered mostly by existing staff, the use of agency staff was minimal. This helped to ensure people received safe and effective care from a stable and consistent staff team who knew them well.

All staff had undertaken training in topics of health and safety such as first aid and fire awareness. They knew of their responsibilities to work independently or as a team when required to keep people safe. Staff knew where to locate emergency equipment such as firefighting equipment and first aid boxes. Records and safety certificates showed that equipment and systems used at the service were regularly checked to ensure they were safe to use. This included checks on fire alarms and the gas and electricity systems.

Risks people faced were assessed and planned for to keep them safe. Specific risk assessment tools were used to identify and plan for risks such as moving and handling, nutrition and falls. The outcome of risk assessments were used to inform care plans and guidance for staff. For example were a person had been assessed as unable to weight bear, their care plans described the assistance they needed including the amount of staff and any equipment.



Processes were in place to ensure incidents and accidents were recorded, reported and reviewed. Staff were aware of their responsibility to report and record all incidents or accidents such as falls and skin injuries. Incidents and accidents records included a description of the incident and the immediate action taken for people's safety. The registered manager had implemented an electronic system for recording all incidents and accidents which they reviewed regularly. This helped them to identify any patterns or trends and to plan for any action needed to minimise any further risk to people. For example, where records showed that a person had experienced an increase in falls a referral was made to the community falls team for assessment.

Body maps were used to document any injuries, wounds or marks to people at admission and during their residence. We reviewed the records for one person who had several wounds on admission. A clear record of the person's wounds and ongoing treatment was maintained to enable staff to monitor progress in the healing of their skin. The records showed that the person's wounds had improved since their admission to the service.

Each person who used the service had a personal emergency evacuation plan (PEEP). PEEP's which were easily accessible to staff provided them with instructions about how to safely evacuate people from the building in the event of an emergency. PEEP's were regularly reviewed and updated as required, to ensure they accurately reflected people's needs.

Infection control processes were in place to keep people safe. Infection control information was displayed around the service including the registered providers infection policy and procedure. There were hand sanitizers and handwashing instructions displayed near to hand basins. There were plentiful supplies of personal protective equipment. We observed staff wearing these during the inspection, for example when handling soiled laundry and carrying out personal care tasks. The service was clean and odour free. A colour-coding system for cleaning equipment such as cloths, mops and buckets was in place at the service along with guidance for staff on its use. Areas for use were identified by the various colours to reduce the risk of contamination. Bins were located in appropriate areas for the disposal of clinical and none clinical waste. Soiled laundry was handled and laundered in line with infection control procedures. For example laundry was separated and placed in red dissolvable bags prior to being put in the washing machine. People were provided daily with clean towels and their laundry was regularly attended to.

## Is the service effective?

### Our findings

At the last inspection in March 2016 we asked the registered provider to make improvements in relation to people's nutritional and hydration needs. This was because the dietary needs of people were not properly recorded and monitored.

People told us that they received all the right care and support they needed. They also told us that they enjoyed the food and had plenty to eat and drink. Their comments included; "I want for nothing", "They [staff] are very good indeed, they very often go the extra mile" and "The food is great, I never feel hungry and they always come around with drinks". Comments made by family members included; "They [staff] are excellent they know [relative] so well" and "They do everything they need to do for [relative]".

Since the last inspection the required improvements had been made so that people's nutritional and hydration needs were assessed and planned for. People dietary needs were appropriately recorded and monitored as required. The nationally recognised Malnutrition Universal Screening Tool (MUST) was used to assess people's nutritional and hydration needs. A care plan was developed for those people who were identified as requiring support to maintain a healthy diet. Care plans provided specific guidance about the support people needed to eat and drink and they were updated as required to reflect changes in people's needs. Information was available within care plans about people's preferred foods, likes and if they had any special dietary requirements. Any equipment or adaptations people required to promote their safety and independence at meal times was also recorded. People were provided with the equipment they needed, for example people who needed them were served drinks in cups with spouts.

People identified as being at increased risk of choking were referred to Speech and Language Therapist (SALT) services for an assessment when needed. The guidance provided by the SALT was reflected in care plans. For example, whether the person required their drinks to be thickened, a pureed diet or a fork mashable diet.

The kitchen was clean and well organised and the chef held information about people's nutritional needs, food likes and dislikes. Other details noted included any allergies and foods they should avoid to support their health needs. Menus evidenced a choice of different meals and the kitchen was well stocked with food items which reflected the menus. People commented that there had recently been a marked improvement in the quality and standard of the meals at the service. One person said, "The food has got much better lately, it's much more tasty". Another person told us, "No complaints about the food at all, it's much improved".

Each person had their own bedroom and there was a choice of communal areas for people to use. Furniture and fittings were of a good standard and well maintained. However, there was a lack of pictorial signage around the service to help aid the orientation and reduce confusion for people with memory loss. For example there were no signs to enable people to identify their bedrooms, toilets and bathrooms. Areas such as corridors, lounges and the dining room lacked items of interaction or stimulus. This included items which could be used for stimulation and to support reminiscence and wayfinding such as tactile objects, pictures

of the local areas and favourite pastimes of people who lived at the service. We recommend that the service refer to guidance about dementia friendly environments such as Kings College.

Staff completed training specific to their job role and people's needs. On commencing work at the service new staff entered onto an induction programme which lasted for approximately 12 weeks. At the beginning of the induction staff were given the opportunity to familiarise themselves with the registered provider's policies and procedures and they worked a number of shifts shadowing more experienced staff.

The registered provider had signed up to the Northern Council for Further Education (NCFE) which is a recognised training organisation. Staff were provided with a password which enabled them to access online training via The Skills Network, a partner of NCFE. The registered manager had access to data which enabled them to track the progress of the training completed by each staff member. Training completed by staff included induction, health and safety, moving and handling, infection control and basic life support. In addition staff completed training specific to people's that included dementia care and communication. Staff underwent a competency check following the completion of each training course. Competency checks helped to assess staffs understanding of the training completed and to determine if additional training was required to further develop their knowledge, skills and understanding.

People were cared for and supported by staff who received an appropriate level of support and supervision for their roles. Staff told us that they felt well supported and that they were kept up to date. The registered manager facilitated one to one supervisions and group meetings for staff from all departments. These provided staff with an opportunity to discuss their work and any training and development needs. Minutes of staff meetings were made available to all staff so that those that were unable to attend were updated with discussions that had taken place.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

Staff had completed training in the MCA and DoLS and they showed a good understanding of the basic principles of the act and how this related to the day to day practice. Staff gave examples of practices that may be considered restrictive and they had access to policies and procedures to guide them if this was required. The registered manager understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for a number of people who used the service had been made to the relevant supervisory body and those that had been authorised were in place. A care plan had been drawn up and put in place detailing the restriction placed upon the person and detailed how staff were to keep the person safe.

Throughout our inspection we observed people being asked for their consent prior to staff carrying out any care and support. For example, we saw people being asked if they were happy to move to another part of the service to have their personal needs addressed, if they were ready to have a drink or something to eat. In addition, people were offered a choice of where they wished to be and what they wanted to do. People had given consent to the use photographs and the use of CCTV in the communal areas of the premises.

Records showed that health and social care professionals were involved with people's care, including GPs, dentists and specialist nurses. Care plans were in place to meet people's health needs and these had been reviewed and updated where people's needs had changed. Staff reported concerns about people's health to nurses on shift and the nurses reported these onto the relevant healthcare professional as needed. Some people were being cared for in bed. Staff understood what action they needed to take to ensure the person's skin remained healthy and did not break down into pressure ulcers. A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded when people's health needs changed.

## Is the service caring?

### Our findings

People told us that the staff were kind, caring, polite and understanding. People's comments included; "They [staff] are like my family, I love them all, they are so considerate and kind" "They [staff] are so patient and kind", "Nothing is too much trouble, they will do anything you ask them to do", "Oh yes they are very polite and very caring" and "They [staff] seem to understand everyone". Family members complimented the staff for being compassionate and caring. Their comments included; "They are so compassionate. We couldn't ask for better care for [relative]. All the staff are fantastic, I couldn't name one who isn't" and "They [staff] care a lot. They know [relative] so well and [relative] loves all the staff".

Thank you cards recently sent to staff from family members included the following comments; "Thank you all for the care and dignified approach you showed [relative] can't thank you enough", "Thank you especially for the attention you gave [relative]" and "Thank you for all your care".

Positive relationships had been formed between people who used the service and staff. Staff interacted positively with people and family members. Staff were kind and patient when talking with people and when providing support. Care and support was provided at an appropriate pace for each person so that they did not feel rushed. When a person was anxious and upset staff were kind and spoke with the person in a calm and gentle way. A member of staff knelt down and spoke gently with one person who was visibly upset and they offered physical comfort by putting their arm around the person. This had a positive effect on the person's mood as they soon were smiling and chatting.

Staff were sensitive towards people's needs and ensured people were comfortable and warm. After transferring people from wheelchairs into easy chairs, staff checked with people whether they were comfortable. One person told a group of staff that they felt cold and a staff member immediately responded by offering the person a blanket. The person accepted, and within minutes the staff member returned with a blanket and placed it over the person's legs. Staff checked with other people whether they were warm and comfortable.

Staff knew people well and knew what was important to them. For example, staff explained how important it was for one person to have their doll with them as it enriched the person's life and eased anxiety. The person held the doll closely and gained great comfort from this. Staff knew that it was important to ensure the person was given the doll when sitting in the lounge. They also knew how to sensitively take the doll from the person prior to meal times. A member of staff explained that this was particularly important as having the doll during meal times distracted the person from eating their meal. Staff ensured that the person was given their doll on entering the lounge after meal times and the person was reassured by its presence.

People were treated with dignity and their privacy was respected. Staff had supported people to dress appropriately for the weather and their preferred tastes. Attention had been paid to ensure people had their jewellery on if they wished and had their belongings such as handbags and watches. Family members told us their relatives were always clean and well dressed. One family member said, "[Relative] is very particular

about how they dress and staff know this and always ensure she is dressed the way she likes". Another family member said [relative] has her hair done every week and is always spotless". There was a hairdressing salon in the service and a hairdresser visited each week. The hairdresser visited on the day of the inspection. Staff approached each person and asked if they would like their hair done and after visiting the hairdresser staff complimented people on how nice their hair looked.

People's right to privacy and confidentiality was respected. Staff knocked on doors before entering bedrooms and toilets and people told us this was usual. When providing people with personal care staff ensured that doors and curtains were closed and they were discreet when discussing people's needs. Personal records were locked away when not in use and staff were careful not to be overlooked when completing records in communal areas.

People's spiritual and cultural needs were met. People were supported to attend any church services and their right to pray and practice their religion was respected. Significant events, such as Christmas, birthdays and anniversaries were celebrated at the service. One family member told us about a recent party which was arranged by staff to celebrate a special wedding anniversary with her husband.

A memory tree had been provided at the request of people who used the service so that they could remember and celebrate the lives of their friends who had passed away. People, family and friends had written their memory on a card and then tied it onto the tree branch. One person told us how important this was to them as it helped them remember a special friend.

Staff encouraged people to do as much as possible for themselves. Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable people to do as much for themselves as possible. Staff provided people with the help they needed at mealtimes and they encouraged people where possible to eat and drink independently. A staff member offered to cut up a person's food and went on to encourage the person to eat independently. The staff member discreetly monitored the person and offered assistance when they noticed the person was struggling. The staff member sat next to the person and provided them with gentle prompting and encouragement with a good outcome for the person.

Information about the service, other relevant external services and the staff team was made available to people and their family members. Leaflets and brochures were made available in the foyer near to the main entrance. This included information about the service such as, how to complain and the use of CCTV. Leaflets about healthy eating and dementia awareness were also available. There was a notice displayed informing family members that they could make contact with their family members through the use of skype. Skype allows people to make contact with each other free of charge via audio or video link. A board was displayed on the main corridor between the main lounge and dining room. This displayed photographs of each member of staff along with their name and the position they held.

## Is the service responsive?

### Our findings

At the last inspection in March 2016 we asked the registered provider to make improvements in relation to records. This was because care records were not always complete, kept up to date and accurately reflected people's needs.

People told us that the staff responded to their needs and requests and that they had no worries about raising any issues they may have. People also told us that they enjoyed taking part in organised activities at the service. Their comments included; "They [staff] are always there when you need them", "When I call for help they [staff] come quickly", "They [staff] do their best to make things right", "I've no reason to complain but I'm sure if I did they [staff] would sort it" and "I so look forward to the bingo and I enjoy making things". Family members told us that their relative received all the care and support they needed. Their comments included, "I'm really impressed with how responsive the girls [staff] are. They attend to my relative quickly and I've seen this with others" and "They [staff] always do what is best for [relative].

Since the last inspection the required improvements had been made to care records. Care records were fully completed, kept up to date and accurately reflected people's current and changing needs. People's needs had been assessed fully and they had a care plan developed based on the outcome of assessments. The assessment and care planning process took account of information obtained from other health and social care professions involved in people's care. The views of the person and where appropriate family members, about their care needs. Care plans addressed people's physical, emotional, health, communication and social needs. They clearly identified the area of need, the desired outcome for the person and they were written in a personalised way. For example, one person had a communication care plan with a desired outcome which stated promote effective communication for [person]. The care plan went on to instruct staff on how best to do this, including 'talk slowly and ask simple questions which require a yes/no response' and 'use gestures'. Care plans were regularly reviewed so that they continued to accurately reflect people's individual needs and preferences.

Information about people's history and background had been recorded and used to develop their care plans. This helped staff to understand more about each person and why things may be important to them. Information that had been recorded in the assessments about people's preferences had been added to the care plan to ensure staff could provide personalised care. For example a person's assessment documentation recorded that they liked a warm drink before bed and another person's documentation recorded that the person liked to listen to the radio when occupying their room. Other information recorded included whether the person preferred a bath or a shower and the times they liked to get up each morning and retire to bed.

People's needs were communicated amongst the staff. Staff handovers which took place during each shift change were used to discuss people's care, communicate any concerns and ensure that each member of the staff team were up to date. In addition a daily record was maintained for each person which summarised the care and support they had received, any progress made and changes in people's care which needed to be observed. All contact people had with others including health and social care professionals, family and

friends was also recorded in their daily records. Daily records evidenced that staff had responded to any concerns they had noted with regards to people's health and wellbeing. For example, GPs and specialist nurses were called upon when a concern in a person's condition or when a new concern was identified. A record which was kept showed people had attended regular appointments with primary healthcare services such as dentists, opticians and chiropodists.

People were provided with the equipment and aids they needed for their independence and comfort. Those who needed equipment such as walking frames to move around independently had them placed in easy reach. Staff ensured people were provided with cushions for their comfort and they ensured that people who needed them wore hearing aids and glasses.

People were enabled to spend their time how they wished. There was an activities coordinator employed at the service that organised and facilitated both one to one and group activities that people told us they enjoyed. This included musical entertainment, baking sessions, arts and craft and bingo. Photographs of people enjoying a variety of activities and celebrating special birthdays and other events, were displayed on boards and in albums located around the service. People and family members told us they enjoyed looking at the photographs.

People and their family members were provided with information about how to make a complaint. A copy of the registered provider's complaints procedure was given to people and a copy was displayed in the foyer near to the main entrance. One person told us, "I've no complaints at all but if I did I would tell the person in charge" Another person told us, "I'm not afraid to say if I am unhappy about something and I am sure it would get sorted right away". A family member told us, "I wouldn't hesitate to complain and I'm more than confident that the manager would deal with it" Another family member told us, "I would go straight to staff if I had a complaint." There had been no recent complaints made about the service, however the registered manager described the action they would take which was in line with the registered providers complaints procedure.

People were invited to give feedback about the quality of the service through 'resident and relatives' meetings held in the service. These had been held infrequently in the past, but the registered manager had reintroduced them and the most recent had been held in April 2017. Family members were also sent out questionnaires giving them the opportunity to rate and comment on aspects of the service including, the quality of care, staff, activities and the environment. Results of questionnaires returned in March and April 2017 showed that the respondents were very satisfied with all aspects of the service their relative received.

There were forms available in the foyer next to a complaint, compliments and suggestion box so that people could if they wished post any comments about the service. The box was kept locked and only accessed by the registered manager. All suggestions put forward by people and family members were reviewed by the registered manager and acted upon. People were kept informed of what action was taken in response to their suggestions. The registered manager produced a document titled 'You told us we did'. The document which was displayed at the service, detailed the action taken in response to feedback provided. For example menus had been changed based on feedback from people and family members.



## Is the service well-led?

### Our findings

At the last inspection in March 2016 we asked the registered provider to make improvements in relation to good governance. This was because the systems in operation for checking and improving the quality of the service were ineffective and records in respect of people were not maintained.

A new manager had been appointed at the service since the last inspection and they were registered with the Care Quality Commission (CQC) in March 2017. People who used the service, family members and staff told us they had seen many improvements at the service since the appointment of the registered manager. People told us they were very satisfied with the way the service was managed. They knew who the registered manager and registered provider were and felt they could approach them if they had any concerns. Their comments included; "The manager is very good indeed." "He [registered manager] is marvellous, he doesn't just say he does" "He has made lots of good improvements", "He is excellent" and "He has made things happen".

Since the last inspection the required improvements had been made in relation to assessing, monitoring and improving the quality and safety of the service. There were effective systems in operation for checking the quality and safety of the service and improvements had been made based on the outcomes of them. Audits were carried out at regular intervals on areas of the service such as care plans, the environment, infection control and staff. Action plans were set to address any shortfalls and they included timescales for action and who was responsible for following them through. The views of people who used the service and family members were sought and used to make improvements to the service people received. The systems for assessing, monitoring and improving the quality and safety of the service were reviewed on a regular basis to ensure they remained effective.

Since the last inspection the required improvements had been made in relation to records. Records about the care provided to people and their wellbeing were regularly reviewed and updated as required to ensure the information contained within them reflected people's current needs. Supplementary records which were required to monitor people's health and wellbeing were completed as required. Personal records were securely stored and information was shared with relevant others on a need to know basis only.

Communication systems were effective. The registered manager, deputy manager, nurses and staff from all departments were clear about their roles and responsibilities and they knew who they were accountable to. A named person was identified as the person in charge in the absence of the registered manager. People who used the service and relevant others such as family members were given the information they needed about the quality and safety of the service. This included being provided with information about improvements made to the service and any changes to the management structure, staffing arrangements and policies and procedures. Relevant links were established and maintained with other bodies that included commissioners, safeguarding teams and community teams such as the falls and specialist nursing teams. This helped to ensure people received safe and effective care and support.

The registered manager occupied an office on the ground floor and people who used the service, family

members and staff knew where it was. Everybody told us they felt comfortable about approaching the registered manager at any time. The registered manager was visible around the service and we saw him engaging in discussions with people and family members and they told us this was usual.

The registered provider had a range of policies and procedures for the service which were made available to people who used the service and staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do, what decisions they can make and what activities are appropriate. Policies and procedures were in the process of being reviewed to ensure that they were in line with current legislation and best practice.

The registered manager had a good understanding of their responsibilities to notify us of significant incidents that affected the wellbeing of people using the service. Our records showed that they had notified us as required in a timely way. The registered provider had displayed the rating issued by the Care Quality Commission at the inspection in March 2016. The rating was prominently displayed near to the entrance of the service and on the registered provider's website.