Sherwood Healthcare Limited

Mansfield Manor 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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 7 September 2016. The inspection was unannounced. Mansfield Manor Care Home provides support and nursing care for up to 38 older people, some of who live with a dementia related illness. On the day of our inspection 34 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions. People were supported to enjoy a social life and to have their spiritual needs met.

People lived in a service where staff listened to them and treated them with compassion and patience. People's emotional needs were recognised and responded to and when people reached the end of their life staff went the extra mile to ensure their wishes were met.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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 were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Outstanding

The service was caring.

People lived in a service where staff listened to them and treated them with compassion and patience. People's emotional needs were recognised and responded to and when people reached the end of their life staff went the extra mile to ensure their wishes were met.
Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests.

People were supported to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Good

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Mansfield Manor 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 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.

We inspected the service on 7 September 2016. The inspection was unannounced. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the service and commissioners who fund the care for some people who use the service. 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.

During the visit we spoke with eight people who used the service and the relatives of six people who used the service. We spoke with three qualified nurses, two members of support staff, the cook, the activity organiser the registered manager and the provider. We looked at the care records of three people who used the service, the management of medicines, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and provider.

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.

Good

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. All of the people we spoke with told us they felt safe in the service. One person told us, "I feel safe here, being amongst the people who are here." Another person told us, "Yes I feel safe. The staff are very kind to you." The relatives we spoke with also felt their relations' were safe in the service. One relative told us, "[Relative] feels safe here."

People were supported by staff who recognised the signs of potential abuse and how to minimise this risk and protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away and acted on appropriately.

We saw the registered manager and provide undertook a significant event analysis following any significant events in the service. This was used to identify if the required action had been taken and if there was any learning and changes needed to minimise the risk of a similar incident occurring.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example two people were at risk of falls and there were detailed risk assessments and a guide to the prevention of falls in their care plans. The guidance gave staff information on how to support people to minimise the risk of further falls and the provider analysed any falls to see if this was effective. Where people had more than two falls a referral was made to the local falls prevention team and records showed staff followed the advice given by the team. The falls prevention team had written to the registered manager commenting positively on the work staff had done to support a person who had sustained some falls and stating that the work had been effective and would be shared as good practice within their external team. Staff told us they felt people's needs were assessed on a regular basis to ensure they were being cared for safely. One member of staff told us, "We are constantly risk assessing such as assessing if hoists and stand aids are still appropriate."

People were living in a safe, well maintained environment and were protected from the risks associated with the environment and equipment used. We saw there were systems in place to assess the safety of the service such as fire risk and risks in relation to the equipment used such as specialist beds and wheelchairs. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service.

People received the care and support they needed in a timely way. People told us there were staff available if they needed support. One person told us, "There is enough staff. I don't have to wait to go to the loo."

Relatives also felt there were enough staff to meet the needs of people. One relative told us, "If the buzzer rings it is answered quickly." Another relative told us, "They (staff) were very responsive to my relative's needs; as soon as the buzzer was pressed they came."
We observed on the day we inspected there were a high level of staff available to meet the needs of people and when people asked for support this was given quickly.

The provider told us in the PIR that they used a dependency assessment to determine appropriate staffing levels. The provider informed us they recognised the importance of having a member of staff present in the lounge at all times to minimize the risk of people falling. We saw there had not been a high level of falls in the service and the provider told us they attributed this partly to having a member of staff present in the lounge. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service. One member of staff added, "We have structure and routine and this helps."

People had been assessed as not being able to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to. One person told us, "Yes I know how many I should have (medicines) and I get them." Another person told us, "Yes I get them (medicines) when needed." The relatives we spoke with told us they were happy with the way staff managed their relations' medicines.
We observed medicines being administered by a nurse and we saw they followed safe practice. We saw people were offered medicines which were prescribed to be given as and when required, such as pain relief.

We found the medicines systems were organised and that people were receiving their medicines when they should. Qualified nurses were responsible for the medicines administration and management and we saw they were following safe protocols, for example carrying out stock checks of medicines to ensure they had been given when they should. The nurses regularly had their practice and competency assessed by the registered manager. All staff were receiving medicines training to enable them to understand the safe processes which needed to be followed.

We saw there was an emergency spare key for the medicines room and this was kept on a hook beside the room, which was accessible to people living in and visiting the service. We discussed this with the registered manager and the key was removed and stored in a more secure place. We also discussed the records for medicines which were given as and when required, such as for pain relief. These did not contain enough information to guide nurses in giving these medicines when they should. The registered manager addressed this immediately after our visit.

Good

Is the service effective?

Our findings

People were supported by staff who were trained to support them safely. People we spoke with told us they felt staff knew what they were doing and received training to give them the skills they needed. One person said, "I would say so (staff get training) they seem to know what they are doing." "They (staff) look after me well." Another person told us, "There is staff training this afternoon, they are always getting that." Relatives also told us they felt staff received enough training to give them the skills they needed. One relative told us, "They are having training today, they often have training sessions going on and they do their job well."

The provider told us in the PIR that staff were given regular training in respect of all areas of safe working practice and that training was also given to ensure staff knew how to support people with individual needs such as nutrition and pressure ulcer risk. Staff we spoke with confirmed what the provider had said and told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. One member of staff told us, "We do a lot in house and have an external company too." On the day of our inspection some staff were receiving training from an external training agency. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control. Training was also given in relation to the individual needs of people. For example supporting people who were at risk nutritionally and who had long term illnesses such as diabetes.

People were cared for by staff who were supported to have the skills and knowledge they needed when they first started working in the service through the completion of an induction. One relative commented on the staff recruited by the registered manager and said, "There is a good mix and calibre of staff recruited here. They (staff) must be given training when they first start here as we can't tell any difference between the new staff and staff already here." The registered manager told us, and staff confirmed that new staff were in the process of completing the care certificate, which is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. One member of staff described how new staff were also given the time to shadow experienced staff to gain knowledge and confidence and said, "They shadow for three days or longer if they have not had previous experience." Staff we spoke with were very knowledgeable in relation to working within safe and best practice.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. The provider told us in the PIR that staff were supported by regular supervision, appraisals and that personal development plans were developed and reviewed regularly. Staff confirmed what the provider had told us and told us they received regular supervision from the qualified nurses or the registered manager. Nurses told us they were also given clinical supervision to ensure they were keeping their skills and knowledge up to date.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support. People described staff's

approach to them and said, "Yes staff ask consent." Another person told us, "They (staff) check with me that I want them to do things."

Staff we spoke with told us they felt people were supported to make decisions and decide how they spent their time. One member of staff told us, "We don't force people to do things they don't want to do. They can have and do what they want." Another member of staff told us, "Staff always ask people what they want (to do)."

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 were supported by staff who had a very good knowledge and understanding of the MCA. The staff we spoke with were able to describe their duties under the MCA and how to support people with decision making. One member of staff told us, "We are always working in the best interests of people." Some people who lacked the capacity to understand risk had a sensor on their bedroom door to alert staff if they left their bedroom at night. Staff described how this had been assessed and meetings held with families to make the decision about this and to ensure it was the least restrictive method of keeping people safe.

We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

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). 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.

The registered manager had made applications for DoLS where appropriate, to ensure people were not being deprived of their liberty unlawfully and a DoLS had been granted for one person. Staff knew about the DoLS, why it was in place and understood the rationale behind it.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and that they enjoyed the food. One person told us, "The food is very good, I am always very satisfied." Another person told us, "They (meals) are very nice. We have a jug of juice and drinks in our rooms." A third told us, "The meals are lovely."

We observed lunch and we saw people were given support to eat where this was needed and when people did not eat their meal they were offered alternatives. The meal looked appetising and nutritious and people were offered a choice when they sat down in the dining room. We observed people were offered drinks and snacks in between meals and where support was needed with drinks this was provided. One person had a specialist diet and we saw this was given to them. We spoke with the cook and they had a very good knowledge of people's preferences and any requirements such as diabetic diets.

People's nutritional needs were assessed regularly and there was information in support plans detailing

people's nutritional needs. Where weight loss was apparent, plans had been put in place, such as weighing the person more frequently and supporting them to eat more. Staff had also discussed any ongoing weight loss with people's GP had to assess if a referral to a dietician was needed.

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked. One person told us, "The doctor or nurse are soon here. I suffer with my chest and they keep an eye on me." Another told us, "They get a doctor out quickly (if the person became ill)." Relatives felt their relations were looked after well in relation to their health care. One relative told us, "[Registered manager] gets the GP out quickly if needed and chases up prescriptions to make sure they have the medication quickly."

Staff we spoke with commented positively on the way the qualified nurses managed the health care of people. One member of staff told us, "Health needs are managed well. We have regular nurses now and they have meetings and they manage well." Records showed that people had regular observations done in relation to their blood pressure . Any risks in relation to ongoing health conditions such as diabetes were monitored and where people had a risk in relation to their healthcare such as urinary tract infections, these were monitored and responded to. Staff sought advice from external professionals when people's health and support needs changed. For example staff made referrals to the falls prevention team if people developed a risk of falling.

Outstanding ☆

Is the service caring?

Our findings

The provider told us in the PIR that the philosophy and ethos of home was to treat people who used the service with compassion, kindness, dignity and respect. They told us that these values were disseminated throughout the workforce. This ethos was apparent throughout the course of our inspection and there was clearly an emphasis on care and compassion, not only for people who used the service but for their relatives and friends too. Without exception people who used the service and their relatives commented positively on the care and support provided in the service. One person told us, "They (staff) are very caring. They look after you and are always there for you. It's a lovely home." One relative told us, "Staff are so kind here. The service they gave my [relation] was amazing, the staff are very patient. I have told all my colleagues how good this place is." Another relative told us, "I can't stress enough how brilliant they (staff) are. A further relative told us, "They (staff) are caring and compassionate to people and show real affection."

One relative described how well their relation had been looked after prior to them passing away and then said, "They looked after me and Mum (the wife of the deseased relation) too." This relative had also written to the registered manager and staff stating, You also went beyond taking care of [relation] by showing Mum (wife of the person who had passed away) that she was also a person you valued too.' Another relative told us, "It feels like it is our home too."

People described receiving care and support which was tailored on their individual wishes and told us that their preferences were always listened to and acted on. One person told us, "They (staff) treat me as an individual here." One relative described an example of individualised care they felt their relation had received. They told us their relation liked things to be done 'just so' and had mentioned they wanted their sandwiches cut in a certain way. The relative told us, "The sandwiches are now always cut just the way [relation] likes them. You only have to ask for something to be done a certain way and it is done. Nothing is too much trouble. They definitely treat people in their own right as individuals."

We observed this to be the case on the day we visited and saw staff interacting with people. We saw staff were patient and displayed compassion towards people when they were supporting them. For example we observed one person, who lived with a dementia related illness, who became distressed at one point and a staff member quickly went and sat with the person. The member of staff calmly and patiently tried to find out why the person was distressed and tried to assess if the person was in pain. The person was too upset to communicate effectively and the staff member took time to distract the person and eventually the person was laughing and engaging with the member of staff. The member of staff was then able to communicate with the person more effectively and was successful in finding out why they were distressed and acted on this.

We saw a recent survey had been carried out to assess the quality of the care people were receiving. We saw the completed surveys and a high number of respondents had commented that the areas of strength in the service were 'care' and 'staff'. A relative we spoke with told us, If you ask anything they (staff) make time for you. Not just lip service but sit with you and really take the time to talk to you."

Our observations indicated staff enjoyed working in the service. Staff were happy and cheerful and clearly worked well together as a team, showing respect for one another in discussions. Staff told us they enjoyed working in the service. One member of staff told us, "I love it. It is calm and peaceful here and people are spoken to nicely." Another member of staff told us, "I love caring and I like the people here." A third told us, "Staff are caring, when they walk into a room people smile and chat and clearly like them (staff)."

The service had achieved the accreditation of the gold standards framework for end of life care and were working within the principals of this. The gold standards framework is an accreditation services can work towards and achieve and is aimed at improving the quality of care for all people nearing the end of life, in line with their preferences. The registered manager told us about the hard work which had gone into achieving this accreditation which included intensive training over a two year period and building a portfolio to show how the service worked with other agencies to improve the care people received when they neared the end of their life. The provider told us in the PIR that staff took pride in being able to provide quality care to people on end of life.

The registered manager was able to give us examples of where this had improved the experience and the care of people at the latter stages of their life and we saw the service had received a number of complimentary letters from relatives in respect of how this had worked. One relative had written to the registered manager and staff following the death of their loved one in the service and said, "Wanted to express our heartfelt thanks for the outstanding care you have all shown [relative] in the last few weeks of life. We as a family are eternally grateful."

One person had been very ill in hospital and the registered manager received a call from the person's family informing them that they wished their loved one to return to the service to end their life. One of the nurses who was also a lay minister had gone to the hospital to give the person their final prayers and to assess if it was possible for the person to return home. Arrangements had been made and the nurse travelled back to the service with the person and the person had their wishes to end their life at the service respected and were able to pass away in their home with their family with them. The nurse who had travelled with the person stayed until the early hours of the morning when the person passed away, to ensure the family received support and that the person had a peaceful and pain free end to their life. The family requested the nurse, to conduct the funeral of their loved one, as a lay minister, and this was facilitated.

Another person had been admitted to hospital when they became ill. The person had been diagnosed as being at the latter stage of their life and the family had been told to be prepared for the person's life to come to an end. The family had expressed a wish for the person to return to the service which was their home. This was felt to be a risk to the person due to having to travel. However the registered manager told us they had worked with the hospital staff to get the person home quickly and the person had returned back to the service. We spoke with the relatives of this person and they commended the registered manager and staff on their dedication and compassion. They told us, "[Registered manager] went to the hospital and pulled out all the stops to get [relative] home again and when they got [relative] home they were treated like royalty and staff were there for us too." Following this the person had made a recovery and the relatives described how two years on their relation was still doing well and said, "Hand on heart we put that down to [relation] being here."

A relative of a third person who we spoke with described a similar scenario and again commended the service and staff for the care of their relation when they were diagnosed as being at the end of their life whilst in hospital. The relative told us, "The home have been brilliant and worked hard to get [relation] to a stage where they could come home. Staff have been brilliant." The relative went on to say that their relation had improved in health since being back at the service.

The provider told us that one of the qualified nurses was also a lay minister and worked as both a nurse and lay minister in the service. This allowed them to offer pastoral support in palliative and end of life care. This provided a continuity and support for families both during the care for their loved one in the last few weeks, days and hours of their life and following the bereavement. The nurse offered support to people who use the service, their relatives and to staff in relation to their emotional and spiritual needs and during our visit we received praise about her work in the service.

Observations and discussions with staff showed that staff clearly knew people's needs and preferences. People told us staff knew them and their likes and dislikes with one person laughing and saying, "Oh they know me." We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

Relationships were seen as an important part of daily life and people told us their friends and relations could visit whenever they liked. One person told us, "Family can visit when they like."
Relatives confirmed this to be the case and said they were made welcome. One relative told us about being invited to events and concerts in the service and three relatives commented they felt very involved in the service. One relative told us, "It feels like it is our home too." We saw another relative had written to the registered manager and staff saying, 'You also went beyond taking care of [relative] by showing Mum that she was also a person you valued too.'

People's input and choices were valued and acted on throughout the service. For example, we saw that during a recent relative meeting one relative had requested that staff wear name badges. As a result of this a survey had been sent to people who used the service to get their views on this prior to any decision being made to implement name badges and this was still in the consultation stages. One relative told us, "I recommend this place, I want my bed here." "People are given plenty of choice and the cook goes and sits with individuals and discusses what they want to eat that day. All requests are catered for; it's like a five star hotel."

Records showed that the provider sought people's opinion and choices through a variety of different methods such as regular meetings, individual discussions and through the use of targeted surveys for areas such as menu and activity choices. People were supported to make choices in relation to their daily life in the service for example about what and where they ate, how they spent their time and what activities they did. The people we spoke with told us they were given autonomy to decide what they did and when. One person told us, "I can do what I like really." Relatives confirmed what people told us and said they felt their relations chose how they lived their life in the service.

Care plans we viewed showed that people's differing communication skills were recognised and where people needed support with their communication there were plans in place which informed staff how people communicated and expressed themselves in different ways. One person had difficulty communicating due to a hearing impairment and there was a care plan in place detailing how the person communicated via the use of pen and paper. We spoke with the person's relative and they told us, "They (staff) use writing down to communicate. They have tried all sorts of communication methods but [relation] won't have it any other way but writing down."

People had opportunities to follow their religious beliefs. We spoke with two people about weekly and monthly visits they made to a local place of worship and they told us how much they enjoyed this. One person told us, "We go to meetings there and coffee mornings. I enjoy going." The activity co-ordinator described how staff had developed a good relationship with a local place of worship and told us that as well as people going to the place of worship , there were services and communions in the service too. We saw

that meetings at the local place of worship such as 'welcome break tea' was advertised through posters in the service and also included in the monthly newsletter to ensure people knew when the meetings were.

The qualified nurse who was also a lay minister adopted this role on a day to day basis. The provider told us the nurse's role as a lay minister included supporting people with their religious and spiritual needs, conducting services in the home, along with other local places of worship in the community. The nurse had forged links with the local community and charity groups such as a project supporting and raising funds for local homeless people. People who used the service described their involvement with this project. One person described the close link with the local Church and told us that people who used the service were supported to go to events there and proudly told us of their involvement in the project and how they had enjoyed supporting the fund raising for such a cause.

We spoke to the registered manager about the use of advocacy services for people. An advocate is a trained professional who supports, enables and empowers people to speak up. The manager told us that they were currently supporting one person to access an independent advocate and that one person had recently used an independent mental capacity advocate (IMCA). There was information in the service to inform people how they could access advocates if needed.

People were supported to have their privacy and were treated with dignity. All of the people we spoke with told us they felt they were treated with respect and that their privacy and dignity was upheld by staff. One person told us, "Staff speak respectfully and they always knock before they come in (to bedroom)." Another person told us, "Privacy is respected. Staff speak respectfully" A third said, "I can spend time alone if needed." We observed people were treated kindly and staff were respectful of people's preferred needs. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect. The relatives we spoke with told us they felt their relation was treated with respect. One relative told us that when their relation had first moved into the service they had specified that only female carers supported them with any personal care and this was respected. They told us that as time went on their relation had changed this and was happy for any of the staff to support them. They told us they felt this was because of the respect staff had shown and trust had developed.

Where people had a soft or pureed diet due to health needs, we saw these were presented in an attractive way in order to preserve people's dignity. Moulds were used to ensure each portion of the meal resembled the shape it was prior to being pureed.

We saw a recent survey had been carried out in relation to dignity and the results of this were positive from people who used the service and from relatives. One relative had said, 'Every resident is treated with respect.'

Staff were overseen by a dementia champion, who was responsible for ensuring staff worked within the dignity values. Staff told us they were given guidance and training in privacy and dignity and we saw the values were on display in the service. Staff were able to describe different ways they ensured people's privacy and dignity was respected such as, "When people have a wash they are covered up and the curtains closed. If staff ask people if they need the toilet we ask quietly." The activity organiser was a dignity champion and as part of this role observed staff and gave guidance if staff were not following the dignity values.

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning how they would be supported. People we spoke with told us they were aware of their care plans and had been involved in reviews of their care and support. One relative told us, "Yes we have been to meetings to discuss the review of [relation's] care plan and [relation] is involved too. Staff keep us involved, call us if [relation] needs any shopping."

People were supported by staff who were given information about their needs. We saw people were assessed prior to admission to check that their needs could be met with the staffing and facilities at the home. Care plans were then written to give staff the information they needed to meet the needs of the individual and this included people's preferences for how they wished to be cared for. We saw that people's care plans contained information about people's physical and mental health needs and guided staff in how to support them. We saw the lead nurses carried out a review of each person's care and support every month and care plans were adjusted to meet people's changing support needs.

People received care which was responsive to their needs in relation to pressure ulcer prevention and management. We saw there were care plans in place informing staff of the steps needed to reduce the risk of people developing a pressure ulcer. We saw staff followed this guidance in practice, such as ensuring people were using pressure relieving equipment and being supported to change their position regularly whilst in bed. The provider told us in the PIR that if people developed a pressure ulcer or wound, these were monitored daily and audited weekly by the lead nurse. We saw well organised records which confirmed what the provider had told us and the records showed this process was effective with wounds healing quickly. One person told us, I had a bad ankle and they looked after that and it healed."

Relatives consistently told us how well staff communicated any changes in their relations' health and if there was anything they needed to bring in when they visited. They all said they had been involved in the planning of their relations' care and support and felt involved with what was happening in the service.

People were supported to follow their interests and take part in social activities. During our visit the activities organiser was having a 'get to know you' session with a person who had recently moved into the service to find out their hobbies and interests. People told us they had the opportunity to take part in a range of activities which they enjoyed. They also described entertainers who attended the service and the opportunities to go out into the community on day trips. One person described weekly and monthly coffee mornings which they attended with other people who used the service. One person told us, "The activity lady is lovely. We go out on trips. I like the colouring and painting. You are never bored, there is always something going on." Another person told us, "I have knitted one of the staff a baby jacket." A third person told us, "I go on trips I want to go on. I do some knitting. You don't get time to get bored."

We observed a group of people being supported to have a game of giant skittles during the morning and they appeared to enjoy this. People were laughing and smiling with each other and with the staff supporting them. In the afternoon we saw the activities organiser with a group of people who were having a 'food tasting' session. People were trying out a wide range of fresh fruit and drinks and the activity organiser told

us this was used to develop people's tastes and to enable people to try things they may not have tasted before. People were engaged in this activity and were discussing what they had and hadn't enjoyed. The activity organiser told us a similar tasting session had been held the week prior to our visit with a selection of cheese and wine and that people had enjoyed this. Following the tasting sessions the food was taken around to people who had not attended to enable them to taste the different food and drink.

People knew what to do if they had any concerns. The people and relative we spoke with told us they would speak to the registered manager if they had a problem or concern. They told us they felt they would be listened to. One person told us, "We always speak to [registered manager] she sorts things out for you." Another person said, "I have no concerns but if I did, [registered manager] would sort it out." A relative told us, "We would have no hesitation speaking with [registered manager] if we had any issues."

We looked at the complaints log kept by the provider and we saw that where people had raised concerns, regardless of how minor, these had been recorded, acted on and resolved with the person raising the concerns. There was evidence of learning coming from any concerns raised such as changing practice in relation to laundry when a concern was raised about this. The provider told us in the PIR that they applied the duty of candour to any concerns raised and this was evident with records showing that people were offered an explanation of what went wrong and an apology where needed. Staff we spoke with were aware of how to respond to complaints and there was a complaints procedure in the service so that people would know how to escalate their concerns if they needed to.

Good

Is the service well-led?

Our findings

There was a registered manager in post and people we spoke with knew who the registered manager was and we saw they responded positively to her when she was speaking with them. We found the registered manager was clear about their responsibilities and they had notified us of significant events in the service.

Without exception people who used the service, their relatives and staff we spoke with spoke with warmth about the registered manager. When people who used the service and their relatives described their relationship with the registered manager it was clear there was a close bond, people and relatives smiled when they spoke of her and we heard a friendly but professional banter between people and their relatives and the registered manager throughout the day. Relatives described how well the registered manager knew people who used the service and made sure they received a high standard of care. One relative told us, "[Registered manager]would be able to tell me how [relation] was as she went up to see [relation] every day."

The registered manager and provider recognised the importance of continuous improvement and had worked with staff to achieve accreditations such as the gold standards framework and the dementia quality framework from local authority. They had also been involved in pilots and projects such as developing knowledge and improvements in relation to pressure ulcers and falls in the region. They recognised staff achievement and celebrated this by giving awards for the best care staff.

The registered manager and the provider carried out an analysis of different aspects of the service such as falls, pressure sores, significant events and hospital admissions. These were used to make improvements and changes in the service in order to try and minimise the risk of similar events. The provider told us in the PIR that hospital admissions had significantly reduced as a result of the changes made following the analysis. We also saw evidence of a reduction of falls in the service due to the systems in place.

People who used the service, their relations and other visitors were given the opportunity to have a say about the quality of the service. There were meetings held for people who used the service so the registered manager could capture their views and get their suggestions and choices. One person told us, "We have residents meetings. My daughter goes if I can't and we talk about things like going out. You can talk about anything that is bothering you but I have not got any issues." We saw the minutes of the last two meetings and saw people had been given the opportunity to have their say and future meetings were advertised in the reception area of the service.

We saw that feedback forms were sent to people who used the service and their relatives on a regular basis. The surveys followed different themes such as the laundry service and activities available so that people could give their opinion of different aspects of the service. The results of these were analysed and shared with people and an action plan was put into place for any areas which needed addressing.

The provider and registered manager saw the value in staff having designated responsibilities in the service to support consistent overview and scrutiny of lead areas. The provider told us in the PIR that staff had lead

roles in relation to areas in the service for example, infection control, wound management and medicines management and we saw this was the case during our visit. This resulted in a well-managed service with effective and organised systems in place to ensure people received care and support which met their needs. We asked one lead nurse what they enjoyed about working in the service and they told us, "It is well organised here."

People lived in an open and inclusive service. One qualified nurse we spoke with told us, "There is an open culture with mistakes looked and lessons learned." Staff we spoke with supported this and told us they felt the service was well run and that the provider, registered manager and nurses worked with staff as a team and were approachable. Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to. There were meetings held for different designations of staff, including the qualified nurses. Staff were also given the opportunity to have a say about the service during regular supervision sessions with the registered manager or the nurses. The registered manager carried out regular observations of care practice, to ensure staff were following safe practice and working in line with the policies of the service.

People could be confident that the quality of the service would be monitored. There were systems in place to monitor the quality and safety of the service. We saw that the nurses carried out frequent audits in the area's they led on such as medicines, nutrition and pressure ulcers. These were then audited by the provider and the registered manager and any areas of improvement were detailed on an action plan.

The provider oversaw the running of the service and ensured people were happy with the service being delivered. The provider told us in the PIR that they were actively involved in the day to day running of the service and this was evident on the day we visited. We saw people; their relatives and the staff had a good relationship with the provider and knew them well. Records showed the provider also carried out audits in the service in a wide range of areas such as the environment and any complaints received. A report was given to the registered manager each month detailing the results of the audits and an action plan for any improvements needed. The action plan was then checked by the provider to ensure continuous learning and improvement.