Care Quality Commission

Vitality Care Homes Ltd

Belgrave Court Residential Care Home

Inspection report

12-16 Belgrave Court
Bridlington
East Riding Of Yorkshire
YO15 3JR

Tel: 01262673072

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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 of Belgrave Court Residential Care Home took place on 15 February 2017 and was announced. This is the first rated comprehensive inspection of the service, which was registered under Vitality Care Homes Limited in May 2016, following a change of owner.

Belgrave Court Residential Care Home is located in the seaside town of Bridlington, in the East Riding of Yorkshire. The home provides accommodation and support with personal care for up to 30 older people, including those living with dementia. At the time of this inspection there were 29 people using the service.

The registered provider was required to have a registered manager in post. A manager that had been registered and in post for the last nine and a half months was available on the day we inspected. 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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that people avoided injury or harm.

The premises were not safely maintained on the day of our inspection. The registered provider informed us that all safety certificates had been handed over to them at the time they purchased the business in May 2016 and had been advised that certificates were all in date. However, we identified that this was not so and the registered provider took swift action as soon as they were made aware of shortcomings in the safety of the premises. The registered provider ensured safety of the premises by the time this report was completed. We received evidence in the form of maintenance certificates and reports to show this.

Staffing numbers were sufficient to meet people's needs and we saw that rosters corresponded with the staff that were on duty. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support vulnerable people. We found that the management of medication was safely carried out.

People were cared for and supported by qualified and competent staff. Staff received regular supervision and appraisal of their performance. People's mental capacity was appropriately assessed and their rights were protected. Employees of the service had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. The registered manager explained how the service worked with other health and social care professionals and family members to ensure decisions

were made in people's best interests where they lacked capacity to make their own decisions.

People received adequate nutrition and hydration to maintain good levels of health and wellbeing. The premises were suitable for providing care to older people and while there were no adverse effects to people living with dementia, the environment was not quite as conducive to their needs as it could have been in terms of patterned fabrics and carpets.

People received compassionate care from kind staff, who knew about people's needs and preferences. People were involved in all aspects of their care and were always asked for their consent before staff undertook care and support tasks. People's wellbeing was monitored. People's privacy, dignity and independence were respected.

People were supported according to their person-centred care plans, which reflected their needs well and which were regularly reviewed. People had the opportunity to engage in some pastimes, occupation and activities if they wished to. People had good family connections and support networks, which was encouraged by staff. An effective complaint procedure was in place and people's complaints were investigated without bias.

The service was well-led and people had the benefit of a culture and management style that were positive. An effective system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and held securely on the premises.

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 protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were managed and reduced so that people avoided injury where possible.

The premises were safely maintained. Staffing numbers were sufficient to meet people's needs. Recruitment practices were safely followed. People's medication was safely managed.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their performance. People's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain good levels of health and wellbeing. The premises were suitable for providing care to older people and while there were no adverse effects to people living with dementia, the environment was not quite as conducive to their needs as it could have been in terms of colour schemes and patterns.

Is the service caring?

Good

The service was caring.

People received compassionate care from kind staff. People were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred care plans, which were regularly reviewed. People had the opportunity to engage in some pastimes, occupation and activities.

People's complaints were investigated without bias. People were encouraged to maintain relationships with family and friends.

Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led service of care. The culture and the management style of the service were positive. Checking and monitoring of the quality of the service was effective.

People had opportunities to make their views known. People were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely in the premises.

Care Quality Commission

Belgrave Court 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 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.

The inspection of Belgrave Court Residential Care Home took place on 15 February 2017 and was unannounced. One adult social care inspector and an expert-by-experience carried out 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. Their area of expertise was in older people's services and dementia.

Information was gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Belgrave Court Residential Care Home and reviewed information from people who had contacted CQC to make their views known about the service.

We spoke with six people that used the service, three visitors, the registered manager and the registered provider. The registered provider visited the premises two or three times a week to check on the delivery of the service and to support the registered manager. We also spoke with five staff that worked at Belgrave Court Residential Care Home.

We looked at care files belonging to three people that used the service and at recruitment files and training records for four staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises, but this did not involve our 'short observational framework for inspection' (SOFI), which is a tool we use to understand the experiences of people that we are unable to communicate with. This was because the expert-by-experience observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Belgrave Court Residential Care Home. They said, "Staff are always here, very attentive", "Always someone to call if I need them", "I can lock my room door, and the staff are always around", "Staff are efficient, constantly check on me" and "Carers are very good, look after me well." Relatives we spoke with said, "There are always two care staff that assist [Name] so I feel they are safe" and "Every time I visit, [Name] seems to be well looked after. Staff look after everyone very well." Another relative said they had no concerns.

The service had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. Staff training records evidenced that staff were trained in safeguarding adults from abuse.

Records were held in respect of handling incidents and the referrals that had been made to the local authority. Formal notifications were sent to us regarding incidents, which meant the registered provider was meeting the requirements of the regulations. All of this ensured that people who used the service were protected from the risk of harm and abuse.

Risk assessments were in place to reduce people's risk of harm from, for example, falls, poor positioning, moving around the premises, inadequate nutritional intake and the use of bed safety rails.

Maintenance safety certificates were in place for utilities and equipment used in the service, but not all of these were up-to-date. Close examination of the landlord's gas safety certificate, the electrical appliances installation certificate and the fire safety systems certificate revealed they were not in date. Checks on the hot water temperature at outlets also revealed there were no thermostatic control valves on baths and showers.

The registered provider visited the service during the inspection and we discussed the content of the safety certificates. At the time of this inspection the registered provider and registered manager told us that all safety certificates for utilities supplied to the property and for the fire safety systems were in date. They said that the previous provider had passed certificates to the registered provider via solicitors who had checked them as part of the legal transaction on sale of the business. The registered provider also believed that thermostatic control valves were fitted to hot water outlets in showers and bathrooms.

A gas engineer had recently visited to replace some gas pipes on the premises and recommended that the temperature of the hot water storage tank be increased to ensure risk of bacteria in the system was reduced. This increased the temperature of the water at all outlets, which our inspection checks revealed. The water was too hot and when we asked the handyperson about thermostatic control valves on outlets, they explained that valves were not fitted and that was the reason why storage of hot water had previously been kept at a low temperature.

The registered provider immediately arranged for safety checks to be carried out on gas and electric supplies to the property and on the fire safety system. They also arranged for thermostatic control valves to be fitted to hot water outlets.

By the time this inspection report was written a landlord's gas safety certificate, a fire safety certificate and an electrical safety installation certificate were acquired to evidence that work had been completed. Thermostatic control valves were fitted to hot water outlets to prevent people from the risk of scalding. The registered provider acted swiftly to remedy the risks posed to people from potentially unsafe utilities and fire systems and from the risk of scalding.

People had personal safety documentation for evacuating them individually from the building in the event of an emergency. There were contracts of maintenance in place for ensuring the premises and equipment were safe. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

The registered provider had accident and incident policies and records in place for in the event of an accident. Records showed that these were recorded thoroughly and action was taken to treat injured persons and prevent accidents re-occurring.

Staffing rosters corresponded with the numbers of staff on duty during our inspection. People and their relatives told us they thought there were usually enough staff to support people with their needs. When asked if they thought there were sufficient staff on duty most people said, "Yes, and even in the night staff come in and check on you", "Yes, staff are wonderful", "Yes, staff work hard - if I need them they come", "My call bell is answered in five minutes usually" and "My call bell is usually answered quickly." One relative said, "There are always enough staff around."

Some people implied that more staff would be helpful. They said, "This week, Monday and Tuesday I didn't get my cup of tea at 7am. I had to go down for it", "I know they are short staffed (at times) as they tell me" and "At night there are only two carers on. Usually one assists me but I feel I need two." These people indicated that although they felt more staff would be of benefit, their needs were still met.

There were thorough recruitment procedures to ensure staff were suitable for the job. Job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Files we looked at contained DBS checks.

We saw that recruitment files contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. Staff had not begun to work in the service until all of their recruitment checks had been completed, which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

Medicines were safely managed within the service and a selection of medication administration record (MAR) charts we looked at were accurately completed. Medicines were obtained in a timely way so that people did not run out of them. They were stored safely, administered on time, recorded correctly and disposed of appropriately. A pharmacy inspection took place in early January 2017 and some recommendations were made, which the registered manager informed us had been addressed. We confirmed this with our own review of the medicine management systems.

There were no controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001) at the time of the inspection.

A monitored dosage system was supplied by a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for the administration of measured doses given at specific times. Everyone we spoke with said they received their medicines on time, usually "At meal times" and that pain relief was available whenever needed.

Good

Is the service effective?

Our findings

People we spoke with felt the staff at Belgrave Court Residential Care Home understood them well and had the knowledge and skills to do their job well.

The registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed.

Staff completed an induction programme, received regular one-to-one supervision and took part in a staff appraisal scheme. Induction, supervision and appraisal were all evidenced from documentation in staff files and via discussion with staff. Induction followed the guidelines and format of the Care Certificate, which is a set of standards that social care and health workers follow in their daily working life as recommended by Skills for Care, a national provider of accreditation in training.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care.

When we asked people about communication within the service they said, "Any time the staff walk past they talk to me", "Whenever you want to talk staff oblige", "Staff talk to me all the time", "Staff say what is happening when they come in my room, but I don't always know what is happening here", "Some staff talk more than others, I don't feel we are kept informed but the new owner has improved lots, like redecorated throughout and put in a new call bell system" and "Often, during the night, staff will tell me things and since the new boss has been here they have made so many improvements." People felt that they were generally well informed. Relatives said, "Yes and I can have a laugh and a joke with staff", "If I ask about (relative) staff tell me" and "Yes, communication is okay."

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 people were assessed as having no capacity to make their own decisions, the registered manager arranged for best interests decisions to be reached, DoLS applications to be made and reviews to be carried out. This was managed

within the requirements of the MCA legislation.

Visitors we spoke with said, "I have Power of Attorney and I deal with everything" and "My husband and family deal with all things official." A third visitor said they were just a friend and had no control over the person's financial or care decisions.

People consented to care and support from staff by either verbally agreeing or conforming to staff when asked to accompany them and accept support. Two people told us, "They (staff) talk to me about my care" and "Staff are wonderful." There were some signed documents in people's files that gave permission for photographs to be taken, care plans to be implemented or medication to be handled.

People's nutritional needs were met because staff consulted them about their dietary likes and dislikes, allergies and medical conditions. Staff sought the advice of a Speech and Language Therapist (SALT) when needed. SALT are health care professionals who provide support and advice for people with eating and speaking difficulties. The kitchen staff provided three nutritional meals a day plus snacks and drinks for anyone that requested them, including at supper time.

The cook was advised by the registered manager about people's special dietary requirements and kept information on a wipe-board for those with diabetes or other dietary needs. Staff asked people each morning their choice of lunch menu from two options. A third alternative was offered if the choices were not liked. Religious preferences were respected. Food was available upon request. The service had a food hygiene certificate with a score of three. The registered provider explained this was due to not registering the business quickly enough.

When asked about their views on food people said, "Good, plain and basic and plentiful", "Choice at all meals, it's fantastic, it's like a four star hotel." One person said they needed a diabetic diet, but others said they had no special dietary requirements. Everyone said the food was good and there was always a choice of menu. Nutritional risk assessments were in place where people had difficulty swallowing or where they needed support to eat and drink. Menus were on display for people to view. Lunchtime was observed and tables were nicely set, people's choices were respected, adaptive cutlery was available and the atmosphere was pleasant. Support with eating was not always discreet, as staff sometimes assisted people on the move. This was passed to the registered manager who agreed to discuss with staff the best ways of supporting people.

People's health care needs were met because staff consulted them about medical conditions and liaised with healthcare professionals. Information was collated and reviewed with changes in people's conditions. Staff told us that people could see their doctor on request and the services of the district nurse, chiropodist, dentist and optician were accessed whenever necessary. Three people told us they received the services of the district nurse and everyone said foot care was regularly available. When we asked relatives about being involved in people's health care decisions they said, "They (staff) ring whenever my (relative) has had to see a doctor and they keep me informed", "There are no other relatives that live closer, so I am involved" and "Not really, but I would raise any health concerns if needed."

Health care records held in people's files confirmed when they had seen a professional and the reason why. They contained guidance on how to manage people's health care and recorded the outcome of consultations. Diary notes recorded when people were assisted with the health care that was suggested for them.

The premises were lacking choice in bathroom facilities, as baths could be taken but not showers. One

person told us they expected to be bathed weekly, but sometimes they waited longer. The facilities were discussed with the registered provider and registered manager and they acknowledged that people didn't have a choice because there was no shower available. They undertook to consider a shower facility as an alternative and to include this in future plans to improve the premises.

For those people that used the service who were living with dementia (approximately half) the environment was not as conducive to meeting their needs as it could have been. Carpets, furniture fabrics and wallpapers were patterned and did not ensure people's visual safety and comfort. Staff told us that three or four people sometimes said they could see things on the floor. However, no one was observed to be having difficulty when moving around the premises and those living with dementia were always supported.

Some signage was available and people told us they had no problems finding their way around the premises and that if they ever did then staff were always around to assist them. Relatives told us they thought the premises were adequately sign-posted so that they and people who used the service got around easily. People had individual and identifiable pictures of flowers on their bedrooms doors to help them find their room and bathrooms and toilets were fitted with mobility equipment.

We discussed the environment with the registered manager and the registered provider and they agreed that they could look more carefully at the needs of people living with dementia. We told the registered manager about the information that can be found in research undertaken by various universities, leaders in dementia care and other reputable sources in dementia care. These look at reducing the occurrence of agitation, encourage meaningful activities, increase feelings of wellbeing, decrease falls and accidents and improve continence and mobility.

Good

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff and each other. When people were asked if they thought staff were caring they said, "Definitely, they wouldn't do this job if they didn't care" and "I think they (staff) are caring, they always do their best." All of the relatives we spoke with felt that staff really cared about the people that used the service.

Staff had a pleasant but business-like manner when they approached people. Staff knew people's needs well and were kind when they offered support. The management team led by example and were polite, attentive and informative in their approach to people that used the service and their relatives.

At the time of our inspection, the service was providing care and support to people who had protected characteristics under the Equality Act 2010 (age, disability, gender, marital status, race, religion and sexual orientation). We were told that those diverse needs were adequately provided for.

People's general well-being was considered and monitored by the staff who knew what incidents or situations would upset their mental health, or affect their physical ability and health. People were supported to engage in old and new pastimes, which meant they were able to 'keep a hold on' some aspects of the lifestyle they used to lead or learn a new skill. One person had always crocheted having taught themselves and another had learned to knit for the first time.

People were supported with their general appearance and every Tuesday a visiting hairdresser was available so that people could feel good about how they looked. Activity, occupation and looking good helped people to feel their lives were worthwhile and purposeful, which aided their overall wellbeing. We found that people were experiencing a satisfactory level of well-being and were quite positive about their lives.

While everyone living at Belgrave Court had relatives or friends to represent them, we were told that advocacy services were available if required. (Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.) Information was provided on the resident notice board. We were told that one person had an Independent Mental Capacity Advisor (IMCA) that visited each month. The person did not have capacity because of living with dementia and they were also receiving end of life care, which made them very vulnerable. They required the support of the IMCA to help them make care and treatment decisions.

People we spoke with told us their privacy, dignity and independence were respected. When asked if staff were respectful they said, "Yes, staff knock on doors," "I receive my mail unopened" and "Staff are very discreet." Staff only provided personal care in people's bedrooms or bathrooms, knocked on bedrooms doors before entering and ensured bathroom doors were closed quickly if they had to enter and exit, so that people were never seen in an undignified state. When we asked relatives if they thought people's independence was encouraged they said, "Yes, staff try to get my (relative) to do what they can, but my (relative) is 99 and so staff encourage them wherever possible", "There is not a lot my (relative) can do" and "Yes."

Staff told us they respected people. They said, "I make sure people are covered with towels when being assisted to bathe" and "I close curtains and doors and allow people a little time for themselves in the bath."

Good

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. However, not everyone we spoke with knew they had a care plan in place or could remember being involved in putting it together or when it was last reviewed. Care plans did list those people that had been consulted to obtain the information in them and one relative we spoke with said, "Yes, the staff have gone through the care plan with me." Two other relatives said they had not seen a care plan.

People talked about going out and staff assisting them with arrangements. They said staff supported them when getting ready to go out or liaised with people that came to collect them. We saw that one person went out with their immediate family for a drive around Bridlington and a coffee, while another was taken out for a stroll with their relatives. All of the arrangements for people to accompany relatives out on a regular basis were recorded within people's care plans.

Care files for people that used the service reflected the needs that people appeared to present. Care plans were person-centred and contained information under at least eighteen areas of need to inform staff on how best to meet people's needs. They contained personal risk assessment forms to show how risk to people was reduced, for example, with pressure relief, falls, moving and handling, nutrition and bathing. We saw that care plans and risk assessments were reviewed monthly or as people's needs changed.

We spoke with the activities coordinator who was very enthusiastic about their role and keen to include people. They organised bingo, skittles, arts and crafts, trips to the Spa Theatre (for Christmas pantomime), garden centres and nearby Sewerby Park. They said they offered nail care and hand massages. Activities for people living with dementia included balloon and memory games. We were told that a newsletter was not produced and there was no set routine for activities.

Activities offered were posted on a notice board. They were held in-house with the activities coordinator and sometimes staff assisted. People said, "I have just started crocheting, playing bingo and joining in with skittles. The activities lady is lovely", "I am taken to church every week and on a Friday I am taken to the library for a 'knit and natter' morning" and "I play bingo, dominoes and I will have a go at anything – and I can go out for a walk by myself if I wish." Relatives confirmed that people played bingo and joined in with sing-a-longs or watched films on DVD, but they also explained that not everyone was able to join in or felt well enough sometimes.

Other people said, "I play cards, dominoes and I go out with my husband a lot", "I don't join in with activities. Staff ask me but I don't want to do anything. I prefer to go out with my daughter" and "I go to Church weekly." Two other people said they did not take part in activities, but this was their choice.

We saw items in place for simple pastimes, including board games, magazines, newspapers and puzzle books. People sometimes watched television and on the day we visited several people agreed to watch a DVD together in one of the lounges. Others knitted or took part in craft work that was facilitated by the activities coordinator.

Staff used equipment to assist people to move around the premises and this was used effectively. People were assessed for its use and there were risk assessments in place to ensure no one used it incorrectly. The staff understood that people had their own hoist slings to avoid cross infection and these were kept in people's bedrooms wherever possible. Visitors to the service said, "My [relative] uses a hoist and there are always two staff to assist. It is gently done and they (staff) talk to [relative]. Two other visitors and said that equipment was used safely to assist people to move and transfer.

Bed rail safety equipment was in place on people's beds and these had also been risk assessed for safe use. Where it was considered appropriate people were asked if they would like the use of adaptive cutlery and crockery aids so that they could maintain their independence. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, but not unless people wanted them and, if necessary, they had been risk assessed.

Staff told us it was important to provide people with choice in all things, so that people continued to make decisions for themselves and stay in control of their lives. People had a choice of main menu each day and if they changed their mind the cook usually catered for them. People chose where they sat, who with, when they got out of or went to bed, what they wore each day and whether or not they went out or joined in with entertainment and activities. People's needs and choices were therefore respected.

People's relationships were respected and staff supported people to keep in touch with family and friends. Staff who key worked with people got to know family members and kept them informed about people's situations if people wanted them to. Staff encouraged people to receive visitors and spoke with people about family members and friends. People were encouraged to remember family birthdays and anniversaries. People told us their relatives were made welcome and were offered refreshments and we saw this take place.

The registered provider had a complaint policy and procedure in place for anyone to follow and records showed that complaints and concerns were handled within timescales. Compliments were also recorded in the form of letters and cards. People we spoke with told us they knew how to complain. They said, "I would tell [Name], but actually have no complaints", "I would tell the ladies in the office", "Any of the staff can be told, as they make time to listen", "I don't complain but I would feel comfortable telling the staff if I needed to" and "I would tell [Name], as she listens, or I would speak to my daughters." No one had any complaints.

When we asked relatives about using the complaint system they said, "I have always been able to express concerns. I expressed concerns about hearing aids going missing and now we have a locked box to keep them in", "I would go to the office and see the staff. I've had no complaints, but last Sunday one of the family visiting my (relative) told me they still had tablets in their mouth" and "I would ask to see the manager if needed, but I never have." Information about the medicines was passed to the registered manager who said they would look into this.

Staff were aware of the complaint procedure and had a positive approach to receiving complaints as they understood that these helped them to improve the care they provided. We saw that where complaints were made complainants were given written details of explanations and solutions following investigation. All of this meant the service was responsive to people's needs.

Good

Is the service well-led?

Our findings

People we spoke with felt the service had a pleasant, family orientated atmosphere. Staff we spoke with said the culture of the service was, "Friendly and caring." Relatives we spoke with said, "Staff seem very agreeable. My (relative) has been in three other care homes and this is the best one. Staff help get them up and involve them as much as possible" and "It is one of the best homes I visit, as people are happy."

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been registered manager for the last nine and a half months.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications were sent to the Care Quality Commission (CQC) and so the service fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

The management style of the registered manager and deputy manager was open, inclusive and approachable. Staff told us they expressed concerns or ideas freely and felt these were fairly considered. People that used the service said that they could talk to the registered manager anytime and one person said, "The manager is approachable and I would give this home eleven out of ten."

People maintained links with the local community, where possible, through the church, schools and visiting local services and businesses: shops, stores and cafes. Relatives played an important role in helping people to keep in touch with the community by supporting people to shops and cafes, the theatre or walks along the sea front.

The service did not have any written visions and values but the 'statement of purpose' and 'service user guide' that it kept up-to-date (documents explaining what the service offered) contained aims and objectives of the service. Staff demonstrated unwritten values of integrity and caring.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis, which included checks completed on medicine management, health and safety and infection control practices. Satisfaction surveys were issued to people that used the service and their relatives; the latest ones in January 2017. We saw evidence of four service user and six relatives' surveys that had been returned so far and these contained positive responses. Service user meetings were facilitated so that people could make their views known. The last service user meeting was held on 9 January 2017, one week before the inspection, at which 12 people attended.

However, when we asked people they said they were unaware of any service user meetings being held and that they had not completed any satisfaction surveys. One relative we spoke with said, "We have relatives' meetings but I have never attended one and I've never completed a survey, but staff do ask for ideas about

my (relative's) care and wellbeing." Two other relatives said they had not been involved in meetings or surveys. We shared this with the registered manager following the inspection.

The service was monitored by the local authority Quality Development Monitoring Team, who had recently completed a monitoring visit but their report was not yet available. Staff meetings and care manager meetings were held and recorded, which evidenced the areas of service provision that were discussed with a view to making improvements.

The service kept records regarding people that used the service, staff and the running of the business. These were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.