Barchester Healthcare Homes Limited

Ashby House - Milton Keynes

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Ashby House is registered to provide accommodation and support for 64 older people who require nursing or personal care, and who may also be living with dementia. On the day of our visit, there were 53 people living in the service.

We carried out this inspection on 21 April 2016, to check that improvements had been made following our comprehensive inspection on 22 April 2015. This inspection was unannounced.

The service had 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.

Although there were systems in place in respect of the Mental Capacity Act 2005 (MCA) these were not always used appropriately to ensure that decision specific assessments were completed for people.

Staff were supported through a system of induction and on-going training, based on the needs of the people who lived at the service. They also benefitted from additional support within regular supervision sessions which enabled them to discuss any concerns and training and development needs. However, the content of these supervision could have been more meaningful; and it was not always easy to determine when action had been taken following identification of action points for progression.

People felt safe in the service and confirmed that staff kept them safe and free from harm. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report potential neglect or abuse. Appropriate action was taken to keep people safe, minimising any risks to their health and safety. Personalised risk assessments had been implemented to reduce the risk of harm to people. Staff understood how to manage risks to promote people's safety, whilst enabling them to take positive risks in an effort to maintain their independence. Accidents and incidents had been recorded and the causes of these analysed, so that preventative action could be taken to reduce the number of occurrences.

Robust recruitment checks were completed to establish that staff were safe to work with people before they commenced employment. There were adequate numbers of staff on duty to support people safely and ensure people had opportunities to take part in a range of activities. Systems and processes in place ensured that the administration, storage, disposal and handling of medicines were suitable for the people who lived at the service.

People's consent was gained before any care was provided and the requirements of Deprivation of Liberty Safeguards were met. People had a wide choice of nutritious food based upon their specific preferences and dietary requirements. Referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being.

People felt that staff were kind and caring and supported them well. Staff engaged with people in a friendly and compassionate manner. They assisted them as required, whilst encouraging them to remain as independent as possible. Staff treated people with dignity and respect and understood their specific needs and wishes. Advocacy services were accessed to enable people to have a voice when this was appropriate.

Care plans guided staff as to the specifics of care required by people, and took into account personal preferences, likes and dislikes. Relatives were involved in the review of people's care needs and were kept informed of any changes to a person's health or well-being. People were supported to undertake activities both inside and outside of the service to keep them engaged. The service also had a complaints procedure in place, to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

The service was led by a registered manager who was well supported by a robust management structure. The registered manager and staff wanted to provide good quality care for people. As a result, quality monitoring systems and processes were used effectively to drive future improvement and identify where action needed to be taken.

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.

Staff had received training on the safeguarding of people and felt able to raise any concerns they had about people's safety.

People's risk assessments were in place and up to date and detailed the control measures required to reduce potential risks.

Recruitment systems were in place to ensure staff were suitable to work with people. There was enough staff to meet the needs of the people at the service.

Systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Systems in place in respect of the Mental Capacity Act 2005 (MCA) were not always used appropriately to ensure that decision specific assessments were completed for people.

Staff were provided with regular training to develop their skills and knowledge to enable them to perform their duties effectively. However, supervisions needed to be more meaningful.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access relevant healthcare services when required.

Is the service caring?

Good

The service was caring.

There was a calm and friendly atmosphere within the service. Staff spoke with people in a friendly and kind manner and

showed a good understanding of people's individual needs.

People were encouraged to make their own choices where possible with support from staff.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed and updated as their needs changed. They were reflective of people's current needs and took into account personal preferences.

People who used the service were supported to take part in a range of activities in the home.

There were processes in place to make sure that people and their relatives could express their views about the quality of the service and to raise any suggestions or complaints about the care provided.

Is the service well-led?

Good

The service was well led.

The registered manager and staff understood their roles and responsibilities to the people who lived at the home.

Statutory notifications were submitted in accordance with legal requirements.

The provider had systems in place to monitor and improve the quality of the service provided.

Ashby House - Milton Keynes

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 21 April 2016 and was unannounced. The inspection was undertaken by three inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and health and social care professionals to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with 13 of the people who used the service and saw how people were supported during meal times and individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with 10 people who used the service and five relatives to gain an understanding of how they felt about the delivery of care and their ability to raise any issues or concerns.

We spoke with the registered manager, divisional director, the deputy manager, four registered nurses and four members of care staff. We also spoke with the activity coordinator, administrator, and training coordinator, one member of catering staff and one housekeeper. This enabled us to gain a wide range of staff views of how the service was functioning.

We looked at 12 people's care records to see if they were accurate and reflected people's current needs. We also reviewed six staff recruitment files, four weeks of staff duty rotas and six staff training records to ensure that staff were recruited and trained effectively. Alongside this, we looked at records relating to the management of the service, including quality audits and health and safety checks. The aim of this was to ensure the service had robust systems in place to monitor quality assurance and drive future improvement.

Good

Is the service safe?

Our findings

People told us that they were safe. One person said, "I am well looked after and the staff make me feel looked after. That keeps me really secure." Another person told us, "Yes, I do feel safe here." Relatives of people who lived at the service told us that the staff worked hard at keeping their loved ones safe. This gave them some reassurance and allayed any fears they had because they could not be with them all the time.

Staff had received training on safeguarding procedures, and were able to explain how they would use these practically, as well as describe the types of abuse that people might suffer. One member of staff said, "I would report it to the manager, if it was a colleague I may speak to them about it, but I would always tell my manager." Another member of staff told us, "I think we would all report anything of concern, we know we can go to the manager but if nothing was done, we would go to the local authority or the Care Quality Commission (CQC)." Staff were aware of their role and responsibility in keeping people safe and worked hard to ensure this was implemented within the service.

Staff also knew about and understood the provider's whistleblowing policy. One member of staff said, "Oh yes, I know about whistleblowing and would do it if I needed to." We found that there was a current safeguarding policy in place to guide staff and provide the basis for their actions. In addition to this, information about safeguarding was displayed on a noticeboards, together with details of the telephone numbers to contact should people wish to. Records showed that staff had made relevant safeguarding referrals to the local authority and had also notified CQC of these. This demonstrated that there were robust arrangements in place to protect people from harm.

Risk assessments were in place for each person who lived at the service. Staff considered that risk assessments were an important part of people's records, as they guided them to the actions they should take to reduce the risk of harm to people. Staff and the registered manager told us that they had worked hard since our last inspection to ensure these were kept up to date and evaluated when people's needs changed. We found that risk assessments included an identification of the risk factors, with action points and control measures for staff to follow to try and minimise the potential for occurrence. For example, triggers for behaviour that had a negative impact on others or put others at risk and steps that staff should take to defuse the situation and keep people safe. This meant that risks were managed in such a way as to keep people safe.

We also found that environmental risk assessments had taken place within the service. The registered manager told us that assessments had been carried out to identify and address any risks posed to people by the general environment. These included fire risk assessments and the checking of manual handling equipment. The service had a business continuity plan in place, in case of an emergency, which included information about the arrangements for major incidents, such as the loss of all power or disruption to the water supply.

Accident and incident forms were completed appropriately and a monthly analysis of these was produced to identify any trends or changes that could be made to reduce the numbers of these. This was used to

identify ways in which the risk of harm to people who lived at the service could be reduced.

Staff had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the service. New staff told us they were not allowed to commence employment until all relevant checks had been undertaken. One new staff member told us, "I had to bring in my birth certificate, driving licence and passport. I had to wait until I had my Disclosure and Barring Service (DBS) before I could start." The administrator confirmed that the recruitment process used was robust as they did not want to employ anyone that was not right for the people who lived at the service. Records showed that all necessary checks had been verified to ensure that the applicant was suitable for the role to which they had been appointed before they had started work. These included reference checks, DBS checks and a review of full employment history. Records confirmed there were robust recruitment procedures in place.

People told us there was enough staff on duty. One person told us, "I know they are busy and they cannot always come straight away but I think there are enough." One relative said, "There was a time when we saw different staff every time we came, but that seems to have settled now and there are more regular staff now who we are getting to know." Some relatives felt that the number of staff on shift varied which was not always conducive to good care, although there was no evidence to suggest that this was the case. When we discussed this with them in more detail, they acknowledged that people's needs were met and they also understood that steps had been taken to recruit more staff.

Staff felt there were enough of them to meet people's needs safely. One staff member said, "Staffing is better now. It has been hard and you don't always know what the shift will be like, but if we are organised, we get things done." Another staff member told us, "We don't use agency staff as much but when we do; they are consistent which is far better for people and for us." We were also told, "We used to have four staff on in the morning, which was reduced to three. Staff were very tired, they felt they did not have time to do a proper job and staff were going off sick. We spoke with the registered manager and explained this and we now have four staff on again and it is much better. Staff are now willing to work extra to cover if needed as they are not tired, and it is a better atmosphere."

The registered manager and divisional director told us that the staffing ratio was flexible and reviewed on a regular basis and we saw records to confirm this was the case. For example, should one person become unwell, the numbers were flexible to allow for more staff members to be on duty. We discussed the recent staff recruitment that had taken place and saw records to suggest that this had reduced the reliance upon agency staff. Our observations confirmed that the number of staff on duty was sufficient to support people safely and enable them to receive the care they required.

People received their medicines as prescribed and told us that staff were good at giving them their medication. One person said, "I always have them on time." Staff who administered medicines felt that improvements had been made since our last inspection to the systems and processes in place; with more regular audit checks and the addition of an extra nurse to support the medication round. This enabled people to receive their medication at the time it was prescribed.

We observed a medication round and saw that medicines were administered correctly and in line with people's preferences. We saw that the nurse sat and introduced themselves to someone, explained that they were administering morning medication and asked if the person was ready for their medication. They were discreet in asking if the person was in pain and whether they required any pain relief. This approach enabled the person to respond accordingly and meant their needs were met in line with their care plan.

We looked at the Medicines Administration Records (MAR) for 10 people and found that these had been completed correctly. We checked stocks of medicines held which were in accordance with those recorded. Staff completed a daily audit of the medicines and the deputy manager and registered manager had robust processes for auditing medicines administration. There were suitable arrangements in place for the safe administration and management of medicines.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were systems in place to support people who lacked capacity to make their own decisions. However, records showed that although there had been a basic consideration of people's mental capacity, when they were considered to have variable capacity, there was sometimes limited guidance for staff to follow. This meant that it was not always clear within the records as to what decisions each person had the ability to consent to and what areas they did not. Despite this records showed that decisions had been made in people's best interests where they lacked capacity; to ensure they received the right care and support to maintain their health and wellbeing.

Staff were aware of the principles of the MCA, and applied it to their role if they suspected that people lacked the mental capacity to make decisions for themselves. One staff member said, "We want things to be done in people's best interests, we always consider what the least restrictive thing is for them." Another staff member told us, "It is important that we try and support people to make decisions, no matter how small they may be." We found that the registered manager was working hard to ensure that people's records contained an accurate record of their specific mental capacity. They intended to review all generic mental capacity assessments within people's records and ensure that individual assessments were completed for more decision specific areas. For example, personal care or administration of medication.

We checked whether any conditions on authorisations to deprive a person of their liberty were being met, and found that systems were in place to ensure this was done in line with legislation. The registered manager told us that DoLS applications had been submitted for people. We found that records contained copies of authorisations raised to deprive people of their liberty, along with the supporting information used to accompany the applications.

Staff received regular supervision and told us they had felt more supported in their roles since our last inspection. They said that supervision sessions were more frequent and allowed them to discuss any training needs or concerns they might have about their performance. One staff member said, "I have regular supervisions, but the manager's door is always open so I can speak with her if I want to." We discussed with the registered manager that supervision records were not however always meaningful; they did not always record when action had been taken to address an issue. This meant that it was not always easy to determine whether an issue or concern had been addressed. We were advised that changes would be made to the way

in which supervisions were recorded to give this more clarity.

People and relatives told us that staff had the skills that were required to care for them. One person said, "They come and see me and change my dressing when it needs doing." A relative told us, "Staff know what they are doing." We were also told, "They come and turn [Name of Person] when it's needed and make sure that they are looked after properly. They know what to do."

Staff told us there was a robust training programme in place and that they had the training they required for their specific roles. One member of staff said, "I have had manual handling, health and safety, continence. There is a lot on offer." Another staff member told us, "We get so much training, you cannot fault it really. We have clinical training for us nurses, which keeps us up to date with best practice." The deputy manager spoke with us about their hopes for improving upon the clinical training and felt that with a robust training programme in place, staff would continue to develop in all areas and as a result, be able to provide more quality care for people.

Staff confirmed that if they had a specific area of interest, for example, diabetes or end of life care, that they were supported to develop their skills in these areas. Staff undertook training, which included first aid, infection control, safeguarding and mental capacity. We were also told that training was available in subjects including, stoma care, pressure care and catheter care. Training records confirmed that staff had received appropriate training to meet people's assessed needs.

Staff had been provided with induction training when they commenced employment. One new staff member told us, "I have attended wound care training this morning and am with an experienced carer this afternoon being shown how to complete charts. Next week I am shadowing staff all week." They felt that this ensured they would be equipped with the necessary skills to carry out their new role. The training coordinator who had responsibility for monitoring training, told us that the induction training was based around the requirements of the Care Certificate, and records confirmed this. This would ensure that new staff would receive a robust introduction to care and would help to set the expectations by which they were to be guided.

People told us that staff asked for their consent before delivering any form of care. They said, "They never just start doing something without asking." Staff told us how they gained consent from people before providing care; explaining that they used non-verbal methods of communication, by using gestures and showing people items to gain consent, and give them choices. Our observations confirmed that staff effectively gained consent before delivering care.

People were keen to tell us about the food they received at the service. One person told us, "Yes, the food is good. There is plenty of it." Another person told us, "The food is lovely." We asked one person if they did not want what was offered, was there an alternative choice. They replied, "I do not know as there is always something I like." A relative also told us, "There is always plenty, it looks very nice." We observed breakfast in the dementia unit and found that staff assisted people where required, and gave them lots of options in respect of their meals. One lady was given some toast but then required support with personal care; staff removed the toast and ensured they received fresh, hot toast when they returned. When the main breakfast period was complete, we observed that staff sat with people at the dining table and had tea and toast with them. This promoted a homely atmosphere which people greatly enjoyed.

We also observed the lunchtime period and found it to be very calm and relaxed. Staff ensured people were wearing protective coverings to keep their clothing clean if they were happy to wear them. There was a choice of soup, two main courses, plus a pasta dish and two desserts. Some people had pureed foods, and

we found that others were assisted in different ways. For example, having food cut up, using plates with raised edges and some people were assisted to eat. There were also beakers and sip cups for use when required. We noted that one person who was declining food was offered a number of options but said they were not hungry. The staff member commented, "I think I might know what you'd like. How about a packet of crisps?" We saw that the person immediately responded positively, and the staff member went to get some. They returned with two packets and offered them to the person for them to look and make their choice. This meant that staff had a good awareness of people's dietary preferences.

People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their intake that provided detailed information on what they had consumed. If people were identified as being at risk of weight loss their food was fortified and they were referred to the dietician or GP.

People told us they were assisted to access other healthcare professionals to help them maintain their health and well-being. One person said, "I see the doctor if I need to." Staff told us it was important that they acted on changes in people's condition to ensure they remained as well as possible. Records showed that people had been assisted to access optical and dental care and, where appropriate, referrals had been made to access additional healthcare support; for example, mental health intervention, physiotherapy and dieticians.

Good

Is the service caring?

Our findings

People made positive comments about the staff that supported them. One person told us about staff, "They are all lovely." Another person said, "They look after me very well." We were also told, "It's easy to criticise but they do a good job." Relatives also echoed these positive comments; one told us, "They are very kind and caring; they really look after [Name of Person]." Another relative said, "Staff are lovely, especially [Staff Name] We are very happy with the care [Name of Person] gets."

We found that the home had a friendly and welcoming atmosphere; staff took time to pass the time of day with people and when they passed them in corridors, they greeted them with warm smiles and kind words. There was a positive rapport between staff and people using the service, we heard lots of laughter and friendly chat taking place. We overheard one person saying to their visitor, "It's lovely here." People were made comfortable in their surroundings and were enabled to bring in personal possessions to make their rooms individual and give them some comfort.

During our observations we saw lots of positive interactions between staff and people who used the service. There was friendly conversation and we heard lots of laughter. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. We observed that staff were a constant presence in the communal areas, also monitoring those people who remained in their rooms so that care could be delivered when it was needed. When instant support could not be given, staff responded positively and provided an explanation for the delay and ensured they returned as quickly as possible. Call bells were answered swiftly and when asked for assistance, staff completed requests with a smile.

Staff told us that there were times when they had to think creatively when people were unable to communicate their needs but required care and support. They told us they would find alternative methods to support people to express themselves. For example, the use of images or items to enhance communication. Staff also said they would respond to people's body language and use appropriate gestures as a means of communication. This showed that staff cared about people and took efforts to ensure that appropriate care was given, despite there being potential barriers. Supporting information was detailed within people's care plans to further guide staff in this respect.

People and their relatives confirmed they had been involved in making decisions about their care. We discussed with the registered manager their plans to ensure that as many people and relatives as possible were involved in the review process. We found that letters had been sent out to all relatives and that once responses had been received, dates would be set for the review meetings to be held. This would enable staff, people and their relatives to review their care plans and ensure that the care provided was appropriate for them.

People told us they were able to choose what time to get up and how to spend their day. We saw that people chose how to spend their time within the home and that staff respected this. We observed that care was made individual because people and their relatives had been involved in relevant decisions.

We saw that people were asked about their likes and dislikes, choices and preferences and these were documented within their care plan for staff to refer to. One person told us, "I always have a choice; I can say no to things if I don't want them." We observed and people confirmed that they were offered choice in relation to the time they got up in the morning, what clothes they wanted to wear for the day, whether they participated in social activities or not and the time they went to bed.

The staff members we spoke with had a clear understanding of the role they played in making sure people's privacy and dignity was respected. Staff told us that they maintained confidentiality at all times, and made sure that they did not discuss people's needs outside of the service or talk about a resident in front of other residents. We observed that staff knocked on people's bedroom doors and bathrooms and waited to be invited in before entering. We also saw staff treating people with dignity and respect and being discreet in relation to personal care needs. When staff entered the lounge area, they would always enquire after people and make sure they had everything they needed.

There were several communal areas within the service that people could access. The registered manager and deputy manager spoke with us about the possible impact that a planned refurbishment would have within the service but advised that this would be subject to a series of meetings to ensure that people and relatives were happy with the proposals and that there would be minimal impact to people during the work. The idea behind the changes was that there would be more areas for people to utilise; these would be smaller areas, so that for those who preferred a quiet atmosphere this was available and for those who preferred more stimulation, for example with a television or films, they could access this.

We looked at people's bedrooms and saw that they had been encouraged to bring in their own items to personalise them. There was also space within the home where people could entertain their visitors and where family members were free to eat meals with their relatives. There was a well maintained garden and access to a patio area which was easily accessible for people to use.

Good

Is the service responsive?

Our findings

People and their relatives were involved in the process of determining their care needs, deciding what care they were to receive and how this should be given. One relative said, "I was involved all throughout the process and am always kept to date with things." Records showed that pre-admission assessments were undertaken to establish whether the service could provide the care that people needed. Care plans included information on people's personal backgrounds, their individual needs and preferences along with their interests. Each was individualised and included detailed instructions for staff on how best to support people. We found that the care plans had been updated regularly with any changes as they occurred

People told us they felt listened to and that their preferences, likes and dislikes were valued by staff. One person said, "They really do listen to what I say." People said they were able to do the things they wanted to do, when they wanted to do them. They told us that staff met their needs and our observations confirmed that requests were attended to in a timely manner. We found that people were asked about their individual preferences, hobbies and interests and also any cultural or religious requirements. For example, receiving a church service. People were supported to follow their own interests, take part in social activities and maintain relationships with people that mattered to them.

Relatives told us that staff understood and knew the people who lived in the service which meant that their needs were well met. One said that they had had some issues about the care given to their family member, but that these were in the process of being dealt with by the registered manager. Another relative told us that the home was flexible in allowing them to visit at times that were convenient for them. They said this meant that they could change the time of their visit to those which they felt best met their relative's needs.

People told us that they were asked for their views about how they wanted their support to be provided. They said that their care plans were reviewed and updated when their needs changed. Records confirmed that letters had been sent out to all relatives to invite them in for reviews, where appropriate, so that people, their relatives and staff could be assured that care records were as person centred as possible.

Staff told us they were informed when any changes had occurred to people's needs, to ensure that people were supported in the way they desired. Staff told us that communication about changes was vital to the smooth running of the home and we found that through regular handovers and messages within the communication book, information was imparted appropriately. This meant that staff could respond appropriately to any changes, either in people's needs or the way in which the service was delivered.

People talked of enjoying the activities and entertainment provided at the service. There was information on display of up and coming events, including outside entertainers visiting the service. On the day of our inspection we observed a session that was known as, the gentleman's club. Men from within both units of the service met in the communal lounge and enjoyed games such as dominoes and watched films. We were told that this group was well received and staff said that there were friendships being developed through this group. It was clear to see that people gained much enjoyment from this group and we observed that the people participating were laughing and joking with each other and the staff running the group. We found

that the activity coordinator was keen to discuss suggestions for new activity ideas and expand upon the variety of activities already provided.

People and their relatives were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I don't have any problems, but if I did I know who I would need to speak to." Relatives told us that they had made complaints in the past and that they were dealt with straight away and that although they may not have been happy with the outcome, they had been dealt with fairly. The registered manager told us that they used complaints to make the service better for everybody and to drive future improvements. Information about how to raise complaints was displayed on notice boards throughout the service. We saw that where complaints had been lodged, there was clear information about the investigation that had been undertaken. The systems in place ensured that people knew how to make a complaint and could be assured their complaints were acted on appropriately.

We asked the registered manager how they assessed and monitored the quality of the service provided within the service. Regular newsletters had been sent out so that people and their relatives had an opportunity to give their feedback and raise concerns. The registered manager confirmed that they knew that there were areas for improvement, so holding meetings, sending out newsletters and satisfaction questionnaires were all very valuable in helping them to gain feedback and drive future improvement.

Good

Is the service well-led?

Our findings

People who lived in the service, relatives and staff were relaxed and comfortable around the registered manager. They told us that the registered manager had an 'open door' policy which meant they were accessible; this in turn helped to open up the channels of communication. One person told us, "I know that [Name of Registered Manager] is in charge. We see her every day." A relative told us, "I can always go to the office and have my questions answered."

Relatives said that communication was good between the registered manager and them. They told us that they felt involved in their relatives care and were kept informed of any changes by the manager. One relative told us, "They keep me up to date all the time, any changes I know about." Everybody said that they would be happy to go to the registered manager or their deputy, if they had any worries or concerns, and that they knew they would be listened to.

When we spoke with the registered manager we found that they had good knowledge of the needs of people, which staff were on duty and their specific skills. We saw that the registered manager was always looking for ways to improve the service, by encouraging people to express their views and by obtaining feedback from relatives and discussing complaints with staff .This helped everyone at the service to work as a team to discuss what went well, what didn't go well and determine what lessons had been learnt.

Staff commented on the positive feeling which existed within the service since our last inspection. One staff member told us, "It was difficult to begin with following last inspection with so many regional [Name of Provider] staff coming and going and we didn't always know who they were. We are all very pleased that [Name of registered manager] was successful as she's been here throughout the process and the changes. She is approachable, hardworking and directs and delegates the workload well."

Staff took a pride in their work and told us they wanted people to have the best they could, both in their surroundings and in the care they received. They felt that the work that had been done since our last inspection showed how committed they were to making sure people received the best possible care. They were aware that they did not always get it right, but felt if they could learn from this and move forward, that they could only improve. Staff were keen and motivated to know how we had found the service, whether we had seen the changes that had been made; they wanted people to have the best possible care and were working hard to achieve this.

The service was now organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in a calm, efficient and caring manner. The management structure within the service consisted of a registered manager who was supported by a deputy manager. Each of the units was led by a nurse with additional support from senior carers and care staff. Staff felt that this structure enabled them to provide an effective provision of care and made for a more robust service, which could deal with any issues that it faced.

Staff told us that there was positive leadership in place, from the registered manager. One staff member told

us, "It's nice being here now, there is light at the end of the tunnel. We know where we want to be and what we have to do to get there." This positive ethos encouraged an open and transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. All the staff we spoke with acknowledged that improvements had been made since the last inspection. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive describing ways in which they hoped to improve the delivery of care. We found that staff were motivated, and well trained to meet the needs of people using the service. They told us they received praise and thanks from the registered manager, which motivated them and gave them the desire to continue giving good quality care.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC as required by registration regulations.

Records showed regular staff meetings were held for all staff including ancillary staff such as cooks and domestics. The minutes showed the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

The registered manager was very knowledgeable about the service and told us that they were aware of their management responsibilities and had tried to prioritise the areas they had identified to work on. They said that when they came into post, they had concentrated on any areas that had a direct impact to the care that people received, such as care plans and medication systems and processes before they worked on anything else. The registered manager showed us that where appropriate, action plans had been produced. It was therefore evident that the service acted on recommendations to drive improvement.

The registered manager and deputy manager told us that they wanted to provide good quality care. It was evident they were continually working to improve the service provided and to ensure that the people who lived at the service were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care. We found that they also listened to feedback they received from people, relatives and professionals, in order that they could make changes for the better. The registered manager told us, "If we can make any improvement, no matter how small, that makes things better for people, that has to be good for us all."

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. We found that there were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits. We saw the findings from the visits were written up in a report and areas identified for improvement during the visits were recorded and action plans were put in place with realistic timescales for completion. This meant that the service continued to review matters in order to improve the quality of service being provided.