Mrs Helen Young

Keb House Residential 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

Keb House is registered to provide accommodation for up to 18 older people, some of whom may be living with dementia. The service is a Victorian style house with the addition of a newer single storey extension. The service is accessible for people with mobility difficulties and comprises various communal rooms, en suite bedrooms, a laundry, and kitchen and activity room. There is outdoor garden space with areas of seating. On the day of the inspection there were 13 people using the service.

We undertook this unannounced inspection on the 4 January 2017. At the last inspection on the 7 January 2016 we found a breach in regulation. The registered provider had not always ensured the service was well maintained and in a good state of repair. The overall rating for the service was, "Requires improvement". Following the inspection we received an action plan from the registered provider in August 2015 detailing how improvements would be made.

The service had a registered manager in post who was also the registered provider. A registered manager is a person who has registered with the CQC 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.

During this inspection we found the cleanliness of the premises was satisfactory. The registered provider had made improvements to the general environment, which included redecoration to some areas of the older part of the building, such as a bathroom and the hall, stairs and landing. Two window frames in the main lounge had been re-painted and cracked glass replaced. The lights we checked during the inspection were all in working order, with the exception of one sensor light on an upstairs corridor where two bedrooms were located. We saw there was adequate ceiling lighting to compensate for this and the registered manager told us they would address this issue.

In the extension we saw nine bedrooms, the dining area and corridors had been re-painted. In one bathroom we found a bath support leg which was very rusty and in one bedroom we saw the person's bed sheet had a rip in it. The registered manager addressed these issues immediately during this inspection.

It was recommended at the last inspection that the registered provider obtained information and direction from the local authority in respect of DoLS applications to ensure they are working within the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found improvements had been made. The registered manager was following the principles of the MCA and seven applications had been submitted to the authorising body in respect of people being deprived of their liberty. The MCA legislation is designed to ensure that when an individual does not have capacity, any decisions are made in the person's best interest.

At the last inspection we made a recommendation for the registered provider to refer to good practice guidance with regard to making the environment more suitable for those people who may be living with dementia. At this inspection we saw there was pictorial signage as prompts to locate toilets, bathrooms, the

kitchen and people's bedrooms had signs on the door with their names on.

We also recommended at the last inspection that the registered provider reviewed the action plans produced following in house audits and ensured they were more detailed and robust in the recording. During this inspection we found improvements had been made to the maintenance recording and checks were more in depth and made on a weekly basis.

We found that people's medicines were stored and administered appropriately. We saw medicine audits had not been completed since September 2016, but were completed regularly prior to that.

People living at Keb House said they felt safe and that staff were kind and caring. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

We found there was sufficient staff on duty to support people with their assessed needs. Staff had been recruited safely and appropriate checks were completed prior to them starting work at Keb House. Staff had good knowledge and an understanding of the needs of the people who used the service. Staff received regular supervision and an on-going training programme was provided to assist staff to increase their knowledge and skills.

Plans were in place for emergencies like a fire or a flood and staff knew what to do in the event of an emergency. Safety equipment and electrical appliances were all checked regularly.

We observed that staff spoke in a positive way to people and treated them with respect. Staff and people who used the service interacted in a positive way and observations showed good relationships existed between them.

We saw people had personalised care plans in place which included their likes and dislikes. People had regular access to the health and social care professionals involved in the care. Any recommendations and contacts with people had been updated in people's plans of care. People's preferences were acknowledged and staff understood people's likes and dislikes. People were encouraged to participate in activities where they chose to.

People were given choices at mealtimes and they told us they enjoyed the meals. The atmosphere over the lunchtime period in the older part of the service was calm and relaxed with conversation taking place. Staff supported people to receive appropriate hydration and nutrition and took action when people became at risk of dehydration or malnutrition.

The service had a quality monitoring system in place, which ensured that checks were made and people were able to express their views. People told us they knew how to make a complaint. Information was on display at the service.

The registered manager understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and risk assessments were in place.

There was an adequate number of staff available to support people.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were provided with an induction before working for the service, on-going supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

A variety of food and drink was available at the service and specialist diets were supported.

Is the service caring?

Good

The service was caring.

Staff maintained people's dignity and provided respectful care. From our observations and from speaking with staff, we could see they knew people well.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Is the service responsive?

Good

The service was responsive.

People who used the service had assessments of their needs and

care plans were produced which provided staff with information about how to care for them in ways they preferred.

We observed people received care that was individualised and person-centred.

There was a complaints procedure in place staff told us they would support people to make a complaint if they had difficulty in doing so.

Is the service well-led?

Good

The service was well led.

Quality assurance processes were in place. People were consulted and asked for their views to help the service to improve and develop.

We found the registered manager had an open and honest approach.

Staff told us they enjoyed working at the service and felt supported by the registered manager.

Keb House Residential 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2014.

This inspection took place on 4 January 2017 and was unannounced. The inspection was carried out by an inspector from the Care Quality Commission.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the registered provider is required to send us by law. We also contacted the local authority and Health watch for any information they had, which would aid our inspection. Health watch is an independent consumer group which promotes the views and experiences of people who use health and social care services.

Some people who lived at Keb House could not easily tell us their views about their care. 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.

We looked around the service, spent time with people in the communal areas and spoke with two people who used the service. We also spoke with the registered manager, deputy manager and two members of staff.

We reviewed a range of records about people's care and how the home was managed. These included three peoples care records, medicine administration records (MAR's), staff training records, support and employment records, quality assurance audits and questionnaires that the service had sent to people.

Good

Is the service safe?

Our findings

People we spoke with who lived at Keb House told us they felt safe and did not have any concerns about the care they received. One person said, "I feel safe living here." Another person we spoke with told us they had no concerns living in the home.

At the inspection in January 2016 this domain was rated as requires improvement. We found during that inspection there was a breach of Regulation 15, premises and equipment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not always ensured the service was well maintained and in a good state of repair.

During this inspection we undertook a tour of the premises with the registered manager and saw improvements had been made to the general environment. In the older part of the property a first floor bathroom, four people's bedrooms and the hall, stairs and landing had been redecorated. Two window frames in the lounge had been re-painted and re-glazed. Some of the en-suites we looked at were old and required updating. The registered manager told us they were currently awaiting a quote from a building company for these to be completed.

We checked the lighting in the older part of the property and found this to be in working order with the exception of one sensor light on an upstairs corridor where two bedrooms were located. We found there was other adequate ceiling lighting in place to compensate for this. The registered manager told us the sensor light had been taken down for re-decorating. We received an update after this inspection to tell us this had been addressed.

In the extension we saw nine bedrooms, the dining area and corridors which had been painted. In one bathroom we found a bath support leg which was very rusty. The registered manager disposed of this immediately during the inspection. A bathroom we looked in had small areas of plaster that was coming away from the walls which appeared to be damp. The registered manager told us this had been caused by an issue with the damp proofing. After this inspection they told us the damp proofing was to be addressed as soon as possible and the bathroom wall to be re-plastered and painted. These findings demonstrated that the service had taken appropriate action and were now meeting the requirements of Regulation 15.

We saw one person's bed had a small rip in the corner of the sheet. The registered manager removed and replaced this during the inspection. The lounge area in the extension was a very large space and felt cold, as did the corridors. Three people were sitting in the lounge and we saw they were all dressed appropriately and had slippers on their feet and blankets over their knees. We checked the radiators with the registered manager and found these were not on. We were updated after this inspection that a switch on the boiler had been repaired and the heating was in working order.

The registered provider had infection control policies and procedures in place and we saw from records we looked at that staff had received training in this subject. One member of staff told us, "I have done infection control training, which is about using personal protective equipment (PPE) and using coloured bags for

laundry. We also separate laundry into whites and colours to ensure its washed correctly." We saw an infection control audit was completed every three months and checked areas such as hand wash facilities, the availability of PPE and the laundry. PPE is used to protect health care workers while performing specific tasks that might involve them coming into contact with infectious materials.

We found the cleanliness of the service to be satisfactory. A domestic member of staff was employed for 20 hours each week from Monday to Friday. The registered manager told us the care staff completed the domestic duties over the weekends. We noted there were no unpleasant odours in the service. We looked at the daily cleaning schedules for December 2016; we found there were gaps in the recording, which meant we could not be sure which areas of the service had been cleaned and when. We discussed this with the registered manager who told us they would address this with the staff. After the inspection we were provided with a revised cleaning schedule for January 2017, which indicated which member of care staff was responsible for the domestic duties each weekend. We saw this has been completed appropriately.

People told us that they felt sufficient numbers of staff were available to them, with comments such as, "They [staff] are always there when I need them." A member of staff told us, "I think there is enough staff. People get what they need." The registered manager told us that people that lived in the older part of the property were more independent. At the time of this inspection there were 13 people using the service with one member of staff in each part of the building and one staff that worked between the two. During the night this reduced to two members of staff. The registered manager and deputy manager were supernumery to the staff rota and told us they were available outside of their weekly working hours as they lived at the service in a private residence.

Staff told us that they were aware of how to protect people from abuse or harm, with one staff member saying, "Safeguarding is about making sure people are kept safe from harm and neglect. I would report to [Name of registered manager] or use the whistleblowing policy." Another member of staff told us, "If someone was shouting or hitting someone I would report it to the manager or the safeguarding team." We saw that there was a process in place where the registered manager discussed or referred concerns on to the appropriate external agencies. Staff we spoke with had received training in the subject and were able to discuss with us how they may recognise any safeguarding concerns and told us that they felt confident reporting them.

We found that risk assessments were in place to ensure that staff were provided with the information they required to keep people as safe as possible. These included risks related to mobility, falls and pressure areas. Staff were able to tell us about the possible risks to people, such as who required assistance to walk or to eat and what measures were put in place to assist those people. One member of staff told us, "We make sure there is no clutter around on floors and we hoist people in two's, making sure the brakes are on and there are no rips in slings."

We saw that where extra assistance was required, people were referred onto professionals. We saw paperwork for referrals to the falls and speech and language therapy team. Where specialist equipment was required such as wheelchairs or hoists, risk assessments were in place for their use. We saw that risk assessments were reviewed on a monthly basis.

We found a variety of checks and audits of equipment and the environment were carried out to ensure people who used the service were kept safe from harm. We saw records to confirm that regular checks of the fire alarm had been carried out to ensure that it was in safe working order. Equipment was regularly serviced and contracts were in place with external contractors who provided up to date certificates of completion for utilities such as electricity. Personal evacuation plans were contained in the service 'grab file' which

included a business contingency plan, a back-up disc which was updated every two weeks with peoples current records, and a key for the local village hall which could be used as a place of safety in the event of an emergency. We saw accidents and incidents were recorded appropriately and audited for further analysis. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the accidents or incidents occurring again.

We looked at how medicines were managed at the service and saw that people's medicines were stored and administered safely. Staff received training about the safe handling of medication and this was updated on a regular basis. We saw that medicines were stored in two medication trolleys that were locked and secured to the wall in each part of the service when not in use. We reviewed three peoples medication administration records (MARs) and saw that medicines had been administered at the advised times, recorded correctly and disposed of in an appropriate way. We noted one omission in the stock and recorded balance of one person's warfarin; when we brought this to the registered manager's attention they submitted a 'notice of concern' to the local authority provider assurance team and the CQC following our inspection. This contained details of a full investigation into the concern and information about what actions had been implemented following the incident to reduce the risk of any further reoccurrence and to ensure people received their medicines as prescribed.

Good

Is the service effective?

Our findings

At the last inspection on the 7 January 2016 we made two recommendations to the registered provider in relation to obtaining information and direction from the local authority in respect of DoLS applications to ensure they were working within the principles of the MCA, and referring to good practice guidance with regard to making the environment more suitable for those people who may be living with dementia. At this inspection we found improvements had been made.

We looked round the environment and saw that the registered manager had considered the specialist needs of people who used the service and attention had been paid to supporting people with dementia. For example, there was pictorial signage as prompts to locate toilets and bathrooms and peoples bedrooms now had signs on the door with their names on. We saw from records we looked at that the majority of the 18 staff employed had completed training in dementia awareness. One member of staff told us, "I have an NCFE in dementia. When I first started here I thought people wandered around and repeated themselves a lot. I have now learned that there is usually a reason for this as I know more about the illness. We now have notices on toilets and pictures on people's bedrooms doors to help them." NCFE is a national, educational awarding organisation that designs, develops, and certificates diverse, recognised qualifications and awards.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In discussions, staff were clear about how they gained consent from people prior to carrying out tasks and what they would do if people lacked capacity to consent. One member of staff told us, "I always ask the person. For example, if they were looking sleepy I would ask if they had been up early and if they were ready for bed. When helping to wash I would show them the flannel and say 'Is this all right'. If the person cannot give you consent you have to get other professionals involved."

We observed staff sought consent before completing tasks. For example, we saw staff ask people discreetly if they wished to go to the toilet, whether they wanted to go to sit at the dining tables for lunch and also whether they wanted to join in a game of skittles in one of the dining rooms.

Whenever possible, people had signed their care plans to indicate their agreement. Some people had given power of attorney to representatives to make some decisions on their behalf. When this was the case it was noted with copies of the paperwork in the 'Consent' folder. Clear documentation was in place for seven people who had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). We noted one person's DNACPR had not been reviewed. The registered manager updated us after this inspection to tell us this had been addressed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the criteria for DoLS and told us they had worked with a representative from the local authority to ensure they were working within the principles of the MCA. We saw seven applications for DoLS had been made and the service was awaiting a decision for these.

People told us that they received care from staff that had the skills and knowledge to meet their needs effectively. One person told us, "They [staff] know what they're doing. They would call anyone if you needed help."

Staff confirmed they completed training essential for their role. Records showed these included safeguarding, moving and handling, first aid, fire safety, infection control and medicines. Staff had completed additional training such as dementia, diet and nutrition, malnutrition, epilepsy, falls MCA and pressure care. Staff told us the training was a mixture of face-to-face training, workbooks, and e-learning. Staff confirmed they received supervision and felt supported by management. Comments included, "I've got no problems with the management, if there are any issues we discuss them and talk about how we can improve" and "I do feel confident. We discuss training and if we are happy at work."

Staff had systems for making sure relevant information was passed on to the next shift. This included information about changes in people's needs, the outcome of any hospital appointments and the people's general wellbeing. Time was taken at each shift change to ensure this information was passed on and observations continued.

People who lived at the service who we spoke with were positive about the food provided. One person said "The food is nice, we get a choice and we are having shepherd's pie today. "We saw people's preferences for food were discussed in residents meetings and we saw the service had various pictures of meals that were on the menu. The registered manager told us a member of kitchen staff went around every day and showed people the pictures and asked them what they wanted to eat. One member of staff told us, "[Name of registered manager] does a list for the kitchen of people who have modified foods. We go around every day with a list and there is normally a choice of two meals."

Each person's care plan contained a section documenting their nutritional needs as well as dietary preferences. For example, one person's care plan said, "I have golden syrup porridge for my breakfast followed by toast and marmalade" and another person's said, "I take normal fluids, small sips. I need to sit as upright as possible and my food is texture C (smooth pureed)." This provided guidance to staff on the level of support people needed to ensure they ate and drank enough.

A screening tool was used and updated regularly to identify people at risk of malnutrition. Records showed that staff documented people's food and fluid intake (where required) and we also saw that people were regularly weighed. These records enabled staff to monitor and identify any issues or concerns. Where people's support needs around their food or fluid intake changed, staff had liaised with people's GP's and other healthcare professionals such as the dietician and speech and language therapists. Care plans were updated to provide additional guidance to staff on how best to meet those needs.

People were supported by staff so they had access to health professionals and their physical health and well-being was promoted. One person told us, "They [staff] would always call the GP if you need one. They [GPs] come in regular to see some residents." During the inspection we saw the registered manager contact a person's GP to visit them as they were not feeling well. The staff worked closely with healthcare professionals including GPs, district nurses and dieticians (when required). Staff were able to tell us about people's health conditions and how they supported people to manage them. One member of staff told us,

"If someone needs the district nurse we call them, same for the GP. A CPN (community psychiatric nurse) comes to see a couple of people and they do medication reviews for them. One lady is currently under the speech and language therapy team and she has a hospital bed. We have to make sure she is propped up in bed and she has her food pureed."

Good

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. Comments included, "They [staff] never fuss you" and "I've been here quite a while and its quite nice living here."

We spent time in the dining area in the older part of the property and we observed staff interacted positively with the people who used the service showing a genuine interest in what they had to say and responding to their queries and questions patiently. Staff chatted with each of the people who used the service, even though not everyone was able to engage in verbal discussion. We saw people respond to staff and acknowledge them through smiles, eye contact and touch. People were seen to be given time to respond to the information they had been given or the request made of them, in a caring and patient manner. Requests from people who used the service were responded to quickly by staff.

We saw that one person was supported to eat their lunch in their comfortable chair in the dining area. The member of staff supporting them told the person what their food was and asked them if they were ready to have each mouthful of food. The member of staff allowed the person time to reflect on the question and then asked again. After a few moments of consideration the person opened their mouth indicating they were ready for their food. We observed the staff member did not hurry the person and engaged in conversation during the meal, giving eye contact and touch which we saw the person responded to.

We saw people who used the service and staff interacting in a positive way. Every member of staff that we observed showed a caring and compassionate approach to the people who used the service. The atmosphere was relaxed and we heard conversations and light hearted banter taking place throughout the day. When people asked questions staff responded and provided reassurance when needed. Staff were patient and took their time in explaining things to people and support was delivered in a sensitive and unrushed way.

The people we spoke with told us they were as independent as they could be. One person told us, "I can look after myself." We observed staff supporting and encouraging people to be independent. For example, we saw one person was trying to get up from their chair, the member of staff supporting them provided praise and verbal encouragement for them to place their hands on their walking aid to help themselves up. We saw the person achieved this.

We saw a blackboard in one of the lounge/dining rooms that said, '[Name of person using the service] to lay the tables for lunch and tea today.' One member of staff told us, "I always encourage [Name of person using the service] to wash, even if I just pass them the flannel or the towel to do their hands and face. [Name] does very well and uses his walking aid really well. I always encourage him to keep moving." Care plans referred to encouraging people to be independent whenever possible and guided staff as to what people were able to do for themselves.

People's care plans showed they or their representative had been involved with its creation. It was recorded in people's care plans if they could make decisions for themselves and if they couldn't who had been

appointed to do this on their behalf. One person using the service told us, "I know what's written about me and all our files are kept up to date and I think that's only fair."

We observed staff promoted privacy and dignity. We saw staff knocked on bedroom doors prior to entering and discreetly asked people if they wanted to go to the toilet. They spoke to people in a patient and friendly way and provided them with time to answer questions.

We saw a variety of information was provided on notice boards around the service. This included information on advocacy services, how to make a complaint, information about Health watch, fire procedures and good hand hygiene. Advocacy is a means of accessing independent support to assist with decision making.

Staff understood the importance of keeping people's information safe and not allowing unauthorised access to it. One member of staff told us, "Peoples records are locked away and nothing is left lying around. If anyone wants to speak in confidence there is a quiet room we can use."

Good

Is the service responsive?

Our findings

People we spoke with were very complimentary about the staff and service and told us staff were kind and considerate. One person said, "They [staff] are all good to you."

The registered manager told us they were in the process of updating people's plans of care to include more person centred information. We saw that people's needs were assessed before they moved into Keb House and this information was recorded in their care file for staff to access. Care files contained information about the support people required as well as information about people's preferences regarding how those needs should be met.

Care files contained a 'Profile page' about the individual, their life history, hobbies and interests. For example, one person's profile page said, '[Name] used to enjoy riding motorcycles and loves country music.' Information such as this is important because it enables staff to get to know people using the service and provide responsive person centred care tailored to that person's specific needs.

Assessment and risk assessment information had been incorporated into an individual plan of care for the person. Topics covered in care plans included mobility, personal care, health and medication, nutrition and emotional wellbeing. We saw that each part of the persons care plan was reviewed monthly.

People who used the service told us there were activities for them to participate in if they chose to. One person said, "We do activities, we play dominoes and cards and sometimes when the weather is nice we go into Appleby, but it's too cold at the minute" and another person told us, "There was someone in yesterday and he does activities. I enjoy it and join in. He does throwing balls and using elastic to stretch your hands out." They went on to say, "I decorated all of the Christmas trees this year." This demonstrated that some activities were a reflection of what people would have done at home.

The registered manager told us they were currently advertising for a dedicated activity worker in a local post office. They told us that a local hub in a neighbouring village was offering activities and some people at the service were planning to attend a coffee morning held there every Wednesday. They went on to tell us that an exercise class was offered at the service every second week and a singer visited every month. One member of staff told us, "Some people like to sit and have a chat and others like to have their nails painted" and another said "I make sure I spend quality time with people. We sit and chat, read magazines, do puzzles and play dominoes."

We saw notice boards around the older part of the service contained drawings that people had done and there were photographs of people making paper flowers. A raffle had been organised by a staff member prior to Christmas to fundraise. The member of staff had bought everyone that lived at the service sweets for Christmas with the money raised. During the inspection we saw music was playing and some people in the older part of the service were taking part in a game of skittles.

We saw staff provided people with person-centred care. For example, staff knew which people required

specific equipment to meet their needs. This included moving and handling aids, pressure relieving equipment and crockery such as rimmed plates. People were able to get up when they wanted to and go to bed at their preferred time. One person told us, "I can do what I want, when I want to." We observed people walking about the service freely and people were able to spend time in their preferred places such as their bedroom or communal rooms.

We saw people were able to bring in items such as pictures, ornaments and small items of furniture with which to personalise their bedrooms. The bedrooms we saw were homely and some had notices and pictures on the doors to prompt people. For example, one bedroom had a photograph of the person with flowers around it and said, "[Person's name] room."

Information about how to make a complaint was displayed in the entrance of the service. We saw this also contained contact details for the local authority and the local government ombudsman. We saw the service user guide set out how to make a complaint. A service user guide has been put together to give the person information about the home, what it has to offer, and what services you can expect to receive. The records we looked at showed that complaints were infrequent at the service. The registered manager kept a record of any complaints in a log book. We reviewed this and saw that one complaint had been made in the last 12 months. Records were in place to show the nature of the complaint and the action taken to resolve the complaint including an outcome.

Good

Is the service well-led?

Our findings

At the last inspection on the 7 January 2016 we recommended that the registered provider reviewed the action plans produced following the in house audit and ensure they were more detailed and robust in the recording. At this inspection we found improvements had been made.

We checked how the registered manager monitored the maintenance of the service and saw day to day repairs were recorded with details of the date any checks completed and the action taken. For example, we saw radiators were checked and a leak discovered; this had been repaired. We also saw issues had been identified and repaired to a cooker door, a bed leg and a bath plug. A safe working practice checklist was completed on a weekly basis, which showed checks were completed and action taken such as 'light bulbs changed in extension K2' and 'Keb living room plug damaged. Changed for a new one.' We saw housekeeping was part of the safe working practice, which included checks of accumulation of rubbish, congested areas and any obstacles in corridors.

We looked at the systems in place for monitoring the quality of the service. The registered manager told us they observed and monitored the quality of service on an annual basis. We were unable to see any records of monitoring completed for 2016 during this inspection as the records could not be located. We found the office environment to be disorganised during this inspection. We were provided with the quality monitoring that had been completed for 2015 and we saw a process was in place which included audits on infection control, housekeeping, medication and the building and environment.

The registered manager told us that medication audits were usually completed monthly, but this hadn't been done for three months. We saw the last medication audit was completed in September 2016 and checks were completed on medicine records, controlled drugs and medication stock. The registered manager assured us that medication audits would be re-commenced immediately and completed every two weeks.

Following this inspection the registered manager sent us the quality monitoring completed at the service for 2016; which included checks on the environment, cleanliness of the buildings and medicines. We were also provided with surveys that were completed with people using the service about staffing, laundry, medication, food and activity. We also saw 15 surveys had been completed by people who used the service and their families in May 2016. All of the responses were positive and included comments such as "All really good, look after my mother well" and "All of the girls are very patient and loving with the residents."

We saw there were meetings for people who used the service. The registered manager had involved people who used the service through these meetings to choose the colours for the decoration in areas of the service. People had confirmed they didn't want to use the shower and preferred the bath and discussions had been held around peoples care plans, reviews, activities, outings, complaints and food. There were staff meetings where various topics were raised and discussed; staff were able to express their views. This meant people were able to share their views and make suggestions to help the service develop and improve.

Staff told us they enjoyed working at the service. One member of staff told us, "It's a nice atmosphere working here. They [managers] have helped me and I only work downstairs as I have bad knees and when a family member was ill and in hospital they put me on short shifts and even offered to take me to the hospital." Another member of staff told us the culture at the service was, "Really nice warm and friendly." They went on to say, "All the staff are nice and it feels homely. I just like coming and spending time here and talking to people. I've never had any problems and we all work together."

The registered manager had been in post for many years. One staff member told us, "I think [Name of registered manager] would always listen to me if I had a problem and take action." We saw staff working together as a team. One member of staff told us, "We have staff meetings, communication books and handovers to keep us updated. Communication is good and they [managers] always let us know things."

Our observation of the service was that the people who used it were treated with respect. The registered manager was honest and co-operated with us during the inspection. We asked them about how they kept up to date with best practice guidance. They told us they received information from the local authority, subscribed to various health and social care magazine and to an external company to receive support with human resources and policies for the service. They also told us they held an NVQ level 4 Registered Managers Award (RMA) and were a qualified nurse. The NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. An RMA provides the manager with an award that states their competencies in managing a care home.

We reviewed the service's statement of purpose and aims and objectives, which focussed on areas such as providing quality care, fulfilment, privacy and dignity. We found these aims were met in practice.

The registered manager was aware of their responsibility to notify the CQC of incidents which affected the safety and wellbeing of people who used the service.