The Hollies Nursing And Residential Home Limited

# Hollies Nursing and Residential Home Limited

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 |

# Summary of findings

## Overall summary

We carried out an inspection of the Hollies Nursing and Residential Home Limited on the 4 and 8 February 2016. The first day was unannounced.

Hollies Nursing and Residential Home Limited provides accommodation and nursing and personal care for up to 39 people. There is a separate unit for seven people who are living with dementia. At the time of the inspection there were 34 people accommodated in the home.

The home is a large detached property situated in Clayton Le Moors, Accrington. The home is close to local amenities including a park, shops, library, pubs and churches. There are safe and accessible gardens and parking is available for visitors and staff.

At the previous inspection on 28 May 2014 we found the service was meeting all the standards assessed.

The service was managed by 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 registered manager had been in post since April 2015 and was registered with the Commission in October 2015.

People told us they did not have any concerns about the way they were cared for. They told us they felt safe and were looked after. Visitors said, "I'm confident I can leave (my relative) here" and "I've never seen anything to concern me." We observed people were comfortable around staff and good relationships between people.

Staff had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. The management team were clear about their responsibilities for reporting incidents and safeguarding concerns.

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received. Staff had been recruited safely and additional staff were being recruited to ensure consistent numbers of staff to meet people's needs in a safe way. People made positive comments about the staff that cared for them. People said, "Staff are kind to me; they are lovely" and "The staff are very good. They work hard and do a good job."

People's medicines were managed safely. We found accurate records and appropriate processes were in place and additional training was planned for all staff who were responsible for management of medicines.

We looked at the arrangements for keeping the service clean, hygienic and maintained. A visitor said, "The place is always clean and tidy." We found the home was clean and odour free. However we noted strong

odours in the main lounge and on the dementia unit.  We noted some improvements to the home had been undertaken and people were satisfied with the improvements being made. However, we found some areas were in need of attention and without a formal development plan it was difficult to determine what improvements would be made and what the expected timescales for completion would be. We made a recommendation about this.

People told us they enjoyed the meals. One person told us, "The meals are excellent." The menus and records of meals served indicated people were offered meal choices. People were served drinks and snacks throughout the day. People's dietary preferences and any risks associated with their nutritional needs were recorded and appropriate professional advice and support had been sought when needed. People's healthcare needs were met and appropriate referrals had been made to specialist services as appropriate.

All people had a care plan, which had been reviewed and updated on a monthly basis. People were kept up to date and involved in decisions about care and support and some people had been formally involved in the review of their care.

There were opportunities for people to engage in suitable activities both inside and outside the home. People said, "I can have a laugh; we get on with different things" and "We can do different things; there is usually something going on. I'm happy to sit and chat with anyone here."

People were aware how to make complaints and were confident they would be listened to. People told us they had not needed to complain and that any minor issues were dealt with informally and promptly.

A schedule of audits had only recently been introduced and the quality business officer and the registered manager had begun to carry out audits in the home to check the quality of the service. We saw copies of recently completed audits and action plans had been devised to resolve any identified shortfalls. A quality business officer had been employed to ensure regular audits were completed. This would ensure that shortfalls would be identified and appropriate action taken.

People living in the home and visitors spoken with made positive comments about the current management of the home. People told us, "The new manager seems very good and is making a number of changes" and "The place is efficiently run."

## 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.

Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. People told us they felt safe living in the home and did not have any concerns about the way they were cared for.

People's medicines were managed safely.

Staff were recruited safely. There were generally sufficient numbers of staff available and additional staff were being recruited.

### Is the service effective?

Requires Improvement

The service was not consistently effective.

People felt staff had the right level of skills and knowledge to provide them with effective care and support. Staff were provided with training and development.

Whilst improvements had been made we found a number of areas in need of attention to ensure the environment was comfortable for people to live in. Without a formal development plan it was not clear how this would be progressed.

People told us they enjoyed the meals and we observed them being given appropriate support and encouragement with their meals. People were supported to access a range of health care professionals to help ensure their general health was being maintained

A number of referrals under the Mental Capacity Act (MCA) 2005 had been made to help ensure people received the care and treatment they need.

### Is the service caring?

Good

The service was caring.

People told us they were happy with the home and with the

approach taken by staff. Staff responded to people in a caring and considerate manner and we observed good relationships between people.

Staff took time to listen and responded appropriately to people. Some people were able to make decisions and choices about their daily lives.

People and their relatives had been involved in ongoing decisions about care and support and information about preferred routines had been recorded.

## Is the service responsive?

Good

The service was responsive.

People were encouraged to discuss any concerns during meetings and day to day discussions with staff and management. They told us they did not have any concerns but were confident they would be listened to.

Each person had a care plan that was personal to them which included information about the care and support they needed. Some people were aware of their care plan and they, or their relatives, had been involved in the review of their care.

People were supported to take part in a range of suitable activities. People were able to keep in contact with families and friends.

## Is the service well-led?

Good

The service was well led.

People made positive comments about the management of the home.

The provider had begun to introduce systems to assess and monitor the quality of the service. Appropriate action had been taken to address any shortfalls.

There was a positive and open atmosphere at the home. People were satisfied that improvements were being made.

# Hollies Nursing and Residential Home Limited

**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 4 & 8 February 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We also contacted the local authority contract monitoring team and social care professionals for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, one member of the nursing team, two care staff, the housekeeper, four people living in the home and six visitors. We also spoke with the person responsible for delivery of training and development of staff.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance records, policies and procedures and audits.

We observed care and support in the communal areas during the visit and spoke with people in their rooms.

Good

# Is the service safe?

## Our findings

People living in the home told us they did not have any concerns about the way they were cared for. They said, "People are available when I need them", "Staff are kind to me; they are lovely" and "I am looked after very well." Visitors told us, "There are enough staff and there is always someone around to keep people safe here", "They could always do with more staff as (my relative) sometimes has to wait for staff to be free", "I'm confident I can leave (my relative) here" and "I've never seen anything to concern me."

During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was good humoured, caring and patient.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was included with the procedures for staff to refer to. There was information about recognising and reporting abuse displayed in the hallway for people living in the service and their visitors to read.

The staff we spoke with had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. They told us they would report any concerns to the registered manager and were confident appropriate action would be taken. Records showed some staff had received recent training and refresher training for all staff had been booked. The management team were clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. We saw equipment was safe and had been serviced. We noted there was a business continuity plan which provided information for staff about the action they should take in the event of an emergency or the failure of a service, for example the gas or electricity supply.

Training had been given to staff to deal with emergencies such as fire evacuation and moving people safely. The registered manager had booked update training for all staff. During our inspection we observed staff adopting safe practices when supporting people to move around the home.

Individual risks had been identified in people's care plans and kept under review. Risk assessments were in place in relation to pressure ulcers, nutrition, falls and moving and handling. The assessment included information for staff about the nature of the risk and how it should be managed. The assessments were reviewed monthly or sooner if there was a change in the level of risk. We saw there were strategies recorded to guide staff with dealing with behaviours that challenged the service. This helped keep people safe. We noted people living in the home did not have a personal evacuation plan (PEEP's) to help evacuate them in

an emergency. The registered manager assured us this would be completed as part of the care plan development.

Records were kept in relation to any accidents and incidents that had taken place at the service, including falls. The records were reviewed by the registered manager and follow up action, such as referral to a GP or other health care agency was clearly recorded.

There was key pad access to leave the home and visitors were asked to sign in and out of the home. We were told the main door was not locked until 10pm. We were concerned staff were not always available in the entrance hall and therefore people, including strangers, could enter the home unnoticed. We discussed our concerns with the registered manager who assured us that the security and safety of the home had been considered and keypad access would be provided.

We looked at the recruitment records of three members of staff. We found a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, we noted there were no clear photographs as a means of identification, no employment contracts and no offer of employment letters maintained on staff files. The registered manager told us recruitment records were currently being audited and new files were being produced. Records confirmed this. We were assured any shortfalls would be addressed in line with the recruitment policies and procedures.

We noted agency nursing and care staff were being used to cover shifts. The home had received confirmation from the agency that they were fit and safe to work in the home.

People using the service, their relatives and staff told us there were generally sufficient number of staff to meet people's needs in a safe way. Staff told us planned leave or long term sickness was normally covered by existing staff or agency staff who knew the home. However staff also told us there were problems with short notice sickness which made it difficult to find cover. They said, "Staffing is an issue. Sometimes people don't turn up" and "It is the same people who let the team down time and time again. It can be impossible to find cover especially at the weekend." Staff confirmed this had been discussed with the registered manager and action was being taken to address the issue and to recruit additional staff.

Prior to the inspection visit we had been told people on the dementia unit were not properly supervised by staff. At that time we asked the registered manager to take action to ensure people's safety. During this inspection we found the deployment of staff and layout of the dementia unit had been reviewed. We found most people from the dementia unit were seated in the main lounge or quieter lounge during the day and staff were available to offer support as needed. We were told if people wished to return to their bedroom then staff would support them to do this and appropriate supervision and monitoring would be provided.

We looked at the staffing rotas. There was one nurse on duty all day with seven care staff in the morning and five care staff in the evening. There was a nurse and three care staff at night. A housekeeper or laundry person and a cleaner were available each day. A cook and a kitchen assistant worked until 6pm. An activities person worked four days each week. There was also an administrator, a maintenance person and the registered manager although their hours were not recorded on the rota. The registered manager assured us this would be reviewed. We noted any shortfalls in staffing numbers had been covered wherever possible. The registered manager did not currently use a recognised staffing tool which would help her to determine the required numbers of staff but assured us she would look into this.

We looked at how the service managed people's medicines. Prior to the inspection we were aware medication errors had been made. During this inspection we were told there were designated senior care staff and nursing staff who managed people's medicines. However, we found there were no records to demonstrate that the recently employed nursing staff had received appropriate training. We were told training was planned and would be followed by checks on their practice to ensure they were competent to administer medicines. Appropriate training for senior care staff had been provided and we were told formal competency assessments were due to commence.

We found the home currently operated a monitored dosage system (MDS) of medication. This was a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Medication was stored securely in a designated room with appropriate storage for refrigerated items. Policies and procedures were available for staff to refer to and had been reviewed to reflect current practice. We observed the morning and lunch time medicine rounds were completed in a timely way.

We found accurate records and appropriate processes were in place for the ordering, receipt, storage and disposal of medicines. Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register. People were identified by a photograph on their medication administration record (MAR) which helped to reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. However we found there were not always clear instructions on the MARs to guide staff; instructions such as 'as directed' were used. The registered manager was aware of this and GPs and the community pharmacist would be contacted to resolve this.

Medicines were clearly labelled and codes had been used for non-administration of regular medicines. There were records to support 'carried forward' amounts from the previous month which helped monitor whether medicines were being given properly and boxed medicines were dated on opening to help make sure they were appropriate to use. Some people's medicines had been reviewed by their GP which helped to ensure people were receiving the appropriate medicines. We saw checks on the medication system had been undertaken.

Care records showed people had consented to their medication being managed by the service on admission and whether they were able, or wished to, self-medicate. Where medicines were prescribed 'when required', guidance was not always clearly recorded to make sure these medicines were offered consistently by staff although care plans were being developed to include this information.

We looked at the arrangements for keeping the service clean and hygienic. A visitor said, "The place is always clean and tidy." We did not look at all areas and generally found the home was clean and odour free. However, despite a regular cleaning schedule, we noted a strong offensive odour in the dementia unit and a number of stained carpets. The registered manager assured us work to replace flooring was due to commence within 2 weeks. On our first inspection day there was an offensive odour in an area of the main lounge and we found two armchairs were torn and wet. The chairs had been removed when we visited on the second day. We found rough plaster and exposed piping in the 'drying room' in the basement areas of the home. The registered manager said she would review the room. The registered manager told us the need for individual hoist slings had already been identified and they were being ordered.

Infection control policies and procedures were available. Records held by the previous manager were not available which meant it was difficult to determine how many staff had received infection control training.

The current training matrix indicated 13 staff had received infection control training and sessions for all staff were planned.  The housekeeping and domestic staff had achieved an accredited certificate in infection control. There was currently no designated infection control lead who would take responsibility for conducting checks on staff infection control practice and keeping staff up to date. The registered manager told us an 'infection control champion' had recently been identified.

We noted staff hand washing facilities, such as liquid soap and paper towels were available around the home. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. However, pedal operated waste bins had not been provided. Appropriate protective clothing, such as gloves and aprons, were available. There were contractual arrangements for the safe disposal of waste.

The laundry was sited away from any food preparation area and contained sufficient equipment to launder and maintain people's clothes. There was a facility for sluicing soiled clothes and different coloured bags were used to separate contaminated waste and laundry. One person told us, "My clothes are always lovely and clean."
A domestic and a laundry person worked each day. A range of cleaning schedules were in place and we were told sufficient cleaning products were available.

Requires Improvement

# Is the service effective?

## Our findings

People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. One person said, "I have a lovely room; it's such a lovely view." Other people told us they were happy with the improvements. A visitor said, "It is a lovely home and things have improved; it is clean and tidy."

Hollies Nursing and Residential Home is situated in a residential area of Clayton le Moors. Shops, pubs, churches, the park, the library and other amenities are within walking distances. Accommodation is provided on two floors with a passenger lift and chair lift access. On the ground floor there are two lounges and a dining area. There is a secure unit on the first floor for people living with a dementia. There are well maintained gardens and seating areas for people to use.

Bedrooms provided both shared and single occupancy and two bedrooms had en suite facilities. Suitably equipped bathrooms and toilets were within easy access or commodes were provided as needed. Aids and adaptations had been provided to help maintain people's safety, independence and comfort.

We looked around the home. We did not look in all rooms but found some areas were in need of attention including torn seating in the main lounge, damage to doors and woodwork and stained worn carpets. However, we also noted a number of improvements had been made since our last inspection visit and refurbishment and redecoration was ongoing. Improvements included replacement of the corridor flooring and refurbishment and redecoration to a number of areas including bedrooms. The function of some of the rooms had also been changed to provide more flexibility for people and their visitors. For example there were designated lounge and dining areas and the lounge on the dementia unit was no longer used at it was too isolated.

Without a formal development plan it was difficult to determine what improvements would be made and expected timescales for completion. The registered manager described the plans which included refurbishment, redecoration and recarpeting of the dementia unit, gradual replacement of lounge seating, replacement of lounge carpet and window blinds, decking to the outside of the home and development of a secure patio area. The registered manager also told us there were plans to provide a more dementia friendly environment including colour coordinated doors, memory boxes, photographs to identify people's bedrooms and interesting objects available on the corridors. We looked at the quarterly newsletter and minutes from recent meetings and noted people had been kept up to date with the plans for improvement and changes made. People living in the home, their visitors and staff were able to describe some of the changes made.

There was a maintenance person and a gardener and a system of reporting required repairs and maintenance was in place. Records showed planned and ongoing improvements had been discussed with the directors at regular management meetings. However, we discussed the importance of maintaining a formal improvement plan which was kept under review.

We looked at how the service trained and supported their staff. People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. The registered manager had already identified gaps in the provision of training and told us there were limited records to demonstrate previous training. This made it difficult to determine when and whether staff had received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff were able to describe previous mandatory training.

We spoke with the newly appointed training provider and assessor. We were shown a training matrix which showed a number of gaps in the provision of training. We were also shown a plan of initial training booked to take place over the next three months. This would ensure staff were up to date with mandatory training. Training included safeguarding vulnerable adults, infection control, food hygiene, person centred approach, dementia care, moving and positioning, health and safety, diet and nutrition, equality and diversity and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Additional training would also be provided to enhance the skills of the nursing staff. Some staff had achieved a recognised qualification in care and other were currently working through the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Nursing staff were being supported with providing training and development evidence to maintain their registration with the Nursing and Midwifery Council (NMC).

We looked at the records of recently employed staff. We found they had received a basic induction into the routines and practices of the home and were in the process of completing a more in depth induction. Staff told us new staff would work with and shadow more experienced staff until they were confident to work independently. Prior to the inspection we were told agency staff were not given any induction to the home or the layout of the building which could place people at risk. During this inspection we saw a basic safety induction, introduction to the home and plan of the home had been introduced.

Staff told us they were supported in their work. Formal one to one supervision sessions were provided for staff which would help to identify any shortfalls in their practice and the need for any additional training and support.

Staff told us handover meetings and a communication diary helped keep them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff had access to a range of policies and procedures to support them with safe practice. A healthcare professional told us, "Staff have a good awareness of people's needs."

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are excellent", They will make me something else if I don't like it" and "Good food; I enjoy my meals." Visitors said, "It always looks nice and smells good", "The food is nice and always well presented" and "The meals are alright."

The menus and records of meals served indicated people were offered meal choices and also alternatives to the menu had been provided. During our visit we observed late breakfasts and lunch being served. The dining tables were appropriately set and condiments and drinks were made available. People were able to dine in other areas of the home if they preferred and equipment was provided to maintain dignity and independence. The meals looked appetising and hot and the portions were ample. The atmosphere was relaxed with chatter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. We noted the cook taking time to chat with people about whether they enjoyed their meal. We saw records had been made of people's dietary and fluid intake as necessary and people's weight was checked at regular intervals. Appropriate professional advice and support had been sought when needed. We observed people being offered drinks and snacks throughout the day.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. 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) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS.

The registered manager expressed a good understanding of the processes relating to MCA and DoLS and staff had received training in this subject. At the time of the inspection six applications for a DoLS authorisation had been made which would help to ensure people were safe and their best interests were considered. The registered manager told us additional applications were being made.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff were aware of people's capacity to make choices and decisions about their lives which was recorded in their care plans. People's consent or wishes had been obtained in areas such as photographs, management of medicines and information sharing but not yet with regards to gender preferences around support with personal care. The registered manager gave assurances this would be reviewed as part of the care plan audit. This would help make sure people received the help and support they needed and wanted.

From looking at records and from our observations we were aware some people were unable to make decisions for themselves. We saw some information in the care plans regarding people's ability to make choices in some areas and noted capacity assessments for two people's had been completed although one had not been kept under review. The registered manager assured us this aspect of people's care would be improved with the ongoing audits.

The service had a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). We noted one person had a DNACPR decision recorded in their records and found this had been discussed with the person's family and kept under review to ensure it was appropriate.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses, speech and language therapist and the chiropodist. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We recommend the service develop an improvement plan with clear timescales for improvement. This will ensure people live in a safe and comfortable environment.

Good

# Is the service caring?

## Our findings

People spoken with were happy with the care and support provided. People told us, "The staff are very good. They work hard and do a good job" and "I like it here; I'm treated properly, with respect." Visitors said, "I am very satisfied; The care is very good" and "(My relative) is happier, settled, clean and cared for." A healthcare professional told us, "There was definitely a warm relationship between the carers and the residents whereby they knew each other well, based on the type and mode of communication I saw."

During our visit we observed staff responding to people in a patient and considerate manner and we observed good relationships between people. People who required support with their personal care needs received this in an unhurried way. The atmosphere in the home was calm and relaxed. A visitor said, "There is a good atmosphere in the home." From our observations staff knew people well and were knowledgeable about individual needs, preferences and personalities.

From our discussions, observations and from looking at records we found people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices. There was information about advocacy services displayed on the notice board. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Information was available about people's personal preferences and choices around issues like meals, routines, hobbies and interests. This helped staff to treat people as individuals. We looked at various records and found staff wrote about people in a caring, compassionate and respectful manner.

The registered manager produced a regular newsletter which was available for people to read. This provided people with useful information about the service. However, we noted information about the home displayed in the entrance hall was incorrect with regards to the previous acting manager and the outcome from a previous inspection. We discussed this with the registered manager.

There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. Staff spoke to people respectfully and appropriately.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence. For example people were encouraged to maintain their mobility or assist with aspects of personal care.

People were encouraged to express their views during day to day conversations with management and staff and during residents' and relatives' meetings. The residents and relatives meetings and quarterly newsletters helped keep people informed and gave people the opportunity to be consulted on a variety of topics.

We found systems had been introduced to involve people living in the home and their relatives in formal reviews of their care and support. Visitors told us they were kept up to date with any changes to their relative's health or well-being. Visitors said, "I am informed and staff listen to me and what I have to say", "I am involved in meetings and reviews" and "I am kept up to date with any changes in my relative's condition." Other visitors told us they had received invitations to review their relative's care plan.

Good

# Is the service responsive?

## Our findings

People told us they received the care and support they needed and staff responded well to any requests made for assistance. One person said, "They do a good job; I get whatever I need."

People told us they had not needed to complain and that minor issues were dealt with informally and promptly. People were able to discuss any concerns during meetings and day to day discussions with staff and management. People told us they could raise any concerns with the staff or managers. One person said, "I would speak up if things weren't right." A visitor said, "I feel there is good communication; staff try very hard to get it right first time."

There was a complaints procedure advising people how to make a complaint; this included the contact details for external organisations including social services and the local government ombudsman. Information about how to raise concerns, complaints and compliments was included in the quarterly newsletter.

Clear records had been maintained of people's concerns and complaints. There had been four complaints raised directly with the home and one complaint raised with the Commission. Records showed the service had responded appropriately and in line with procedures. People's concerns and complaints were monitored by the provider, discussed with staff and used to improve the service. We also saw people had made complimentary comments about the service. These included, 'Thank you very much for your kindness and care', 'You are worth your weight in gold' and '(My relative) could not have got any better care'.

We noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered from a variety of sources and covered all aspects of the person's needs. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home. A relative confirmed they had been involved in this process and had found it very useful. They said, "I looked around and my questions about the service were answered."

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. The registered manager had introduced a new format. We found the care plans were organised and clearly written however, there was not always information about people's ability to make safe decisions about their care and support or information about people's preferences in respect of receiving personal care from male or female staff. The registered manager gave assurances this would be clearly recorded in each person's care plan.

Information was included regarding people's likes, dislikes and preferences, routines, how people communicated and risks to their well-being. This helped to ensure people received the care and support in a way they both wanted and needed. Daily records were maintained of how each person had spent their day; these were informative and written a respectful way.

We saw evidence to indicate the care plans and risk assessments had been reviewed and updated on a monthly basis or in line with changing needs. Visitors told us they were kept up to date and involved in decisions about care and support. From looking at records and from our discussions we found some people living in the home and their relatives had been formally involved in the review of their care plan and other visitors had review meetings planned.

There were systems in place to ensure staff could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift where staff were able to discuss people's well-being and any concerns they had. This helped to ensure staff were kept well informed about the care of people living in the home.

When people were admitted to hospital they were accompanied by a transfer form containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

We observed staff taking time to ensure people's needs and requests were understood and listened to. We noted staff checked on people's welfare throughout the day to ensure they were comfortable, safe and had everything they needed.

The service employed an activities person which meant the provision of daily activities was not always reliant on staff availability. From looking at records and talking to people we found people were able to participate in a range of suitable activities and entertainments. Activities were provided either in small groups or given on a one to one. Activities included hand and nail care, visits to the local park and shops, visits from entertainers, themed celebrations, art and crafts, crosswords, reading newspapers and discussions about the news, dominoes, films, music and reminiscence. Local clergy regularly visited the home and offered people the opportunity to practice their faith. Other people attended the local church services. People living in the home said, "I can have a laugh; we get on with different things", "They do things during the day but I tend not to get involved" and "We can do different things; there is usually something going on. I'm happy to sit and chat with anyone here."

People told us they were able to keep in contact with families and friends. People confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed people visiting during our inspection and noted they were treated in a friendly and respectful way.

Good

# Is the service well-led?

## Our findings

People living in the home and relatives spoken with made positive comments about the current management of the home. People told us, "The new manager seems very good and is making a number of changes" and "The place is efficiently run." A visitor said, "The atmosphere is good and the home is looking brighter with the improvements." Staff commented, "There has been lots of improvements", "The manager is very professional. Firm but fair with everyone. She listens to us" and "The manager is amazing with all she has done here."

The registered manager had been in post since April 2015 and had registered with the Commission in October 2015. The registered manager was able to describe her achievements so far and was aware of the improvements needed.

The registered manager was supported by the directors of the organisation. She was able to meet with other registered managers to discuss the operation of the service and share best practice. One of the directors visited the home on a regular basis and was available if people, their relatives or staff wished to discuss any issue relating to the home.

The registered manager was seen to interact warmly and professionally with people living in the home, relatives and staff. During our inspection we spoke with the registered manager about people living in the home. She had a good overview of what was happening with staff and people who used the service. There was a positive and open atmosphere at the home. We noted the registered manager had an 'open door' policy to promote ongoing communication, discussion and openness.

We were told that a schedule of audits had only recently been introduced and the quality business officer and the registered manager had begun to carry out audits in the home to check the quality of the service. Records confirmed this. We saw copies of recently completed audits in relation to a number of care plans and medicine management and action plans had been devised to resolve any identified shortfalls. Personnel files were currently being audited and action was being taken to ensure all files were up to date. The registered manager was aware of and had taken action to address the shortfalls in relation to infection control and standards of the environment. However, formal audits on these areas had not yet commenced.

It was clear from other records that discussions had taken place between the directors and the registered manager in relation to the quality and improvement of the home. A quality business officer had been employed to ensure regular audits were completed. This would ensure that shortfalls would be identified and appropriate action taken.

Staff meetings were held regularly and we were told minutes of the meetings were made available to staff. Staff were provided with job descriptions, contracts of employment and policies and procedures which would help make sure they were aware of their role and responsibilities.

Staff were aware of who to contact in the event of any emergency or concerns. There was always a senior

member of staff on duty with designated responsibilities and the registered manager could be contacted at any time in an emergency.

Staff told us they were able to voice their opinions and share their views. They felt there was good communication with the management team and they were well supported. Staff spoken with felt they could raise their concerns with the directors or with the registered manager. They told us they were confident they would be listened to and appropriate action would be taken. All staff spoken with felt communication had improved and that the care was good. Staff spoken to were happy working at the home. Staff said, "We have a fantastic team", "We care about the people that live here" and "I like working here."

People were encouraged to be involved in the running of the home and were kept up to date with any changes. We saw meetings had been held. The minutes of recent meetings showed a range of issues had been discussed, such as activities, food and activities. The quarterly newsletter also kept people informed about changes such as new staff, recruitment, decoration and events.

Response from the recent customer satisfaction survey (December 2015) had been poor. Only one visitor and one person using the service had responded. However, the comments were positive. The registered manager told us a further customer satisfaction survey would be sent out. This would help to monitor the quality of the service offered.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

The organisation had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. A review was planned for 2017.