Dukeries Healthcare Limited

Kirkstall Court

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection carried out on the 04 August 2015.

Kirkstall Court is a purpose built home, which caters for people with alcohol related difficulties. It consists of 38 en-suite bedrooms, located on three floors. The home is on the main bus route into Leeds City Centre and is four miles away from the centre. It is also close to local shops, Kirkstall Abbey and Kirkstall Museum.

At the time of this inspection the home did have a registered manager. 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.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work. Staff received the training and

Summary of findings

support required to meet people's needs. However, we noted the schedule for staff supervision and appraisal was not in line with the provider's policy. The registered manager told us they would review the staff supervision and appraisal process.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. However, the registered manager told us they would look at improving the management of medication stock control.

The care plans we looked at contained appropriate mental capacity assessments. At the time of our inspection Deprivation of Liberty Safeguard authorisations had been carried out appropriately. There was opportunity for people to be involved in a range of activities within the home or the local community.

People's care plans contained sufficient and relevant information to provide consistent, care and support. People had a good experience at mealtimes. People received good support that ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

The service had good management and leadership. People got opportunity to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe quality care. Complaints were welcomed and were investigated and responded to appropriately. However, the registered manager was going to start recording verbal complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. Individual risks had been assessed and identified as part of the support and care planning process.

We saw when people needed support or assistance from staff there was always a member of staff available to give this support. We saw the recruitment process for staff was robust.

People's medicines were stored safely and they received them as prescribed. However, the registered manager told us they would look at improving the management of medication stock control.

Is the service effective?

Good

The service was effective in meeting people's needs.

Staff training provided equipped staff with the knowledge and skills to support people safely and staff had the opportunity to attend supervision. However, the registered manager told us they would review the staff supervision and appraisal process.

Staff we spoke with could tell us how they supported people to make decisions. People were asked to give consent to their care, treatment and support and the care plans we looked at contained appropriate mental capacity assessments. Steps had been taken to review the needs of people who used the service to make sure no-one had their liberty restricted unlawfully.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home. People had regular access to healthcare professionals, such as GPs, opticians and attended hospital appointments.

Is the service caring?

Good

The service was caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were happy with the care they received and their needs had been met.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Summary of findings

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this. People independence was also encouraged.

Is the service responsive?

Good

The service was responsive to people's needs.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's care plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint. However, the registered manager was going to start recording verbal complaints.

Is the service well-led?

Good

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified and acted upon.

Kirkstall Court

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 04 August 2015 and was unannounced. The inspection team consisted of one adult social care inspector, one bank inspector, a specialist advisor in people living with alcoholism and an expert by experience in people living with alcoholism. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 35 people living at the home. During our visit we spoke with seven people who lived at Kirkstall Court, two relatives, one visiting health professional and six members of staff, the registered manager and the compliance manager. We observed how care and support was provided to people throughout the inspection and we observed lunch in the dining room. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records and quality audits. We looked at five people's care plans and 10 medication records.

Before our inspection, we reviewed all the information we held about the home. This included notifications we had received from and about the home. We also reviewed the 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 what improvements they plan to make. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person told us, "I feel safe." Another person told us, "It is very safe." A third person said, "I like living here because it is safe and they look after us very well, we have everything we need and don't have to worry about anything." One person told us, "The staff make you feel safe."

A relative we spoke with told us, "I know the staff are all trained to look after the residents and keep them safe but if I was worried I would tell them straight away and they would put it right."

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us people who lived at the home were safe because staff were trained to understand the psychological and physical impact of their medical condition and were sensitive when dealing with behaviours that were challenging. We observed numerous incidences of this during the day of our inspection; for example, the use of calm persuasion when a person was unwilling to wait for attention or accompany staff. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed staff had completed safeguarding training. We saw evidence of the use of behaviour monitoring in the care plans and staff told us they had been trained in de-escalation techniques and did not any forms of restraint.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We saw a copy of the whistleblowing policy displayed on the staff office wall and staff told us they had not needed to use the policy but would have no hesitation in reporting any concerns and were confident they would not only be listened to but information would be acted upon. This helped ensure staff had the necessary knowledge and information to help make sure people were protected from abuse. We saw clear, appropriately presented information pertaining to the various types of abuse which was displayed prominently on a noticeboard in the corridor to act as a reminder for the people who lived at the home.

Care plans we looked at showed people had risks assessed appropriately and these were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover activities and health and safety issues and management plans were being put in place to manage these. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We saw several environmental risks assessments had been carried out which included access point to the building, medication room, garden area, car park and fire escape routes. We saw there were daily, weekly and monthly health and safety checks carried out, for example, emergency lighting and hot water temperatures. The maintenance person told us, they had systems in place which ensured the home was maintained and in good order.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and there were clear directions for fire exits. Staff told us they had received fire and evacuation training; one staff member told us they were also a designated fire marshall and a fire marshall was present on every shift.

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our inspection the home's occupancy was 35. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work and staff would work overtime and pick up extra shifts to cover for short-term absences. Staff had handovers twice a day where they discussed changes, appointments and were updated on people's care and support needs. We saw

Is the service safe?

evidence of this recorded in the staff diary. Staff were also allocated to care for specific people during the day. One staff member said, "I have time for people that need to talk."

People we spoke with told us there were enough staff to help them when needed. One person said, "There are always enough staff, even at night time. If we need something or somebody I have a call bell in my room." Another person said, "There are enough staff to help at all times, day and night." A third person said, "There is always staff available."

One relative we spoke with said, "There appears to be plenty of staff on hand." Another relative said, "There is always lots of staff to talk to and don't keep people waiting long to speak to them."

We reviewed the recruitment and selection process for five staff members of staff to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. The registered manager told us some people who used the service were involved with the interview of potential new staff members. Disclosure and Barring Service (DBS) checks and references had been returned. The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. However, we noted that one person had disclosures and we were not able to see a risk assessment had been completed. The registered manager told us they would address this immediately. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

One person said, "Medication is delivered by the pharmacy already pre packed and the staff control that. Twice a day I receive my medication and have no problems." Another person said, "My medication is given to me by the staff twice a day. I know what they are for as it was explained to me, so I don't have any problems there." A third person said, "I take my medication three time a day which the staff give to me and make sure the dose is right and checked."

One relative we spoke with told us, "[Name of person] medication is given on time and they are patient in their approach to get him to take it." Another relative said, "My dad gets his medication regularly every day."

We were told senior care staff undertook all aspects of the medication management. We observed the administration of medication to people who lived at the home and saw it was effective. We saw people's care plans recorded the reasons why their medication was given by staff members.

The medication was stored in locked trolleys and there was a fridge for the storage of eye drops and insulin. Creams for external application were stored with in a locked cupboard. The fridge and room temperatures were monitored and recorded daily and we saw they were within normal limits. We checked the controlled drugs which were in order and stored in a locked cabinet on the wall. They were checked by senior staff at shift handover and we saw evidence of a record of staff signatures.

The scheduled medications were dispensed in individual sealed pots for administration throughout the day. There was a pictorial representation of all the tablets and a photograph of the person to whom they were prescribed. Whilst staff understood the reason for most of the tablets and solutions some of the less common were not well understood. However, we noted a copy of the pharmaceutical information was kept in a folder in the medication room.

We observed the checking and signing the medication administration records (MAR) charts and the appropriate and safe administration of the medicines and instillation of eye drops. The registered manager agreed to make sure that medications and their side effect would be explained to people who used the service. We noted one person said, "These are doing me no good you know" but their meaning was not explored. We noted this person MAR chart contained numerous refusal entries.

Boxed medications were kept in the medication trolley. We undertook a check of this type of medication. We were not able to check the stock amount as there was no record of the amount received on the MAR chart. The senior member of staff told us they would address this.

Some people were prescribed medicines to be taken only 'when required', for example, painkillers. Staff were able to explain why and how they would administer the medication and there was guidance in place for staff to

Requires improvement

Is the service safe?

follow. One person's MAR chart for 'when required' medication and found the number of tablets was accurate; however, there was no date of signature on the MAR. The senior staff member told us they would address this.

We also noted on one person's chart MAR there were gaps in the signatures for metoclopramide, there should have been 30 tablets taken so far in the cycle but there were only 21 signatures. We also noted there were 65 tablets left out of the 84 delivered, which meant that 19 tablets had been administered. The compliance manager, on behalf of the provider, told us they had highlighted gaps in MAR charts previously and this was something they would take more strenuous measures to deal with.

We were told by staff that those people who were assessed as being self-medicating were supported and monitored. We asked a staff member for information related to the policy in relation to self-medication but they were unsure about its contents. We received a copy of the policy and procedure for medication management but there was no specific guidance on self-medication nor staff competency reassessments. The registered manager and compliance manager told us they would look into this. Following our inspection the registered manager submitted an assessment for competency for medication administration policy and a completed assessment of competency regarding supply, storage and administration of medication.

We were told by a staff member they undertook regular audits of medication management and staff who administered medication received corporate and local training. They were then supervised and observed before they were assessed as competent to administer medication. The provider had recently changed to a new pharmacy provider and medication dispensing system and we saw evidence of recent staff medication management assessments.

Good

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. These included customer care, first aid, food safety, infection control, dementia and equity and diversity. The registered manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. We saw staff also completed specific training which helped support people living at the home. These included introduction to brain injury, diabetes and epilepsy. We also saw staff were in progress of obtaining or had obtained National Vocational Qualifications and some staff had completed management level training. Staff told us they had been supported and encouraged to undertake a variety additional training such as national qualifications and management of behaviours that may challenge with de-escalation techniques. They also told us they had completed mandatory updates in relation to moving and handling, food hygiene, health and safety at work and infection control. This ensured people continued to be cared for by staff who had maintained their skills.

We were told by the registered manager staff completed an induction programme which included orientation of the home, information about the company, policies and procedure and training. We looked at staff files and were able to see information relating to the completion of induction.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence that each member of staff had received supervision, however, the frequency of supervisions was not in line with the provider's policy. We saw some staff had received an annual appraisal in 2015 but not all the staff files we looked at contained an appraisal or history of appraisals. The registered manager told us they would address this immediately.

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people who are deemed not to have capacity to consent to care and treatment by ensuring that if restrictions to their liberty are in place they are appropriate and are the least restrictive option.

The registered manager and care staff demonstrated a good understanding of the MCA legislation and what this meant on a day to day basis when seeking people's consent. We observed staff supported people to make choices throughout the day. The registered manager demonstrated a good awareness of DoLS and how to implement this to ensure people who lived at the home had their rights protected. The registered manager told us they had submitted several DoLS applications to the local authority. We saw pictorial information appropriately designed in an alternative format to be used in explaining DoLS to people who lived at the home. We saw from the training records staff had completed MCA (2005) and the Deprivation of Liberty Safeguards (DoLS) training.

The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. We saw evidence in care plans of mental capacity assessments and best interest's decisions involving relatives, medical professionals and social workers. One person we spoke with said, "The staff are kind, I can go out with staff and I am free to go where I like, I can get into the garden."

People's nutritional needs were assessed during the care and support planning process and we saw people's likes, dislikes and any allergies had been recorded in their care plan. We saw people's weights were managed appropriately.

We spoke with the cook who told us they received a twice weekly delivery of fresh vegetables and fruit. They said there was always two choices of meal at both lunch and teatime. The registered manager told us they were in the process of producing a pictorial menu board.

We observed the lunch time meal in the dining room and saw this was not rushed and we noted pleasant exchanges between people living in the home. The atmosphere was calm and relaxed and we observed staff working as a team, were helpful, courteous and attentive. People could choose to eat in their bedroom.

Good

Is the service effective?

We saw there was a selection of wholesome and appetising meals served with a dessert to follow. People we spoke with told us they were able to cook their own meals if they wished to do so and were encouraged where appropriate. We noted hot and cold drinks were available for people throughout the day and we saw people were able to make drinks when they so wished. We were told by the cook that snacks were also available throughout the day.

People we spoke with told us, "I have options and the food is nice. There is plenty of it", "I get weighed every month and the staff encourage me to eat", "They always try to give choices and it's good quality. It is hot and there is plenty of food. I can also cook for myself if I want to. They make sure I eat and drink properly and weight me once a month so I maintain a healthy weight as my physical health is as important as my mental health" and "Mealtimes are good and there is always a lot to eat and drink."

Relatives we spoke with said, "Meals are always good and the staff encourage people to eat" and "Meals are varied and a good choice is available and it is good quality."

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. This helped ensure staff made the appropriate referrals when people's needs changed. On the day of our inspection we saw a health professional visited one person in the home. They told us, "Staff follow my instructions, they are good at organising people's healthcare needs and they will tell me if they had concerns about anyone."

People who used the service and relatives said their healthcare needs were responded to. One person said, "If I need the dentist they take me and stay with me." Another person said, "The optician comes here and I visit the dentist. The optician does the eye test, then calls with the frames and finally delivers the completed glasses. My health is monitored all the time."

One relative we spoke with told us, "[Name of person] got new glasses; he has been to the barbers and is waiting for a doctor's appointment." Another relative said, "[Name of family member] needs other care then the staff take him."

We saw in people's care plans there were entries recording visits to and from a variety of hospitals, health centres and involvement with care professionals such as GP's, district nurses, dentists and opticians.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. One person said, "I am happy with the service as I think it is very good and I am looked after", "Day to day the staff are very good and I feel well at the moment but they notice if anything changes and put it right", "The home is nice, clean and friendly, with the staff doing a good job of looking after me" and "I am happy with my care and happy to be here as I have friends to talk to." Another person said, "Staff are good, just like ordinary people and treat me as a normal person, not just a case number." A third person said, "They make sure we are ok, happy and stay healthy."

Relatives we spoke with told us, "The staff are always kind and treat people with respect at all times, they are very nice" and "The staff seem capable, they are kind and caring and seem fond of my dad. They take an interest."

We saw there were a number of humorous exchanges between staff and the people who lived in the home that demonstrated a level of confidence in being able to express themselves and a positive regard had been established between them. The deputy manager told us the staff worked well as a team and always went 'the extra mile' in supporting people. One staff member said, "I treat people here the way my family are treated."

People were very comfortable in their home and decided where to spend their time. During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. It was evident from the discussions with staff they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Staff knew people by name, and knew people's likes and dislikes.

People's care was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

People we spoke with told us they were involved in developing their care plan. One person said, "I am kept involved in my care as I have no relatives who visit." Another person said, "I had input and there is nothing I don't agree and it was discussed beforehand, so I am aware of what is going on."

Staff told us and we saw evidence in the care plans that people were encouraged to be self-caring and make personal choices. There was a comprehensive 23 item assessment of personal preferences recorded such as whether they wished to be involved with inspections or were willing to take part in the surveys the home conducted. We also noted in one care plan a person had refused to have their room checked at night and had signed to say they understood the risks involved.

People's religious and cultural preferences were recorded and respected. We saw evidence people were asked if they wished to attend external services. The home used to have an association with a local church and was hoped to re-establish this when the vicar returned from their sabbatical.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were spacious and allowed people to spend time on their own if they wished. One person said, "I am kept informed and asked what I think or want to do if I can manage it." Another person said, "It is easy to find my own space."

People we spoke with said their privacy and dignity was respected. One person said, "Everyone is treated the same in a nice caring way with respect and honesty. There is always someone to talk to and I feel I have a voice" and "The staff treat us well, as equals and help us do things sometimes we don't think we can do." Another person said, "It is a good place to be, my dignity is respected at all times."

One relative said, "The residents seem quite independent considering they live closely with others, they are given as much privacy as possible and treated with dignity always."

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. We saw care plans were stored appropriately in the office which was locked when empty. We observed staff knock on people's bedroom doors and ask permission to enter.

We saw a 'task' board which included morning and afternoon daily living activities that were required to be completed. For example, hovering, dusting, water the plants and empty the bins. The meant people were supported to remain and regain independence. We saw a

Good

Is the service caring?

dignity charter was displayed in the home which included information for people to review and consider in regards to other people living in the home. For example, 'treat people as an individual' and 'zero tolerance of all forms of abuse'.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

A key worker system was in place with designated staff responsible for named people. Staff told us the key worker was responsible for the care plans. We saw the care plans had assessed, planned and reviewed monthly for people's health and social care needs. When we discussed the care plans of the people they were the key worker for, we found staff not only knowledgeable about the person but they demonstrated they had formed a positive relationship with them. One relative told us, "Staff seem helpful and pleasant. Always ready to lend a hand with anything."

One person said, "I have a care plan and I did put some things into it", "It is easy to chat to any of them about any worries might have. I know most of them as they have been here a long time" and "They will always help me if I need them to and sort it out." Another person said, "I can always talk to someone if I have any worries." A third person said, "I have a care plan but I didn't have any input into it."

People's care plans reflected the needs and support people required. They included information about their personal preferences and were focused on how staff should support individual people to meet their needs. We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people. One person said, "My care plan is followed closely and I am up to date about what is happening, when and why. They do everything to help in any way they can."

We saw good care planning in relation to communicating; substance misuse; psychosis; anxiety; potential for physical/psychological abuse to self and others. We noted goals had been set for one person's rehabilitation and had been effective so far. These goals were set in conjunction with the person and reviewed regularly which ensured they were effective and achievable.

One relative we spoke with told us, "We are involved in his care plan as much as possible but always informed of any changes" and "[Name of person]'s care needs are reviewed annually and we participate where we can."

We saw people living at the home were offered a range of social activities. We saw a noticeboard for up and coming events at the home. We saw activities included shopping, music sessions, trips out, gardening, swimming and aromatherapy. The large lounge area had a snooker table, dart board, television and tea and coffee making facilities.

One person we spoke with told us, "We have choice in activities we want to do. Some days we just talk to each other or when we do activities together but I like time by myself" and "I sometimes do a little bit of cooking or go for a walk which is nice change if the weather is ok." One relative said, "They encourage him to do little jobs and go for walks" and "Activities are organised for daily outings, parks, walks, also there is dominoes." Another relative told us, "They try and give them a good life by encouraging them to get out and about and join in where possible" and "All family members are encouraged to visit and the staff try to include everyone in activities inside the premises and also trips out." One person told us they had been in the home for a number of years and felt, "They have done enough for me now, don't want to stay here any longer, I am bored." We noted staff were assisting them to complete a form for housing benefit to enable them to move on.

We noted in one person's social assessment summary was blank and we were not able to track how this assessment was used to help plan personalised activities or events for the person.

We discussed this with the registered manager who told us they would review this section of the person's care plan.

People we spoke with told us they had no complaints and they said they would speak with staff if they had any concerns and they didn't have any problem doing that. They said they felt confident the staff would listen and act on their concern. One person said, "If I have anything on my mind I speak to the staff and they sort it out. They always ask me am I ok and do I need anything" and "I don't have any complaints but if I did I would tell the staff because

Good

Is the service responsive?

they are very nice and have time to talk to me." Another person said, ""If I have a problem it is addressed and resolved quickly. All the staff are amenable and very helpful." A third person said, "If I am worried I can ask for help anytime especially at night" and "I can speak to staff about anything and I have never had to complain."

One relative we spoke with told us, "I feel I am able to complain if I had to without constraint." Another relative said, "I have never had to complain but firstly I would speak with the manager if I had any concerns and I am sure if would be sorted immediately."

The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaint's records and saw there was a clear procedure for staff to follow should a concern be raised. This showed people's concerns were listened to, taken seriously and responded to promptly. However, we were not able to see a record where verbal complaints had been made and addressed. The registered manager told us they would start to make a record of any verbal complaints they received.

People told us the home enabled them to maintain relationships with family and friends without restrictions. One person said, "It is easy for people to visit and there are always other people's family and friends calling in as it is not regimented." One relative we spoke with said, "I visit whenever I want without restrictions." Another relative said, "I visit whenever I can or whenever I want and don't have any restrictions placed upon me."

Good

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

People who used the service and visiting relatives were very positive about the staff and management of the home. People we spoke with told us they would not go elsewhere and of those who had had previous homes said this was by far the best. One person said, "No major improvements needed" and "Everyone looks out for each other and helps each other. The staff listen if we have problems and help sort them out." Another person said, "If I have any concerns the staff realise almost straight away and remedy it but the whole place is very transparent, open and friendly. The staff are very understanding." A third person said, "Nothing needs improving and it is better than been on the streets."

Relatives we spoke with said, "The home is well run, it has an honest openness about it, the staff make people and relatives aware of what is going on and take on board what is said and react accordingly. The manager is very organised and the home is clean at all times", "The home is very good; it looks after everyone very well and tries to meet all his needs. Everyone seems to be treated the same and fairly", "The staff are very good and capable. The manager is often about and always available to speak to", "The home very well managed and organised so it runs efficiently" and "The staff are wonderful, very relaxed and happy in their work with everything being done to high standards, a real sense of teamwork."

Staff spoke positively about the management arrangements and said both the home manager and deputy manager were approachable and responsive. Comments included, "The best job they have ever had", "They would do anything anybody" and "I always wanted to do this." It was evident the registered manager was not only respected but admired by staff who considered them to be very knowledgeable. There was clearly a good relationship between the registered manager and the deputy manager. The culture within the home was open and transparent with staff able to voice concerns or talk about ideas for improving things.

There was a system of audits which were completed three monthly. We saw this included a list of improvements planned; however, we were not able to see an action plan from the audit. The registered manager told us where possible issues identified within the audit that required attention were addressed immediately, but they said they would start to record this information.

Staff spoken with said they knew the policies and procedures about raising concerns, and said they were comfortable with this. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

Staff told us they had regular meetings about once a month and had handovers twice a day to discuss people's changing needs. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for June 2015 and discussions included mealtimes, care plans and confidentiality.

We saw residents/relative meetings were held on a monthly basis. We looked at the minutes from the June and July 2015 meetings and saw discussions included the meals, task board, showers, medication, respecting the home, and activities. We saw a monthly resident newsletter was produced which included information relating to motivation groups, garden area, birthdays, weather and meetings. We also saw an annual review of people's care and support needs and one to one meetings were held. One person said, "I have an annual review and my family attend when they can." Another person said, "I receive care support one to one meetings; I am asked what I need and how best to get results." A third person said, "I have care based meetings to discuss my family, any worries and anything that may be concerning me." Relative we spoke with said, "I do not attend meetings but I always attend personal meetings regarding care", "They are supported to get the best care for them especially in the one to one meetings" and "I attend relative and resident meetings as often as possible."

The registered manager told us a resident, relative and staff satisfaction questionnaires were due to be sent out in August 2015. We looked at the resident satisfaction survey for April 2015. Responses to the questionnaires were generally positive with excellent, good and satisfactory

Good

Is the service well-led?

answers. However, we were not able to see an action plan from the poor and very poor responses. The registered manager told us where possible issues identified within the surveys that required attention were addressed immediately, but they said they would start to record this information.

One person we spoke with said, “We fill in questionnaires about what we think and the manager reads them. We also get to tell how we feel in our one to one meetings.” Another person said, “I do surveys internally which I completed especially if the manager is away so she knows that standards are maintained at all times.” Relatives told us, “We get surveys to fill in” and “I complete surveys and attend meetings when possible but if we have opinions or concerns it is easy to say and that keep me informed and involved.”

We looked at the staff satisfaction survey for August/ September 2014. Responses to the questionnaires were positive with strongly agree or agree answers. The registered manager told us where possible issues identified within the surveys that required attention were addressed immediately, but they said they would start to record this information.

Any accidents and incidents were monitored by the management team and the provider to ensure any trends were identified and acted upon. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. We saw safeguarding referrals had been reported and responded to appropriately.

We saw information fact sheets around the home which gave people information and guidance about specific conditions, such as, basic brain information, the effects of brain injury, dignity in care, alcohol information and treatment and Korsakoffs information. (This is a specific medical condition).

The home had accreditation from the Brain Injury Association in November 2014 as an approved provider.