Risedale Rest Home Limited

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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

Overall summary

This inspection took place on 6 and 7 May 2015 and was unannounced We last inspected the service in April 2013, and at that visit found the service was meeting all of the regulations we inspected.

Risedale Rest Home is a care home in Whitley Bay. It accommodates up to 17 people. Most of the people who are cared for at the home are older people, and some people who use the service have mental health needs. At the time of our visit there were eight people living at the home.

At the time of our inspection there was not a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been employed at the service in December 2014. The new manager had applied with CQC to become registered. At the time of our inspection their application was being processed. In the weeks following our inspection this application to become registered manager was successful.

Summary of findings

There were systems in place to guide staff on the appropriate action to take if they had any concerns over people's safety or wellbeing. We saw staff had been trained in identifying and responding to potential abuse. The manager had assessed their knowledge of the safeguarding process to ensure staff were competent at following the correct processes.

There were enough staff to meet people's needs. During our inspection we saw there was a good staff presence in the communal areas of the home. Staff did not appear to be rushed. We saw staff were able to support people with their needs and any requests, as well as spending time engaging with people in activities and conversation. Recruitment procedures had been followed to ensure staff were of good character and appropriately skilled for their role.

People's medicines were managed safely and appropriately. There were systems in place to administer, store and dispose of medicines properly.

We reviewed the staff training matrix for all of the staff who worked in the home. Training had been planned for the next year so staff's skills remained up to date. Staff had received refresher training in all health and safety related training within the last year. Training had been planned around the needs of people who used the service, with staff receiving training in mental health conditions. Staff received regular supervision and appraisals with the manager to discuss their role and performance.

The manager was aware of their responsibilities under the Mental Health Act 2005 (MCA) and was able to describe to us situations where they had put this into practice. Deprivation of Liberty Safeguards (DoLS) were lawfully applied. DoLS authorisation had been granted for one person who used the service, and the application was pending for another. Staff were aware of who had DoLS authorisation in place and could tell us about the safeguards in place to ensure these people were safe.

People were positive about the food on offer at the home. We saw people were given a choice of meals which were displayed using a pictorial menu. We spoke with the chef who was knowledgeable about people's nutritional needs.

People and their relatives told us staff were very kind. We observed lots of good practice during our visit. Staff spent a lot of time speaking with people and sharing jokes. The atmosphere in the home seemed warm and light-hearted. Staff and people who used the service knew each other well and seemed to enjoy each other's company.

Care records showed that people had been included in planning their care. Their preferences had been documented throughout their records. People were encouraged to maintain their independent skills. For example, some people visited the local shops by themselves and one person managed their own medicines.

People's care plans were personal and specific. Their needs had been determined through a range of assessments. Care plans were in place to describe to staff how best to support people with their needs. People's needs and care plans were reviewed on a regular basis. Staff were knowledgeable about people's needs and how to support people.

A complaints procedure was in place. The manager told us no complaints had been received in the previous 12 months. Relatives we spoke with were aware of how to make a complaint, but told us they had never had any issues with the service. People and their relatives were invited to regular meetings to discuss the service and any improvements they would like to make.

People, their relatives and staff spoke highly of the manager of the service. They told us the manager was approachable and ran the service well. The provider of the service was also very involved in the home. She visited regularly and fed back her observations on the quality of the home both informally and through quality monitoring assessments.

A range of checks and audits were carried out regularly to monitor the quality of the service. These included reviewing accidents and incidents that occurred within the home and responding to any preventative measures that needed to be put into place. Action plans had been created to address any improvements which were required and these were monitored and updated when improvements had been made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were knowledgeable about the process they needed to follow to safeguard people from potential abuse.

There were enough staff to meet people's needs. Recruitment processes had been followed so checks were carried to ensure staff were of good character.

Processes were in place to ensure medicines were managed safely and appropriately.

Good

Is the service effective?
The service was effective.

Staff were up to date with care and safety related training. Training was planned in advance to ensure staff skills remained current.

All staff had received training in the Mental Capacity Act 2005 and the act was applied appropriately. Staff were aware of the principles of the MCA. The manager gave examples of where they had followed this legal requirement and made a best interests decision on someone's behalf.

There was a choice of food on offer and people told us food at the home was very good.

Good

Is the service caring?
The service was caring.

People and their relatives told us staff were very kind. Throughout our inspection staff took the time to sit and talk with people. Staff were very engaging and used activities such as a quiz to get people talking to one and other and to reminisce.

Care plans showed people had been included in planning their own care. People's preferences about their care had been recorded throughout.

Good

Is the service responsive?
The service was responsive.

People's care had been planned following an assessment of their needs. Both people's needs and their plans of care were reviewed on a regular basis. Staff were knowledgeable about the support people needed.

There was a complaints procedure in place. Relatives we spoke with told us they were aware of how they could make a complaint. Meetings were held regularly to discuss how the service was run with people and their relatives.

Good

Is the service well-led?
The service was well led.

At the time of the inspection the manager of the home was in the process of applying for CQC registration. In the weeks after our visit their application was successful.

Good

Summary of findings

There were systems in place to monitor the quality of the service. Where improvements had been identified actions had been taken to address these.

Risedale Rest 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 6 and 7 May 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We also reviewed any information that we had received from third parties. We contacted the local authority commissioners of the service and the local authority safeguarding team. We also contacted the local Healthwatch team. We used the information that they provided us with to inform the planning of this inspection. The local Healthwatch team told us their volunteers had carried out an Independent Observer visit in September 2014. They told us their volunteers, “did not find any issues, but did note a number of areas of good practice.”

During the inspection we spoke with four people living at the home and two relatives. We spoke with the registered manager, three care workers and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Throughout the inspection we also spent time in the communal areas of the home observing how staff interacted with people and supported them.

We looked at three people’s care records, including their medicine administration records. We looked at three staff recruitment, training and supervision records. We also reviewed a range of other records related to the management of the service.

Good

Is the service safe?

Our findings

We spoke with four people who used the service and two relatives who all told us the home was a safe place to be cared for. One person said, "I am safe here. I trust the staff." A relative said, "Yes I think the home is safe. [My relative] has a Rollator (moving and handling equipment) and I've never seen the staff try and move her without that. They seem to follow all the processes they should." A member of staff said, "This is a safe home. It's probably the best home I've ever worked in for how well people are treated."

Staff had received training in identifying and responding to any potential abuse. We spoke with three care workers who were able to describe to us the process to follow if they had any concerns over how people were being treated. Staff had access to the safeguarding policy and all staff had signed to confirm they had read and understood it. The manager showed us competency assessments staff had completed where they had answered questions on how to respond to any safeguarding concerns. The manager had reviewed these assessments to ensure staff were competent in responding to any potential concerns. We spoke with the manager of the service who told us there had been no safeguarding incidents within the previous 12 months.

Records showed some risks to people's safety and welfare had been assessed. We saw from people's care plans that a number of assessments had been carried out to determine if people were at risk of developing malnutrition or of falling over. However, we saw some risks had not been assessed. For example, one person had their medicines crushed and put into their drink to allow them to swallow them more easily. There had been no assessment as to the risks this may pose to the person or other people who used the service. For example, if the person did not finish their drink they may not then receive their full dose of medication. There was a potential risk to other people, if they accidentally drank the drink with crushed medicine in it. Staff and the manager were able to tell us how these risks were mitigated, for example by watching the person empty their drink before they started administering medicine to anyone else. However, the manager did acknowledge this risk had not been properly assessed or recorded.

We also noted some risks relating to the building had not been assessed. We fed this back to the manager on the first day of our inspection and they told us they would put update the risk for the building immediately. When we returned the second day the manager showed us this had been done.

We saw a number of checks were carried out regularly to monitor the safety of the building and equipment. Records showed that following audits, new furniture had been ordered and maintenance work carried out. Equipment such as hoists, were serviced regularly. Checks on fire alarms and fire doors were carried out weekly. Evacuation plans were placed on walls on each floor of the home, so staff had easy access to this information in the case of a fire.

Accidents and incidents had been monitored by the manager to determine if staff had responded appropriately and to monitor any trends which may have occurred. Preventative measures had been put in place to reduce the likelihood of accidents reoccurring.

During our inspection we noted there was a good staff presence in the home. In addition to their tasks staff had time to sit and talk with people. All of the people who used the service, their relatives, and the staff we spoke with told us there were enough staff to meet people's needs. One member of staff said, "We have got enough, yes. The home would never be understaffed. It's not something that happens here." We reviewed staff rotas for the four weeks preceding our visit and saw staff numbers were consistent.

Checks had been carried out before staff had started working in the home, to determine if staff were of good character. We looked at three staff files. Two references had been obtained and a Disclosure and Barring check had been carried out before new staff started in their roles.

Processes were in place to manage people's medicines appropriately. We observed staff administering medicines to people. Staff told people what their medicines were and provided with drinks when they offered their medicines. We looked at three people's medicines administration records, and saw these had been fully completed. Staff had followed a coded system to record whether people had taken their medicines, or if they had refused, the reason why had been recorded. Medicines were stored securely in a locked room. There were systems in place to dispose of any medicines which had not been taken.

The home was well maintained and in good repair. We saw from maintenance records that the décor was refreshed

Good

Is the service safe?

regularly, including painting walls and replacing any worn furniture. We visited all of the communal areas of the home, and three people's bedrooms. We observed the home was very clean. A relative we spoke with told us they were very happy with the standard of cleanliness in the home. They said, "I have been in the kitchen, the bathrooms, the lounges and they are all spotless. It is always clean. I can honestly say I have never been there and noted any kind of smell in the place. They are very on top of that." We noted in feedback from a local authority monitoring visit that an issue had been raised about damage in a one of the bathrooms, which the feedback stated impacted on hygiene. The manager told us, and records confirmed that immediately after that visit the base of a hoist was replaced to rectify this issue. This showed swift action had been taken in response to feedback.

Good

Is the service effective?

Our findings

People we spoke with and their relatives told us staff at the home were well trained. One person said, "They are very good here. You can tell they try their best for you. They seem to know their stuff too." We looked at the training overview for all of the staff in the home. All staff had recently completed training or a refresher course in training related to care and welfare. All staff were up to date in training courses such as moving and handling, safeguarding, health and safety, food hygiene, fire safety and infection control.

Staff had undertaken training specific to the needs of people who used the service. Of the 15 members of staff who worked at the home, nine had completed training in delirium (a condition of severe confusion), nine staff had undertaken training in falls prevention, and seven in assessing risk. The manager had completed a training plan for the rest of the year, to ensure staff training remained up to date. During our inspection we noted one staff member became upset in response to a person displaying some behaviours which were challenging. When we asked the manager if staff had received training in responding to behaviours that may be perceived as challenging, we were told they had not. The manager advised us they had identified that this was a development area for staff and had been in touch with various training companies to source this training. They told us this training would be arranged as soon as it could be provided.

We spoke with three members of staff who told us they felt they had been provided with the training they needed to support the needs of people who used the service. One member of staff said, "There is a lot of training here. I do think I've had enough to do my job well, but you never can have too much can you? I've enjoyed a lot of the training we've done. I think you learn something new on every course." Another staff member said, "We get enough training here. If you want to do something specific, you just need to talk to [Name of Manager]. I've got my NVQ2 and I could do my NVQ level 3 here as well, but I haven't decided yet if I want to."

Staff told us, and records confirmed that staff met with their manager on a regular basis in supervision sessions, and that appraisals were carried out yearly. Records showed supervision was planned every two months, and staff were given the opportunity to formally discuss their role, the needs of people who used the service, and any support they may require. Appraisals were up to date and these were used to assess staff performance to determine any development or training needs.

We spoke with the manager and staff about the Mental Capacity Act 2005 (MCA). The MCA protects and supports people who may not be able to make decisions for themselves. Where people lack the mental capacity to make their own decisions, the MCA sets out the process which needs to be followed so decision making is made in people's 'best interests'. The manager told us they had followed this process, and completed the relevant assessments and documentation whenever decisions needed to be made where people could not make them himself. They told us about one person who often refused food and how the cook was aware of their preferences and made food which they liked. However, this person refused food at every meal. The manager described how they had worked with the person's GP and their family and then completed a mental capacity assessment to determine if the person was able to understand the consequences of refusing food. A best interest decision was made, and recorded in their care plan, that if the person refused to eat, staff should still offer spoonfuls of food. The manager explained how the person now often ate their food even though they had initially refused. We reviewed this person's mental capacity assessment, best interest decision and care plans and saw information had been recorded appropriately and the MCA had been followed.

The manager told us some people had appointed a Lasting Power of Attorney (LPA). LPA is a legal tool which allows people to appoint someone (known as an attorney) to make decisions on their behalf if they reach a point where they are no longer able to make specific decisions. The manager had taken copies of the LPA to ensure any decisions made on behalf of people by their LPA were lawful.

The provider acted in accordance with the Deprivation of Liberty Safeguards (DoLS). These are safeguards to ensure unlawful restrictions are not placed on people who receive care services. The local authority is responsible for assessing and granting authorisation for DoLS applications. One person who used the service had this authorisation in place, and the manager told us one other application was in the process of being reviewed. All staff had received training in the MCA and DoLS. We spoke with three

Good

Is the service effective?

members of staff who were able to tell us the principles of the MCA and they described how this impacted their work. Staff were aware of who had DoLS authorisations in place and who was awaiting authorisation. Staff were able to describe to us how people who were not under DoLS safeguards could leave the home at any time, they named several people who regularly visited the local shop or town centre unsupervised.

Our observations showed, and care records confirmed, that people were asked to consent to their care. During our visit staff asked people if they wanted to take their medication, wanted support to move around the home or if they wanted to receive hand and nail care. Some people refused some of these requests and staff respected these decisions. Care records showed people had been asked to sign their care plans to show they agreed to their planned care.

All of the four people we spoke with told us the food in the home was very good. One person said, “We get well fed.” Another person told us, “The food is lovely. You get a lot of it, and there is always a choice.” We saw a pictorial menu was displayed in the dining room showing the choices for the upcoming meal. We spoke with people before their meal and they were able to tell us what their choices were and what they had chosen to eat. We spoke with the cook, who was knowledgeable about people’s needs. She showed us the records she kept in the kitchen which detailed people’s preferences and their requirements for food, such as the texture it should be provided in.

Throughout our inspection people seemed relaxed. There were various communal spaces within the home in which people could choose to spend their time, including two lounges, a dining room and a smoking room. People had access to a backyard which had been furnished and painted to make a pleasant seating area. Adaptations had been made for people who were living with dementia. Signs had been used to show where toilets, lounges and the dining room were. Tactile displays had been hung on the walls to encourage people to touch and engage with different textures. People’s photographs had been displayed on their bedroom doors, and the manager told us they were looking in to displaying memory boxes of photographs or items which were important to people, to help them to recognise the room as theirs.

Good

Is the service caring?

Our findings

People spoke very highly of the staff and told us they were very caring. One person said, "The staff are diamonds. I couldn't ask for more." Another person said, "They are lovely lasses, and the lads too." One of the relatives we spoke with said, "The staff seem great. They are always very kind with [My relative]."

We carried out an observation over lunchtime and saw staff were attentive to people's needs. They supported people who needed help to eat their meal and they sat and talked with them throughout. Staff made sure people had a drink of their choice and were happy with their meals.

Throughout our visit we observed lots of good staff practice. Staff spent a lot of time in the communal areas sitting with people and giving them their full attention whilst they talked with them. Staff and people who used the service seemed to have a warm relationship where they knew each other well. They shared jokes and people appeared to be very happy, often smiling and laughing in response to staff making jokes.

During our visit we saw staff hosted a quiz which three people who used the service seemed to thoroughly enjoy. People were very animated when shouting out answers to the questions. Most of the questions were about historic television shows, music and culture and prompted discussion between people and staff reminiscing on the types of things had enjoyed when they were younger.

Care records showed that people had been included in planning their care. Care plans included information on people's preferences, such as whether they would prefer a male or female carer, what activities they would want to take part in and whether they wanted to attend religious services either in the community or the monthly service held at the home. People and their relatives were invited on a regular basis to a review meeting to discuss their care.

People had been provided with information about the service. The manager told us people had been given a service user guide when they started using the service. These guides included information on what people should expect and how the service operated. Information was also displayed around the home, such as notices telling people when meetings were planned or activities scheduled. We spoke with the manager about advocates. An advocate is an independent person who can support people who do not have capacity with decisions about their care. The manager told us that no one was currently using an advocate, but that people had been given information about advocates within the service user guide. They advised us that if people had any big decisions to make they would not hesitate in referring people to an advocacy service.

People's independence was promoted. Care plans showed people were encouraged to do things themselves when they were able, such as dressing themselves, to maintain their independent skills. During the inspection we saw staff supported people to be independent. Staff ensured people had access to their mobility aids. People often chose to access the local shops or town centre by themselves. One person who used the service managed their own medicines and staff supported them to do so by providing them with medicine administration records to record when they had taken their medicine.

People's privacy and dignity was promoted. Information had been included in care plans so people's dignity was upheld at all times. Staff told us that when they supported people to dress or to bathe they covered people up as soon as they could. We saw staff knocked on people's bedroom doors and waited for an invitation to enter before doing so.

All of the care records we reviewed included an end of life care plan. These records showed people had been asked if they would like to discuss the plans they would like to put into place at the end of their life. These records had been completed in detail, and people had included information about whether they wished to be cared for, whether they wished to be buried or cremated and personal details such as songs they would like to be played at their funeral.

Good

Is the service responsive?

Our findings

People told us they were happy with how they were cared for at the home, and they felt their needs were met. One person said, "They do right by me. If I ask for anything they're there with it." A relative said, "[My relative] is very well looked after." Another relative said, "[My relative] has some issues and she can be difficult, but I think they handle her quite well. They know what she needs." During our visit staff moved through all of the communal areas, and regularly checked on people in their rooms, asking if they needed a drink or any staff support.

We reviewed three people's care records. Records were person centred and specific to each individual person. A range of assessments had been carried out to determine people's needs. Where assessments indicated people needed support from staff, a care plan had been written detailing how this support should be provided. Plans were detailed and easy to follow. For example, we saw one person had communication needs, which meant they could not always verbally express their wishes. Their communication care plan detailed how the person communicated their consent or if they were in pain. We spoke with this person's relative who was very positive about the way staff understood their family member. They said, "The staff understand [My relative] very well actually because they are with her all day every day. It's sometimes them telling me what she's trying to say, rather than the other way around. It's reassuring."

Care records were personal. They included detailed information about people's lives, families and previous work. We saw a family tree had been drawn noting the key members of people's families. Staff were able to tell us about the things which were important to the people they supported. One staff member said, "There are only eight people here at the moment, so we can spend a lot of time with them. We know them all really well." The manager told us they were proud of the long standing staff team. They said, "As staff turnover is very low, people can really get to know the care workers and learn to trust them and feel very confident with them."

The manager told us care staff shared the responsibility for planning and carrying out activities. During our visit we saw activities were held throughout the day. Staff organised a quiz, offered manicures and arranged a dominos competition between a small group of people.

People were encouraged to share their experiences of the service. People who used the service and their relatives were invited to a monthly meeting to discuss their views on their care and how the service is operated. Records related to these meetings showed discussions had taken place about what activities people wanted to do in the near future, and the food and menu available in the home. The manager told us that following these meetings they had made changes to the menu. They said, "The residents said they wanted an old fashioned fry up for lunch every few weeks so that's on the menu now. People weren't as keen on things like pizza, so we've taken that off." We were told that people had indicated they would like to go on more trips as a group. The manager told us a trip to a local aquarium followed by fish and chips had been arranged for a short time after our inspection.

Satisfaction surveys had been sent to people who used the service in April 2015. People had been asked if they were satisfied with the service the home provided and for their views on how the home could improve. The results of the survey had been collated and analysed by the manager. One person had responded negatively to a question asking if they knew how to raise a complaint. This was then discussed at the next meeting with people and their relatives to ensure everyone was aware of how complaints could be raised.

Relatives had been surveyed in September 2014. The responses to these surveys were very positive. Responses included; "Staff contact me if there are any issues regarding my relative";

"I feel able to contact the staff if I have any complaints, as they are approachable and open" and

"I am very happy with the care and support that my relative receives at Risedale Rest Home."

We checked through the complaints and compliments records for the home, but saw no complaints or compliments had been made within the previous 12 months. The two relatives we spoke with told us they knew how they could make a complaint if they needed to, but told us they had never had any issues with how the service was operated or with the care provided.

Good

Is the service well-led?

Our findings

At the time of our inspection a manager was in place but their application to be registered with the CQC had not been decided. The previous registered manager had retired from the service approximately five months before our visit. The current manager had started working in the home in December 2014. In the weeks following our inspection the manager's application was successful and they were registered with CQC as the manager of the home.

People who used the service, their relatives and staff spoke highly of the new manager. They told us they were accessible with and fostered an open culture in the home. One person said, "[Name of manager] is very good. They run a tight ship." A relative said, "The new manager seems good. I don't always see them as I often visit on weekends, but from what I have seen they seem to have a good handle on things." A staff member said, "[Name of manager] is very approachable. If I had any problems I would go to them straight away. I think they do a really good job."

Both the manager and the provider were in attendance during our inspection and assisted us with our enquiries. The provider told us she visited the home regularly. She said, "I come to the home at least a few times a week. Sometimes I'll stay for a few hours, and other times I'll just pop in. I check everyone is okay, I've known most of the residents for years. I check that things are running well." Staff and people who used the service confirmed that the provider frequently visited the home. One person said, "She's a lovely lady. Her and her family. We see them a lot." A staff member said, "The owners are very nice. They are always popping in. We never know when they are coming in either. Sometimes it's first thing in the morning, sometimes it's the evening. I think they just want to see we are doing what we should be. They are in at least three or four times a week."

The manager told us the provider was very supportive of their plans for the home. They said, "My aim is to deliver a service of high quality that will improve and sustain the clients overall quality of life." They said, "We get on very well because we want the same things for the residents and for the home. [Name of provider] listens and agrees to any of my requests as long as I can justify why we need it. There are no budget restrictions as long as it's reasonable. I've been told if people need it, we need to get it for them. I can't say I've ever worked anywhere like this before. [Name of provider] really cares about the residents and about the home. She calls every day. Not to check up on me, to check how each of the residents are doing."

The manager told us the culture of the home was "open and honest." They continued "communication is vital to the success of the home. Both myself and the provider are very passionate about the care people receive, therefore we encourage a continuous improvement approach within the home, welcoming any suggestions staff, relatives or professionals may have. Staff are motivated by taking ownership of what they do and strive to make a real positive difference to the people they care for."

Staff we spoke with told us they felt valued and listened to. They told us they regularly attended staff meetings. One member of staff said, "I actually look forward to the meetings. We go through the general stuff, if there is information we need to know. But then they will ask us what we think. If we have any improvements we want to make or any ideas. I feel like our opinion is taken into account and that they listen to us."

A staff survey had been carried out in December 2014. Staff had been asked for their feedback on areas such as communication within the home, their development and any suggestions they had to improve the service. The results had been collated and shared with staff in staff meetings. Actions had been taken following the survey, such as sourcing training in Parkinson's disease for staff and introducing more vegetarian meals for people who used the service.

The manager told us about a range of audits and checks which they carried out to monitor the quality of the service provided. The manager carried out monthly reviews of care records to make sure these were up to date and accurate. Medicine audits were carried out monthly to check staff were recording the medicines they administered and that medicines in stock tallied up with record keeping. The manager told us the provider verbally fed back her views on the quality of the service at least once a week. Both the manager and the provider completed formal quality checks of the home on a monthly basis. These checks included speaking with people to discuss their views on the home, as well as looking at both the communal areas and people's bedrooms for any health and safety issues or maintenance matters.

Good

Is the service well-led?

Action plans had been created to address any issues raised through the quality monitoring checks which were carried out. These action plans noted the issue, what needed to be done to make improvements, and when improvements would be carried out. Action plans were revisited and updated when the issues had been resolved. For example a premises audit identified that the flooring in two bedrooms needed to be replaced. Actions had been noted to speak with people about their preference for new bedroom flooring, and to purchase the flooring. Following a care plan audit the manager arranged for staff to received training in person centred care to improve the standard of record keeping.

The manager took swift action in response to feedback from external parties. We saw within the quality monitoring records that both the local authority and local Healthwatch had visited the home and fed back on what they had found.

Whilst both visits had been mainly positive overall, we saw action plans had been created to address any areas for improvement which the visits had identified. For example, we saw within a week of a visit from the local authority, the manager had put in place steps to address a broken lock on a door and adding an email address to a complaints poster.

The manager told us about future plans to promote the service with aims to increase the occupancy of the home. Advertising leaflets had been printed and were going to be sent to care managers, service commissioners and delivered to people in the local area. The manager was also looking into providing a day care service from the home. He told us this would have a positive impact on people who used the service by increasing the number of visitors to the home, making links with people in the local community and to ensure the viability of the service.