Brownlow Enterprises Limited

Aronmore Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was carried out on 9 October 2017 and was unannounced. The service was last inspected on 5 and 6 September 2016 and at that inspection we found improvements were needed in medicines management and the involvement of people with their care records to gain their input.

Aronmore Residential Care Home provides accommodation with personal care for older people including those with dementia care needs. The service consists of a 27 bedded care home and there are four individual 'cottages' in the rear grounds of the service. The service is registered for a maximum of 31 people and at the time of our inspection there were 28 people living at the service, 24 in the main building and four in the cottages.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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. The registered manager had been registered with CQC since 3 August 2016. They are an experienced manager who had previously managed two other services owned by the provider.

At the September 2016 inspection we identified some shortfalls with medicines management, which the registered manager took action to address. At this inspection we found medicines management was good and processes for monitoring the medicines were in place and being followed. At the September 2016 inspection there was limited evidence of people's input with their care records and people did not know about their care records. At this inspection action had been taken and this had been addressed.

Procedures were in place to safeguard people from the risk of abuse and staff knew the action to take if they had any concerns. Staff recruitment procedures were followed to ensure only suitable staff were employed at the service. There were enough staff available to meet people's needs and the registered manager kept staffing under review so changes in people's needs could be met.

Risks to individuals were assessed and plans put in place to minimise identified risks. Infection control procedures were being followed and he service was clean and fresh throughout. Systems and equipment were serviced at the required intervals and were maintained to keep them in good working order.

Staff training needs were identified and staff undertook recognised qualifications in health and social care. Staff received training in a variety of topics to provide them with the skills and knowledge to care for people effectively.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). People's mental capacity had been assessed. For some people DoLS authorisations were in place to ensure that their freedom was not unduly restricted. Staff understood

people's needs and the importance of obtaining consent from people and of respecting peoples' right to make choices for themselves.

People's dietary needs and preferences were identified and met and there was a good range of meals available, including those to meet people's religious and cultural needs. People's nutritional needs and status were assessed and monitored. People's healthcare needs were identified and monitored and they received input from healthcare professionals.

People and professionals were happy with the care and support being provided to people using the service. People, and where appropriate, their relatives, had been consulted about care needs and the care plans had been drawn up with their input. Care records were comprehensive and person centred and were reviewed regularly with input from people to keep the information up to date.

People were offered choices and staff treated them with dignity and respect. Staff had a good knowledge of people's individual care and support needs and provided this in a kind and friendly manner.

There were a variety of activities each day and outings were arranged, all of which people could participate in if they so wished and people enjoyed the activity provision. There was a complaints procedure in place and people felt confident to express any concerns, however minor, so they could be addressed.

The registered manager provided good leadership and was approachable and responsive. People and staff were happy with the way they managed the service and felt that their opinions were sought and listened to.

The processes for monitoring the service were clear and ensured the provider was kept informed and could look for trends and take action to address any issues that might be identified.

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.

Medicines were being well managed and people received their medicines as prescribed.

Procedures were in place to safeguard people from the risk of abuse and staff knew the action to take if they had any concerns.

There were enough staff available to meet people's needs. Staff recruitment procedures were being followed to ensure only suitable staff were employed.

Systems and equipment were serviced and maintained in good working order. The service was clean and infection control procedures were being followed.

Is the service effective?

Good

The service was effective.

Staff received training to provide them with the skills and knowledge to care for people effectively.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). People's mental capacity was assessed. Staff understood people's needs and acted in their best interests. For some people DoLS authorisations were in place to ensure that their freedom was not unduly restricted.

People's nutritional needs were assessed and their weight was monitored. People's individual dietary needs and preferences were identified and meals provided to meet these.

People's healthcare needs were identified and monitored. People received input from healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People and professionals were happy with the care and support being provided at the service.

People and where appropriate their relatives had been consulted about the care and support they wished to receive and care plans had been drawn up with their input.

Staff were knowledgeable about people's individual care and support needs and provided this in a kind and friendly way.

Staff treated them with dignity and respect and people felt at home at the service.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and comprehensive, reflecting people's individual needs and preferences. They were reviewed regularly so the information was current.

There was a good range of activities and outings arranged and people enjoyed taking part.

The complaints procedure was displayed and people were confident to raise any concerns, however minor, and action was taken to address them.

Is the service well-led?

Good

The service was well led.

The registered manager was approachable and listened to people and staff, taking prompt action to address any issues that were raised and consistently worked to improve the experiences of people using the service.

Processes for auditing and monitoring areas of the service were in place and being followed.

Aronmore Residential Care 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 checked 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 9 October 2017 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the information we held about the service including notifications and information received from the local authority. Notifications are for certain changes, events and incidents affecting their service or the people who use it that providers are required to notify us about.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we viewed a variety of records including five care records, some in detail and some to look at specific areas of care, the medicines supplies and medicines administration record charts for 11 people, four staff recruitment files, risk assessments for individuals and assessments, servicing and maintenance records for equipment and premises, complaints and safeguarding records, audit and monitoring reports and policies and procedures. We observed the mealtime experience for people and interaction between people using the service and staff throughout the inspection.

We spoke with six people using the service, the registered manager, one senior care worker, three care workers, the chef and the laundry assistant who also carried out care work and two visiting health and social care professionals. Following the inspection we requested feedback from six healthcare professionals and

received feedback from three of them. We have referred to health and social care professionals as 'professionals' in this report.

Good

Is the service safe?

Our findings

People said they felt safe living at the service. One person said, "I am safe here and I don't worry about a thing. All my things are well cared for and are secure." Another person told us, "I have independence in a safe and secure place." Professionals told us, "I don't have any doubts, they all seem safe and well cared for here" and "My client is well cared for and is safe and sound here." Staff also felt people were safe at the service. One told us, "It is maintained and kept in good condition and residents can be safe to move as they want because we know how to protect them."

All the staff we spoke with confirmed they received training in safeguarding and whistleblowing and this was kept up to date. They understood the processes to follow to report any concerns. One told us, "I know the numbers are all in the office and I would report to management or the provider and then above them the CQC." Staff were also clear that if they reported concerns and no action was taken by the provider they could also contact the local authority safeguarding team. Information for contacting the safeguarding team was displayed in the service.

Assessments had been completed to identify areas of risk to an individual so action could be taken to mitigate them. These included assessments for moving and handling, nutrition, falls, behaviour that challenges and pressure sore risk. The information was clear for staff to follow and we saw that staff had received training in any equipment that was used when moving people so they knew how to do this safely. Staff confirmed they read the risk assessments and associated care plans. One told us, "We read them and know about all the residents' needs so we can work with all residents safely and not just a small amount." The non-care staff also had read the records. Their comments included, "I've read care plans so I know about people and their allergies like allergies to certain washing liquids" and "I read all the care plans and make notes of allergy and food intolerances, dietary requirements for each resident so I can plan meals and ensure everyone's diet is catered for."

The fire risk assessment document had last been reviewed in April 2017, so the information was up to date. People had personal emergency evacuation plans that identified the help they required if they needed to evacuate the premises. People and staff took part in fire drills every two months and a record of the actions taken by staff and any areas to be addressed was made and actioned. The registered manager said they actually evacuated the building on the drills and recorded if anyone did not wish to do so. We saw that the fire drills took place at different times of the day to include the evenings so the day and night staff were included and kept their knowledge up to date.

Staff attended promptly to answer people's call bells. One person said, "In the day they come to me and help me wherever I am and quickly too. At night I use the button and they come very quickly." This sentiment was echoed by everyone we asked. One care worker said of the risk assessments, "I read them all and now I'm involved in writing them I understand them even more and their needs and risks to keep them safe. I have learned about how to evacuate people with different needs such as walking frames, wheelchairs or even bed bound and I am the fire safety officer so we have regular drills and practice regularly and record it so we aim to do better next time and keep residents calm and safe."

The service was being well maintained and systems and equipment were being serviced at the required intervals to maintain them in good working order. There was a maintenance book for any repairs required and we saw these were addressed promptly. Accidents and incidents were recorded and action taken to minimise recurrence. Falls were monitored and people were referred to the falls clinic for intervention when necessary. For people who were mobile and at risk of falls, sensory mats, where indicated after the risks had been assessed, were used to alert staff when someone was getting out of bed so they could attend promptly to help reduce the falls people experienced. Staff had received training in first aid and knew the action to take if someone became unwell or sustained an injury, including summoning the emergency services.

Employment checks were carried out to ensure only suitable staff worked at the service. Staff completed application forms and curriculum vitae were available, listing the applicants work history and gaps in employment had been explained. Pre-employment checks including two references, with one from the previous employer, a Disclosure and Barring Service (DBS) check, proof of identity including copies of passports and evidence of people's right to work in the UK had been carried out. Photographs of each member of staff were displayed in the office.

There were enough staff on duty to meet people's needs and this was confirmed by staff and people using the service. One care worker said, "There are enough staff and we are supported well if someone is ill. We usually are asked to provide cover. We all bring different skills and knowledge to the team and I feel we all do a great job and work well as a team." The registered manager said they were able to increase staffing levels if necessary, for example, if someone's condition deteriorated and their care needs significantly increased, staffing levels may need to increase so these needs could be met.

Medicines were being well managed and people received their medicines in a safe way. The medicine administration record (MAR) charts we viewed had been completed and there were no gaps in signing. Patient information charts for each person included a recent photograph, any allergies, a list with pictures of each medicine and including any specific administration instructions. The majority of tablets were supplied in a 'pod' blister pack and were supplied in four packs, each containing seven days of medicines. A description for each tablet was written both on the 'pod' and on the information sheet supplied by the dispensing chemist, so staff could identify each tablet in the pods so any special instructions could be followed. For example, for soluble aspirin that needed to be dissolved before administering. For medicines supplied in original boxes and bottles they had been dated when opened. We carried out stock checks for five boxed medicines and these tallied with the numbers given.

For people on blood thinning medicines a copy of their latest blood test result with the dose to be administered was held with the MARs and this information was accurately reflected on the MARs. Medicines management training had been undertaken by all the staff responsible for medicines administration and we spoke with the senior care worker who demonstrated a good knowledge of peoples' medicines and how they were to be administered. Protocols were in place for 'as required' (PRN) medicines and these stated when and why each PRN medicine should be given, the dose and frequency. Each dose was signed for in the MAR and in addition an entry was made on the back of the chart stating the reason for administering the medicine. For any variable dose medicines the actual amount given was recorded, so the effectiveness of the medicine could be monitored.

There was a list of people on antipsychotic medicines that included side effects to observe for and the last date each person had been reviewed by the GP or community psychiatric nurse specialist, to show that these medicines were being monitored. For anyone receiving their medicines covertly an assessment had been carried out and agreed by the GP, dispensing pharmacist and registered manager and the discussion was recorded along with identifying that where necessary the medicines were suitable to be crushed. The

dispensing pharmacist supplied body maps for topical creams that identified where each cream was to be applied, so this was clear for staff to follow. Temperature checks were carried out for the medicines trolley and the medicines fridge and were within safe levels. The medicines trolley temperature check was carried out at 8am and we discussed carrying this out later in the day, especially in hot weather, to ensure it remained below 25 degrees centigrade at all times. The registered manager said they would address this. Receipts of medicines from and returns to the dispensing pharmacist were recorded and signed for. The registered manager carried out a weekly audit of medicines to ensure medicine management was being monitored and any shortfalls identified were addressed promptly.

Infection control procedures were in place and being followed. The service was clean and fresh throughout and personal protective equipment was available including disposable gloves and aprons for staff to use. Staff received training in infection control and one member of staff told us, "I use cleaning sprays, antibacterial to clean and gloves and aprons I make sure I change them with each resident and different gloves for handling toilet cleaning and then changed for the laundry. I understand the infection control rules and have training regularly."

Good

Is the service effective?

Our findings

Staff had the training and support they needed to provide them with the knowledge and skills to care for people effectively. People felt staff were well trained. One person said, "They are very good and well trained. I would say they are efficient and caring." Staff had received training in a variety of topics including food hygiene, health and safety, first aid, safeguarding, moving and handling and dementia care. Staff confirmed they received an induction to the service and ongoing training. One told us, "I had probation time and worked with someone else for a week and learned about the resident's needs. I was given lots of time to read care plans and policies." Another said, "I've done my level 2 and all the mandatory units. I've had food hygiene training and I am arranging extra training with the manager to cover other kitchen related course and qualifications I can do. They encourage this and give you time to study."

Several staff had undertaken recognised qualifications in health and social care and we saw they had a good knowledge of people's needs and how to meet these. Staff for whom English was not their first language had attended first level English classes. Their English skills had improved and they were enrolling to undertake a recognised qualification in health and social care. One visiting professional told us, "The staff are much improved now. I feel they have worked hard to provide consistent staff and now they seem to be a strong team. There was a problem with many staff having poor English and communications were strained because of this for me and residents but now this has improved greatly and I've seen huge improvements in the running of the home."

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where able, people were involved with making decisions about their care. One person told us, "I know all about my care plan and read it daily or when I like. They add things when I ask them too. Staff all ask permission to assist me and respect my independence. I choose how I am assisted and how I live." Staff had completed training in mental health and confirmed this included MCA and DoLS. We saw that mental capacity assessments had been carried out and where people did not have capacity to make decisions for themselves and their liberty was being restricted, applications for DoLS authorisations had been made. We viewed these and where they had been agreed, any conditions included on the authorisation had been included in the care records so staff knew what action to take. For someone with a DoLs authorisation who liked to go out of the service, this was organised and a member of staff accompanied them to activities they enjoyed. We saw that when staff were supporting people they ascertained their wishes and respected these. If people had representatives with legal rights to act on their behalf, then this was recorded in the care plans.

People's dietary needs were being identified and met. One person said, "I like the food and there is always a lot to of choice. I eat in the dining room or in my room." The chef told us, "I ensure I have all the information I need about dietary requirements, allergens and can provide this for every meal. I chat with residents and get their feedback and ensure I'm aware of any changes by asking the managers. I am happy to provide alternatives and provide fortified milk and foods to help keep residents healthy." People were weighed each month and if there were concerns this was increased to weekly and reported to the GP, so they were being monitored. Nutritional assessments were carried out and care plans for nutritional needs were in place, which staff read to ensure they knew people's individual nutritional needs.

People said they always had access to drinks. One person said, "I always have plenty to drink available wherever I spend my time." A member of staff said, "We encourage fluids and offer a wide range of choices for fluids. We have plans with turning charts and monitor residents health and wellbeing daily, weekly, monthly by weighing the resident, having chats with them, ensuring eating and fluid intake is adequate. We all work hard on this and work as a team to provide this kind of care." We saw food and fluid charts were being completed and the information was up to date, so people's intake was being monitored.

People's healthcare needs were identified and they received input from healthcare professionals to maintain their health. Healthcare professionals confirmed that the service referred people appropriately for input and followed any instructions that they gave. One told us, "Staff are really on the ball and they look after people well. They do look after people's [healthcare need] and they have made an improvement." People said staff arranged for them to see healthcare professionals when they needed to. Their comments included, "I tell them and they call them. They come the same day or the next day. I've seen all sorts of people, chiropodist, dentist, regular optician, hairdresser, hospital appointments are arranged. I see them all regularly when I need to" and "They are very good at listening to how you feel and organise the doctor very quickly."

Staff were aware of the importance of identifying and meeting people's healthcare needs effectively. One told us, "We have so many different people like physio, doctor, dentist, chiropodist, social workers and I make sure I can give them the correct information and if I do not know something I will find out and ask senior staff." Staff knew how to recognise certain symptoms such as acute confusion that could be indicative of a urine infection and the service had the facilities to check people's urine to look for signs of infection, which were then reported promptly to the GP. Input from healthcare professionals was recorded and this was clear, so staff knew about any changes to a person's care and treatment.

The service was homely and personalised throughout with people's art work displayed and photographs of activities and trips, which were current and reflected people's feedback about various activities and outings. The garden was accessible and the walkways were well maintained, with handrails and also garden furniture for people and visitors to use. There were pots and flowerbeds with sensory and colourful planting. The garden was a well maintained and inviting area to sit out in.

Good

Is the service caring?

Our findings

People said the staff were caring towards them. Their comments included, "They [staff] are lovely and they encourage me to do things like paint, organise trips. I feel part of a team", "They are lovely and look after me. They make me feel young and are always laughing and dancing with me" and "They are caring and I feel wanted here." Visiting professionals also felt staff were caring and one told us, "They have really welcomed [person] and give him a sense of security. He has told me he is happy and less confused and I have seen good progress in a short time. They seem to work hard to get to know him." From our conversations with and observations of staff we saw they knew people well and took the time to meet their care and support needs in a gentle and friendly way, listening to people and responding to them appropriately. One person said, "They ask me questions and so are getting to know me well."

Staff were clear on giving people choices and respecting these. One said, "We give choices of food and activities and now have outings that everyone can choose to go on" and another commented, "[People] choose where they would like to eat and spend their day and if they want some help with something like bath or toilet we offer and they can choose. They can choose someone else to care for them here if they don't like something or someone." People's choices were recorded in the care records including food preferences, waking and retiring times and the gender preference for personal care giving and staff knew and respected people's wishes.

We observed the lunchtime experience. People came into the dining room and were supported and given choices of where to sit. It was clear that people had seats they liked to sit in and people they like to sit with, which was respected by staff. People were chatting as drinks choices were offered, with people being given the time they needed to choose. Meal options were described and shown to people and menus were seen and discussed. Where people needed assistance with their meal staff checked they were ready to begin and described in detail what the meal was. They then assisted the person and gave them time to eat each mouthful before checking they were ready for the next one and the meal was calm and unhurried. Drinks were available throughout and people were offered second helpings of both courses. The mood was relaxed, people were chatting freely and there was a good atmosphere. People were able to get up and leave as they wished at the end of the meal.

People felt included in making decisions about the care and support they wanted to receive. One person told us, "They support me and I know I can talk to them at any time. I have a plan and we chat about it together and with my social worker. I like this." People said staff took the time to chat and discuss people's lives. Comments included, "They ask me how I am and how my weekend and my visitors are, I tell them about my children and they listen and ask me about them" and "They chat all the time and I think they care and listen about my life too."

People confirmed that staff treated them with dignity and respected their privacy. One person said, "They do not just barge in and if I am sleeping or do not want to be disturbed they quietly knock and leave. I have dignity now and independence and great support. I can lock my door." Another told us, "They respect me and I like the privacy I get." A professional told us, "There is a general respect through the home and it is

evident staff and residents have a good, respectful relationship. The staff are very discreet and will never speak about residents in front of them."

People felt staff knew how to care for them and that they could speak with staff in confidence and that this was respected. Comments included, "They know me very well and my likes and dislikes. I feel very much included. They are a great and well trained team", "I am happy with the support and independence I get and I'm well cared for and they know me well" and "I feel supported and encouraged to chat when I like and about anything."

For people receiving end of life care there was an advanced care plan in place that included information about the person's wishes for their end of life care, so these could be respected. Staff had received training in 'difficult conversations' and this had included speaking with people and relatives about end of life care and ascertaining people's wishes in respect of this. Information was included in the care records about people's resuscitation status and this was identified on documentation within the care records and on an overview document kept in the office. Staff knew those people for whom a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order was in place. The registered manager explained that in the borough of Hillingdon the 'coordinate my care' system was in place. This meant details about the person including their resuscitation status were recorded centrally so the information could be accessed by their GP, other healthcare professionals and the paramedics, so this information was easily accessible.

Good

Is the service responsive?

Our findings

People felt included in their care records and felt that the staff responded well to any changes they wanted. One person said, "They ask me what I like help with and they show me how to do things easier like climbing in to the bed. I still have independence and they write everything down so I can read it" A visiting professional told us, "The care plans are very good as is all the paperwork I use or request here. It is very organised and all staff help with this." The care records we viewed were comprehensive, person centred with a high level of detail and provided a good picture of the person, their needs and wishes and how these were to be met. People and, where appropriate, their relatives had been involved with the care records and had signed to evidence their involvement and agreement to the contents. Daily records were clear and up to date and covered each aspect of the care and treatment each person received and monitored their care and progress.

The service operated a 'resident of the day' system, when care records were reviewed and also a check of everything for the person was made. For example, to ascertain if the care and support they received was still relevant and make any necessary changes, to review their clothing and toiletry supplies and to ensure all aspects of their care were reviewed and updated as required. The review document was clear and if there were any changes then the care plans were updated to reflect these. Each person was the 'resident of the day' every six weeks, so all aspects of their needs were reviewed regularly and also at other times when there were any changes noted. Food, fluid and turning charts were completed and were up to date so people's needs were being monitored.

People were very pleased with the activities and outings that were now being arranged for them. One person told us, "They have started trips out and involve me in planning. I use my tablet for research and they print things for me. I like being involved and considering everyone. The activities are getting better each week and we take photographs. We have lots of parties and celebrations. We do gardening and I paint and we even got a letter from the Queen and they framed it." Another said, "I join in quizzes, I like these and they gave me some DVDs that I like. They are good at the entertainment." A visiting professional said, "It feels like a more stimulating and vibrant environment now." Daily activity lists were displayed and we saw that activities were taking place throughout the inspection. During a music entertainment we saw people joining in and dancing with staff who were encouraging and supportive to them. We heard people joining in a singing activity and there was a vibrant atmosphere and people were happy and engaged.

People had recently been on a trip to a war museum and they had enjoyed this and been able to reminisce about their own experiences. The registered manager said the trip had encouraged people to gain confidence and feel able to go on more into the community in the future, which had been a positive outcome. Information about people's interests were included in the care plans and further work was ongoing to have a 'Life Story Book' completed for each person, so that their life histories were recorded and staff could use this to get to know people better and to provide topics for discussion.

People were encouraged to keep in touch with friends and family. One person said, "There is a lot going on and I can go out and meet my friends. I'm very happy and independent." Staff supported people to maintain

their independence as much as they were able. One told us, "The people in the cottages choose how they spend their day and many go out and about. They do tell us where they are going but they don't have to as they choose. We have all their contact details and encourage them to have mobile phones charged."

People's religious and cultural needs were recorded in the care plans and staff respected these. We asked people about this and their comments included, "I go to church groups locally and there is a church group here. They support my religious beliefs" and "They make me food and do activities like celebrations from my culture. I like this." The menu choice records identified that meals were provided to meet any religious and cultural needs and these were also identified in people's care plans. Staff understood the importance of respecting people's beliefs. One said, "We make sure food is available as an alternative for their needs and they have time to worship, pray and spend time in privacy." Another told us, "We have residents with different beliefs and everyone here including staff are treated with the same respect and acknowledgement." Visits from Church representatives took place and people were also able to go out to their places of worship, so their religious needs were being met.

People knew who they could raise any issues with and were confident they would be addressed. One person said, "I complained about something small and the manager dealt with it immediately. The staff all are able to deal with things well. I would tell the staff and they would sort it right away." Another told us, "Anyone and they would pass it to the manger and she gets things done and sorted immediately." Staff were aware of the complaints procedure and one told us, "The procedure is in the office and we have all read it and if there is an update we read and sign to say we have seen it." We viewed the complaints file and saw that all concerns, however minor, were recorded and responded to. Examples were a television not working or a bulb needing replacing, both of which had been addressed immediately. Formal complaints were also recorded, investigated and responded to. The service had received 21 concerns and two formal complaints since the last inspection and all had been responded to in a timely way. The service had a complaints procedure and this was displayed in the reception area, so people, visitors and staff could access it easily.

Good

Is the service well-led?

Our findings

People were very happy with the way the service was being managed. Their comments included, "[Manager] is fantastic, always approachable, keeps everyone organised. I would say she is driven and she is always asking for feedback and you see results of what you say. She gets things done." A professional told us, "Since the new manager has come into post there has been a noticeable improvement in communication, organisation and delivery of care." Another said, "[Manager] is very good. Communications are very good here. It is well led." Staff were also positive about the registered manager. One said, "[Manager] is very nice and very helpful. I think she is treating everyone the same. She listens to everyone and solves problems."

The registered manager was welcoming of our inspection and took time to demonstrate improvements made at the service since the last inspection. They were knowledgeable about the needs of people using the service, how best to meet these and how to ensure the staff were trained and motivated to work well as a team. The registered manager had a recognised management qualification in health and social care and undertook training to keep their skills and knowledge up to date. They attended the local authority provider meetings and used the information gained at these meetings to improve practice at the service. They were an experienced manager and it was clear that they had worked hard to improve communication and the experiences of people using the service.

We asked people what they thought the service did well. Comments included, "They keep me well, safe and stimulated and the staff are very good, lovely lot", "I am safe with independence and this makes me happy" and "I am healthier and safer than before I came here and they look after me. The activities are good now too." A professional told us, "It is a much improved service and I am happy to come here and work with the manager, staff and residents. It's a very good service here." We also asked people what they felt the service could do better and they did not have any suggestions to make and were happy with the service. One person said, "It is very good, I am happy to say I have no gripes."

People were encouraged to provide feedback and felt they were listened to. One person said, "Feedback is welcome. [Manager] is accommodating." Resident and relative meetings took place every three months and people were encouraged to express their views. One person told us, "They tell you, involve you and we have residents and relatives meetings that are very good. We chat about food, local events, things in the news. They write it all down and give me the minutes and we see changes and results. I voted and we were all assisted in organising it. I went to the hall to do it myself, others did it by post." Another said, "They invite me to the meetings and they are good and they ask if you are happy with things or would like to suggest things." We saw that minutes were taken and also photographs to show who had attended each meeting.

Annual appraisals took place for staff to review their work and identify any areas for development. Staff meetings took place every three months and the minutes were clear and comprehensive. One member of staff said, "We have good meetings all together and we can say what we think and we decide how to solve issues or requests. It works well." The registered manager had identified care workers to become 'champions' in different areas. For example, three staff had undertaken the falls prevention training that had been given by the local authority and were listed as the falls prevention champions for the service. Other

areas where champions were identified included fire safety, nutrition, infection control, pressure ulcer prevention, dementia and activities. Training was provided to ensure each lead was knowledgeable and confident to undertake their role. Staff were happy working at the service. Two told us, "It is now an organised and lovely place to work" and "It is a good strong team and I like it very much"

The provider had completed satisfaction surveys in April 2017 and there had been a high response rate from people and their relatives. They expressed satisfaction with the service and the comments included, "The manager and staff of Aronmore are doing an excellent job. They are loving, kind and caring. We do appreciate the great job they're doing. To all the members
of this home, well done!", "The home appears to provide a high standard of care. All the carers we met are devoted and professional. They have a good report with the residents and the home is clean and tidy at all times we visited" and "When we take out our relative they are always pleased to be going back to Aronmore which is very reassuring and gives us confidence." Healthcare professionals had also been surveyed and their feedback had been positive about the service and the way staff ensured people's healthcare needs were met.

The provider carried out monitoring visits to the service and looked as specific areas. For example, in September 2017 they had reviewed the medicines management and the staffing to include training and recruitment procedures. The reports had a section to record any recommendations following the visit so these could be addressed. The registered manager said they were well supported by the provider and could contact them at any time to discuss any issues. The registered manager showed us the weekly and monthly reports they submitted to the provider that included many aspects of peoples' care and conditions and information about any events or incidents that had taken place. These were monitored by head office to look for trends and also to ensure where necessary action had been taken to address any points. For example, accidents and incidents were reported and monitored to ensure they were being appropriately managed by the service. The registered manager carried out unannounced night checks every one to two months, with the findings being recorded and discussed. The registered manager said their observations of staff fed into their supervision sessions and appraisals.

Policies and procedures were in place and had last been reviewed in August 2016. We noted some of the legislation references needed updating to reflect the amended regulations and the provider said they would address this as part of the review of the documents. Notifications were submitted by the service for any notifiable incidents and the provider was signed up to receive Care Quality Commission newsletters to keep up to date with any changes or other relevant information. The registered manager confirmed that the provider shared the newsletters with them. There was information displayed in the staff room including health and safety and first aid topics, safeguarding information and contact details, healthcare information such as pressure sore prevention, mental capacity and diabetes and food safety and hygiene posters, so staff could read and keep up to date.