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Bankfield

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

This was an announced inspection, which took place on 18 and 19 October 2016. The service was previously inspected in April 2013 when it was found to be meeting all the regulations we reviewed at that time except medicines management. We carried out a follow up visit to check that the service had made improvements to the medicines systems in January 2014 and found the service to be compliant.

Bankfield is a care home registered to provide accommodation and personal care for up to 47 elderly people. It is a large purpose built detached home situated in a residential area of Bury. It is close to public transport and is approximately three miles away from the centre of Bury. Forty two people were using the service at the time of our visit.

There was a registered manager in place at the time of the 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.

The registered manager was present during our inspection. The registered manager was said to be approachable, supportive and a visible leader who had over 30 years experience of working in health and social care. They had clear expectations of the standards that the service was to achieve in relation to individual personal care.

People we spoke with told us they felt safe at the service. There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

The provider carried out the required recruitment checks to ensure that staff were safe to work with vulnerable people. There were sufficient staff on duty to meet people's needs.

There were procedures in place to ensure people received the appropriate support to manage their medicines. People were cared for in a safe and clean environment.

Care records we reviewed contained risk assessments and information for staff to follow in order to manage the identified risks.

Staff had an understanding of how to keep people safe and protect their rights should they be unable to consent to the care and support they required.

Staff spoke positively about working at the service. Staff told us that they worked well as a team which helped ensure people were not overlooked and individual needs were met.

People were supported to access the health services they needed. Staff monitored people's nutritional

needs and encouraged them to maintain a healthy diet.

We saw that six health and social care professionals had recently completed a quality monitoring review for professional visitors. They had rated the home as excellent and good. Comments included, " A wonderful home lead by an excellent manager which then cascades through the care home to staff members. Well done to all" and "Staff are professional at all times and are approachable."

The atmosphere at the service was friendly, calm and relaxed and people appeared well dressed and cared for. People we spoke with spoke positively about the service and the staff. They said, "I'm glad to be here, in the company, I suffered awfully at home," "They've been very nice, like an ordinary home," "They're very kind" and "They're fantastic here everything is good."

The involvement of family and friends in the service was actively encouraged. Where people lacked capacity and had no family or friends an independent mental capacity advocate was involved in overseeing their best interests.

We saw that the service had been involved in the NHS National Institute for Health Research Enabling Research In Care Homes (ENRICH) programme. This is a way to help find better ways of looking after people who use the service and improve their health care and quality of life.

The service had won an award for the development of an oral care pictorial recording tool, to help support people with dementia who may be resistant to having their teeth cleaned. The recording tool was now being used by other services.

Systems were in place to support people and their family and friends through the end of life process, which included an annual remembrance service. Relatives were able to leave comments if they wanted to. One relative commented, "What a lovely opportunity to come back and see old friends! It's like coming home!"

Records contained relevant information, which were stored securely and easily accessible by staff.

People were able to participate in activities if they wanted to. This helped to ensure their emotional health and wellbeing.

There was a system in place for handling and responding to complaints. People told us that they were confident that the registered manager would deal with any concerns that they raised.

People spoke highly about the registered manager. They said, A person who used the service said, "I'm very friendly with the boss [registered manager]." A relative said, "I get on very well with [registered manager], she is open minded. The whole family is happy with the care here."

Staff said, "[Registered manager] really does care about people", "[Registered manager] is visible and knows what is going on" and "The [registered manager] has high standards and knows what good care is."

A number of health, safety and quality assurance processes were in place which included people's views and opinions about the service.

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 who used the service told us they felt safe and staff had received the training they needed to recognise and respond signs of abuse.

Recruitment procedures were in place to help ensure people were protected from the risk of unsuitable staff.

Individual risk assessments were in place to help ensure people received safe and appropriate care.

Appropriate systems were in place for the safe handling of medicines and infection control practices.

Is the service effective?

Good

The service was effective.

Staff had received all the training they needed to help ensure they carried out their role effectively and safely with further training planned.

Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and plans were in place for them to receive training in these areas. Systems were in place to monitor deprivation of liberty safeguards and seek authorisation as necessary.

People who used the service received the support they required to be able to access the health services they needed.

Is the service caring?

Outstanding

The service was exceptionally caring.

People spoke very positively about the care and support they received from the staff team. People were treated as individuals. The atmosphere at the home was friendly, calm, relaxed and inclusive.

Families were actively encouraged to be involved in people's care and in events that took place in the service. Feedback from families and friends in a quality assurance review was highly complimentary about the service they received.

New ways of further enhancing people's care needs were being explored and the service worked with other organisations to promote new practice.

People receiving end of life care were treated love and compassion, as were their relatives and those that mattered to them.

Is the service responsive?

Good

The service was responsive.

Records showed that people and their family and friends were involved in the care planning process from the initial assessment to regular reviews of the care plans and risk assessments that had been developed.

Activities were available for people and their families to become involved in if they wished to.

Systems were in place to respond to any concerns or complaints people wished to make.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission. The registered manager was supported by a deputy manager and senior care staff in the day to day running of the home.

Staff told us that the registered manager was approachable and provided strong, confident, well organised and visible leadership.

Quality assurance systems were in place to monitor and assess the quality of care that helped to drive improvements in the service.

Bankfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 October 2016 and was unannounced. One adult social care inspector and an expert by experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This form asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection, we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We contacted the local authority safeguarding and commissioning teams to obtain their views about the service. No concerns were raised with us.

During the inspection, we spoke with thirteen people who used the service and five relatives. We also spoke with the registered manager, two members of the night staff team, a senior care staff, three care staff, an apprentice, a cook, an administrator, a domestic and also a visiting independent advocate and an activities organiser.

We attended a staff handover, reviewed the care records for four people who used the service. In addition looked at a range of records relating to how the service was managed; these included staff recruitment and training records, quality assurance processes and policies and procedures.

Good

Is the service safe?

Our findings

Policies and procedures for safeguarding adults from harm were in place. These provided guidance for staff on identifying and responding to the signs and allegations of abuse. None of the people we spoke with indicated they felt unsafe at the service. A visiting relative said, "[Person] seems happy enough, seems quite settled. Looked after quite well. Homely."

The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed including poor practice of colleagues. A staff member said, "I could go to the [registered manager]. I would be nervous but it would be the right thing to do." Another told us that they would report concerns because, "That person could be my mother." Records we reviewed showed that staff had completed training in safeguarding adults. We saw that staff were given information about safeguarding and a copy of the whistle blowing policy and procedure during their induction programme. Records showed that with the exception of a small number of new staff the staff team had received safeguarding training.

We checked to see that staff had been safely recruited. We reviewed four staff personnel files and saw that each file contained an application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

Staff told us and we saw that there were sufficient numbers of staff available to meet people's needs. The rotas we looked at showed that there were usually eight care staff on duty in the morning and seven in the afternoons and evening. Three to four housekeeping and laundry staff as well as cooks, kitchen assistants, maintenance person as well as administrators supported them. Four staff were on duty throughout the night.

Risk management plans were in place to guide staff on the best way to support people safely. We saw that risk assessments had been regularly reviewed and updated when people's needs had changed. This should help to ensure staff provided safe and appropriate care to people who used the service.

We observed two members of staff hoist a resident from their wheelchair to an armchair. We saw staff treated the person with dignity and respect during the transfer. They communicated with the person throughout, ensuring that they were fully aware of what was happening. A visiting relative said, "[Person] doesn't have to wait for the hoist any more. I think they bought another one."

We noted there was always a member of staff on call outside of office hours in order to provide advice to staff in the event of an emergency. The service had an emergency grab file in place to inform of the action they should take in the event of a disruptive incident occurring such as the failure of the gas or electricity supply. We saw that a personal emergency evacuation plan (PEEP) had been completed for all people who used the service; this provided information to staff about the support each person would require in the

event of an emergency at the home.

We looked at the services maintenance file. We saw records that showed that the fire alarm was tested weekly and checks were made to ensure that means of escape routes were clear and fire door guards were fully operational. Visual checks were also made in relation to equipment such as hoists, stand aids, bath and shower chairs, as well as window restrictors and the nurse call system. The nurse call system was computerised so it could produce information about how often people were checked and how long they had waited for attention.

We saw valid servicing and maintenance certificates were in place for the passenger lift, gas safety, portable appliances and electrical fittings and fitments. We saw that regular servicing checks were carried out on the fire alarm system. The homes water system was checked for the presence of Legionella.

We looked at the systems in place to reduce the risk of cross infection. We saw that staff had received training in infection control. We saw there was liquid hand wash and paper towels in communal bathrooms and toilets and information about effective hand washing techniques. We saw there were clean colour coded mops and buckets in use throughout the home. We saw Personal Protective Equipment (PPE) was provided for and used by staff when carrying out personal care tasks; this should help prevent the spread of infection.

We saw there was a team of five housekeeping staff who kept the home clean and tidy and ran the laundry. No malodours were detected during our inspection. In the laundry the 'red bag' system was used. This system helped prevent the spread of infection from soiled items that were being transferred through the home to the laundry.

The kitchen had received a 5 star rating from the national food hygiene rating scheme which meant they followed safe food storage and preparation practices.

People told us about the medicines they received. One person said, "I have osteoporosis in this hip. I have painkillers. I could have them through the day if I asked. In the morning I have one paracetamol and one codeine." Another said, "They put cream on my hip each night so I have a good night's sleep."

We were informed that the service had recently changed their pharmacist. Part of the arrangement with the new pharmacist was they carried out a monthly audit of the medicines management system at the time of the monthly change over of medicines. During our inspection this was taking place. This meant a thorough review took place every month. However because this review was in process we did not look fully at the oral medicines management systems. We asked the visiting pharmacist concerned if they had any concerns about medicines management at the home. They confirmed they did not.

The deputy manager had delegated responsibility for the oversight of medicines management. We saw that a medicines audit had been carried out by them in September 2016. We saw that the treatment room were medicines were securely stored had recently been refurbished.

We saw photographs of people were on their medication administration records (MAR) for identification purposes. We also saw any allergies the person had in relation to medicines, for example, penicillin were listed on the sheet.

We were told that only staff authorised to do so administered oral medicines and pain relief patches. All staff had completed training in the safe handling of medicines; our inspection of training records confirmed this

information was correct.

Care staff were responsible for administering prescribed creams in people's room during personal care. We checked a random sample of three records held in people's bedrooms and found them to be correct and up-to-date. We heard the registered manager remind staff about the importance of using creams and staff confirmed they always used creams. We noted that none of the people who used the service had pressure sores. Body maps were also available to show where the cream was to be applied.

The registered manager told us that some people were being administered 'covert' medicines. This means without there knowledge. We saw that written authorisation had been given by the persons doctor to do this and this was kept with the person's MAR. The registered manager told us that these arrangements were reviewed every three months.

We were told by the registered manager that none of the people who used the service were being administered 'as required' medicines that could be used to restrict people. The registered manager said that the service had good links with the local psychiatric geriatrician and community psychiatric nurses should additional support be required.

Good

Is the service effective?

Our findings

People we spoke with told us they thought they were looked after very well by staff. They said, "We're looked after very well here," "They look after us very well, first class," and "They look after us, they're marvellous."

Staff told us they thought they worked together as a good team. One staff member said, "We are a really good team. There is good communication, planning and preparation" and "This is the best home I have ever worked in." Staff told us that when they joined the team they felt comfortable to ask questions. A staff member said, "There was no such thing as a daft question."

We saw that the care staff team was split into smaller teams, which included the person's identified keyworker. This system helped to promote continuity to people and gave oversight to seniors to help enable them to support the supervision arrangements of staff.

We saw that the service had an induction training pack for new staff who also received a copy of the staff handbook. The induction programme covered the importance of privacy, choice, respect and encouraging independence as well as safe handling and the use of equipment, health and safety, fire safety, personal care and infection control. Staff confirmed that they had shadowed existing staff before working directly with people. This had given them time to get to know people, their routines and how they preferred to be cared for and supported.

We saw that central records were held of the supervision, appraisal and training completed by staff. Records we saw showed that staff had access to a range of health and safety training and staff's understanding was checked as a topic area at supervision. We saw that training was planned for staff throughout November and December 2016 for palliative care, dementia care and challenging behaviour.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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. We saw that there was a system in place to manage deprivation of liberty safeguards (DoLS) to help ensure they were always reviewed with in the specified timescale.

Staff we spoke with had a basic understanding of the MCA and DoLS. Staff told us that they had received training in dementia awareness and training records supported this. People's care records contained assessments of each individual's capacity to make specific decisions in relation to their care and treatment.

An independent mental capacity advocate visited people who lacked capacity but had no family and friends

to help ensure their best interests were being met. We saw that information was available to inform people, their relatives and staff about Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions.

People we spoke to told us, "The meals they're alright, very good," "The food is good it suits me. If you don't like something they change it for you" and "If you don't like it (meal) you have something else."

We were told that the main meal of the day was supplied by an outside caterer and was brought into the home on a daily basis. The cooks also made lighter home made meals and cakes. The registered manager told us they tried to vary the menu every three months and to have buffets from time to time to break from routine, for example, whilst watching a film in the evening. We saw there were plentiful supplies of fresh produce as well as tinned and dried goods.

At lunchtime, in the small lounge, we observed two members of staff supporting people to eat. Staff sat by the person and engaged with them. Meals had been pureed and served in an attractive way. Where possible people were encouraged by staff to eat their meals as independently as possible.

We were told by the registered manager and saw records that 16 people had been assessed as being at risk of malnutrition. These people were said to be weighed weekly and diet food and fluid charts were in place. Where appropriate people were referred to dieticians and speech and language therapists. No-one who lived at the service had pressure sores.

We spoke to the cook who told us about the arrangements for meals. The cook was aware of the arrangements for food where people had special diets, for example, 16 people had diets were their meals were either pureed or fork mashed. Meals were served in this way to help prevent people from choking. High calorie products such as milk and cream were used to fortify meals. Food and fluid intake charts were in place for people identified as at risk of malnutrition.

From the records we looked at we saw people were supported to access health care services in relation to their mental and physical health needs. This included appointments with doctors, dentists, opticians, chiropodists and the memory clinic.

We saw that six health and social care professionals which included two doctors, two community staff nurses, a district nurse and a social worker had completed a quality monitoring for professional visitors. They had rated the home as excellent and good. Comments included, " A wonderful home lead by an excellent manager which then cascades through the care home to staff members. Well done to all" and "Staff are professional at all times and are approachable."

Outstanding ☆

Is the service caring?

Our findings

We saw that people were given a welcome pack prior to moving into the home. This gave people information about what they could expect from the home and included the homes statement of purpose, a copy of the complaints policy and consent forms.

The pack also confirmed that people and their families would be involved in developing a care plan and risk assessments to help ensure people's care needs and wishes were met. Information about the facilities and arrangements in place for doctors and district nurses, hospital appointments, chiropody, hearing aids, medication and laundry were also given to people.

We saw that the following quote was printed in large letters in the entrance hall, one of the lounges and the manager's office, 'Our residents do not live in our workplace, we work in their home.' This appeared to be a guiding philosophy, which was embedded in practice.

People we spoke with spoke positively about the service and the staff. They said, "I'm glad to be here, in the company, I suffered awfully at home," "They've been very nice, like an ordinary home," "They're very kind" and "They're fantastic here everything is good."

There was a stable staff team in place and people were allocated a key worker. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them. Staff members said, "We are like a family" and "I feel like I belong here."

We saw that everyone was clean and well dressed. Many of the women wore a string of beads, rings or a neck scarf and had a handbag nearby. A person said, "I had a bath this morning; lovely smell." A relative said, "[Person] is always nice and clean, with lippy [lipstick] and beads on." The hairdresser was visiting during our visit and came into the home once a week. Several of the men were wearing watches. It was apparent that each person was supported to express his or her individuality.

Many people had that day's newspaper or a recent magazine. One man had a can of beer and his newspaper. We saw that there were many men living at the home who in the main chose to sit together in one lounge. The registered manager said that they respected that the men at the home had different interests, for example, watching football matches.

We saw there were seven people with advanced dementia sat together in one small lounge, which had a calm and relaxed atmosphere. Each person looked clean and well dressed, with several wearing thick cosy socks. To help ensure there comfort each person was covered in a warm fleece blanket. Staff we spoke with told us that they always applied creams to people's skin as required to help prevent pressure sores and to make people feel comfortable.

We observed people being treated with dignity and respect. They were addressed by the name of their choosing and with courtesy. We saw one person had let their toast to go cold. They were asked if they

wanted another piece, which was promptly made and served.

Staff said, "We love them and give them a good quality of life," "We get to know people well. They tell us stories about their past," "It's the little things that are important. Everyone is included in things. We don't leave anyone out" and "We have time to talk with people, its encouraged." Staff told us that they would recommend the home to other people and some said they had already done so.

Staff told us that they "Made families feel welcome and we have lots of parties at the home." Coffee afternoons were held at which family and friends could attend. The registered manager said that they were very well supported by families and many attended events that were held at the home.

Feedback was seen to be very positive about the home from family and friends were no concerns were raised in the last quality assurance review. 100% of the 21 family and friends asked said that staff were welcoming and helpful, their views were listened to and they would recommend Bankfield to other people. Comments from family and friends included, "Bankfield is operated by a truly caring and professional manager and staff at all levels providing excellent care" and "The care is outstanding and the compassion afforded to everyone is really appreciated."

We saw a highly detailed and complimentary letter from family members about the care received by both their parents. The letter made 45 points about the personal touches that staff had shown their parents before they died. Comments included, "Treating mum and dad as if they were your own family," "Your interest in them as people and as a couple," "The love, sympathy and support you gave them and us when they were coming to the end of their life," "The prayers you said when you were alone with them in their final days" and "Crying with us when that was all that was left to do."

We spent time talking to an independent mental capacity advocate. The independent advocate's visits were triggered by the deprivation of liberty safeguards process where a person lacked capacity but had no family members or friends to support them. The independent advocate came into the home to spend time with the individual concerned and staff to help ensure people's rights were protected. They told us they were always provided with a quiet area to go to and this reduced the opportunity for distraction. They also said they thought that staff had a good knowledge and understanding of people's needs.

We saw that people's information was kept in an office that was kept locked when not in use to help ensure that their right to confidentiality was maintained. We saw people's files contained a statement about data protection, which showed the service placed importance on ensuring people's rights, privacy and dignity were respected.
We saw that the service had been involved in the NHS National Institute for Health Research Enabling Research In Care Homes (ENRICH) programme. This is a way to help find better ways of looking after people who use the service and improve their health care and quality of life. Last year the home looked at oral health care. The registered manager was in the process of preparing to look at people's dining experience and will ask relatives to be involved in the project. The ENRICH programme also enabled the service to access training and resources.

Following work with the local oral health team the home won an oral health award from the local hospice. This was for the development of a pictorial recording tool, which was now being used by other services. The record showed a picture of a mouth that was split into six areas and a record was kept of the area of the mouth that had been cleaned. This meant that the next staff member may continue to concentrate on another area the next time people's teeth were cleaned. This was particularly useful were people were living with dementia and were resistive to having their teeth cleaned. The registered manager said the home also

used finger toothbrushes, none foaming toothpaste and lip salve to help keep people's mouths in good condition.

We saw that end of life and future care plans were discussed at the initial assessment. This was to help ensure that what people wanted to happen at the time of the death was in place or was starting to being considered. We saw that the home was part of the Six Steps End of Life care programme. The Six Steps programme aims to enhance end of life care people received by supporting staff to develop their roles. Sixteen members of the staff team had received palliative care training and plans were in place to offer this training to more staff.

We saw information that showed that church services took place once a month and that a local priest and vicar visited regularly. They also took part in the annual remembrance afternoon where families and friends were invited back to the home to remember their loved ones. Photographs of the people who had died were put on display and a short service was performed. We saw that there was information available for bereaved families that might help them to come to terms with their loss, for example, local bereavement services offered which included the hospice.

Relatives were able to leave comments if they wanted to. One person commented, "What a lovely opportunity to come back and see old friends! It's like coming home!" and "Many many thanks for looking after our [relative] in a compassionate, caring way and with empathy. [Relative] was very very happy to be here. I am glad I came, this will help me come to terms with [relatives] death."

Good

Is the service responsive?

Our findings

Care records showed that an assessment was carried out before it was agreed that a person could move into the service. This was done to help ensure the person's individual needs could be met by the home. This included a discussion with the person and their family or representative.

Records we looked at showed each person who used the service, or their family members as appropriate, had regular meetings with the staff who provided their care and support. This meant the support plan was regularly updated to meet the person's needs. All the care records we looked at had been regularly reviewed and updated.

We observed the morning handover with the registered manager. This was done as a means of keeping staff updated with people's changing needs and arrangements for the day, including health care professional visits. The registered manager said they thought the staff team knew the residents well and had a good awareness of people's needs so could pick up changes in people quickly.

We observed that staff were responsive to people's needs. One person who was agitated and requesting that their foot be looked at. The cook addressed the person by name saying that they could look at the foot, but that they were not really qualified to do so. The person was treated with respect, listened to and an appropriate person looked at the foot. The person quickly calmed down and was soon singing and dancing in the exercise class.

People told us about what they did during the day. People said, "I read a book, the newspaper, watch TV, I fill my day like that," "I do exercises; she comes on a Tuesday morning," "I don't need exercise at my age, 95, happy to rest" and "I enjoy everything here."

We observed an exercise class run by a person who visits the home twice per week in the morning. A member of the care staff supported them. Approximately 14 people had been assisted to the dining room, many had walked. The group formed a circle round the room. People were all offered a choice of juice before the class started. The class lasted just under an hour. It was an active, happy social event with singing, music, movement and conversation. The staff were skilled at including each member of the group and responded to their individual needs.

In the afternoon, we saw some people with colouring books and crayons and some being helped to do craft work. Others people were reading magazines or the days newspaper. We also saw members of staff seated with residents, communicating and engaging on an individual level. A qualified art therapist came into the home every Saturday to spend time with people doing arts and craft work. We saw that a pet therapy person visiting the home with their dog, which people could pat and spend time with.

We were told that the home had recently held a 'Philippines Night' which was said to have been attended by many families. Plans for Christmas events had already started.
People we spoke said, "They're quite good with us, no complaints. I can't fault it really" and "No complaints

I'm here for the long run." A relative said, 'I am not worried one little bit. They are looked after."

We saw there was a system in place for logging and responding to any complaints received by the service. There was a complaints policy in place, which gave people information about the response they should expect if they raised any concerns about the support they received; this information was also included in the service agreement given to people when they started to use the service. Copies of the complaints policy and procedure were seen on display in people's individual rooms.

Good

Is the service well-led?

Our findings

There was a registered manager in place at the time of the 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.

The registered manager had over thirty years experience of working in health and social care settings. The registered manager was supported by a deputy manager and senior carers to run the day to day operations at the home.

The registered manager told us that the provider usually visited the home once a month and they had no concerns about the provision of resources.

We were told that the management and senior team meetings were held away from the home to help enable them to discuss issues and plan for upcoming events without distraction. There was also staff meetings with different groups of staff, for example, a night staff meeting took place on 19 July 2016. A general staff meeting was also held for the staff team. The registered manager told us that they thought that working as a consistent team was essential to the running of the home.

People spoke highly of the registered manager. A person who used the service said, "I'm very friendly with the boss [registered manager]." A relative said, "I get on very well with [registered manager], she is open minded. The whole family is happy with the care here."

Staff said, "I like [registered manager] I can talk to her about anything," "The [registered manager] is fair and will listen to new ideas and willing to give them a try," "[Registered manager] really does care about people", "[Registered manager] is visible and knows what is going on" and "The [registered manager] has high standards and knows what good care is."

We saw that the homes core values were discussed with staff during their induction training and included, protecting people's basic human rights, protecting and respecting their privacy and dignity, enabling people to make their own decisions and think for themselves, fulfilment, keeping people free from danger, damage and fear. Ensuring that people are not discriminated against because of their race, religious beliefs, sex, age, background or disability.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We asked the registered manager about key achievements in the service since the last inspection. They told us about the work that had been done in relation to oral healthcare through the ENRICH programme and

consideration was being given to using a computerised system to support staff with record keeping and risk assessment; this showed that the provider was committed to a process of continuous service improvement.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. We saw that a monthly review was carried out by the registered manager for people who used the service, which included an overall assessment of their care and facilities provided, for example, the condition of their bedrooms and the care records that were held there.

We saw a copy of the quality monitoring report had been completed collating all the feedback from returned questionnaires had been completed by 11 people who used the service and 21 family and friends. This report showed the action the service had taken in response to the feedback received, the improvements, which had been made, and areas for further development. Most people who used the service rated the service excellent or good with concerns being raised by two people in relation to listening to their views and opportunities to go out into the community.