Fourways (Sidmouth) Limited

Fourways Residential Home

Inspection report

Fourways Residential Home
Fourways
Glen Road,
Sidmouth
Devon
EX10 8RW
Tel: 01395 513932
Website: www.fourways-sidmouth.co.uk

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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

Overall summary

We carried out an unannounced comprehensive inspection on 7 and 11 January 2016. Fourways Residential Home is a detached house set in its own grounds a short distance from the Sidmouth town centre and provides care and accommodation for up to 21 older people. The home had increased it's occupancy in September 2015 following a new extention. The new extention added two further bedrooms and included a hairdressing salon, a dedicated staff training room and the relocation of the services kitchen which had increased communal space.

On the first day of the inspection there were 20 people staying at the service. One of these people were staying at the home for a short respite stay and had left by the second day of our visit.

Summary of findings

We undertook an inspection in July 2013 and found the service was meeting the regulations of the Health and Social Care Act (2008).

The registered provider is also the registered manager of the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered person employed a care manager who undertook the day to day running of the service with their support.

Everyone was positive about the registered person and care manager and felt they were approachable and caring. The care manager was very visible at the service and undertook care shifts and did not have any allocated supernumary time to undertake managerial duties. They promoted a strong caring and supportive approach to staff and people at the service.

There were sufficient staff numbers of suitable staff to keep people safe and meet their needs. The staff, care manager and careworkers from the providers other service undertook additional shifts when necessary to ensure staffing levels were maintained. However this meant the care manager had undertaken a lot of additional shifts which meant they were rushed and having to prioritise their managerial duties.

The registered person, care manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA.

People were supported by staff who had the required recruitment checks in place. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns. The majority of care staff had undertaken relevant qualifications in health and social care. Staff had the skills and knowledge to meet people's needs and had annual updates to maintain their knowledge.

People were supported to eat and drink enough and maintained a balanced diet. People and visitors were positive about the food at the service.

People said staff treated them with dignity and respect at all times in a caring and compassionate way. People received their medicines in a safe way because they were administered appropriately by suitably qualified staff and there were effective monitoring systems in place.

People had access to a rolling programme of activities at the service. People were encouraged and supported to develop and maintain relationships with other people at the service to avoid social isolation.

People's needs and risks were assessed before admission to the home. Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely and these were reviewed on a regular basis. They were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The premises were well managed to keep people safe. There were emergency plans in place to protect people in the event of a fire or emergency.

The provider had a thorough quality assurance and monitoring system in place. This included regular audits, quality monitoring visits and annual surveys for the provider to assess the effectiveness of the service provided. The responsible person actively sought the views of people, their relatives, outside professionals and staff. There was a complaints procedure in place and the registered person and care manager had a clear understanding of how to respond to concerns.

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?

Good

The service was safe.

Staffing levels were maintained to make sure there were always sufficient staff to meet people's individual needs and to keep them safe.

People said they felt safe and were kept safe by staff who could recognise signs of potential abuse and knew what to do when safeguarding concerns were raised.

The provider had effective recruitment processes in place.

People received their medicines in a safe way.

The premises and equipment were managed to keep people safe.

Is the service effective?

Good

The service was effective.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff had received effective inductions, supervision and appraisals. The registered person had a robust mandatory training program with yearly updates. The majority of care staff had higher health and social care qualifications. Apprentices were working and being supported at the service to obtain health and social care qualifications.

People were supported to eat and drink and had adequate nutrition to meet their needs.

Is the service caring?

Good

The service was caring.

People, relatives and health and social care professionals gave positive feedback. They said staff were compassionate, treated people as individuals and with dignity and respect.

Staff knew the people they supported, their personal histories and daily preferences.

Staff were friendly in their approach and maintained people's privacy and dignity while undertaking tasks.

People were involved in making decisions and planning their own care on a day to day basis.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff made referrals to health services promptly when they recognised people's needs had changed.

Staff knew people well, understood their needs well and cared for them as individuals.

People's care plans were personalised and provided a detailed account of how staff should support them. Their care needs were regularly reviewed and assessed. However the support plan in people's bedrooms were not always updated.

Summary of findings

People knew how to raise a concern or complaint. The registered person and care manager dealt with complaints appropriately and in a timely manner.

People were supported to take part in social activities. Activities were in place that people had the opportunity to partake in, however some people chose not to.

Is the service well-led?

Good

The service was well led.

The registered person employed a care manager to undertake the day to day running of the service. The staff were well supported by the registered person and care manager and there were systems in place for staff to discuss their practice and to report concerns.

The registered person and care manager had good quality monitoring systems in place. People and staff were asked their views and these were taken into account in how the service was run.

There was an effective audit program to monitor the safe running of the service.

Records for the safe running of the service were promptly accessible by the care manager when requested.

Fourways Residential 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 checked 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 7 and 11 January 2016 and was unannounced. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met and observed most of the people who lived at the service and received feedback from 17 people who were able to tell us about their experiences. We also talked with three visitors.

We spoke with 11 staff, which included senior care staff, care staff, support staff ,the care manager, the registered person who is also the registered manager and the second provider.

We looked at the care provided to two people which included looking at their care records and speaking with them about the care they received at the service. We reviewed the medicine records of three people. We looked at three staff records and their training certificates. We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records and quality monitoring audits.

Before the inspection we contacted eight health and social care professionals that supported people at the service to ask for their views about the service and received feedback from four.

Good

Is the service safe?

Our findings

People said they felt safe and were happy at the home. People were protected by staff that were knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They knew how to report abuse both internally to management and externally to outside agencies when necessary.

People were protected because risks for each person were identified and managed. Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments for falls, bath routines, equipment, medication and manual handling.

Staff were proactive in reducing risks by anticipating people's needs and intervening when they saw any potential risks. People identified as at an increased risk of falling out of bed had been assessed and appropriate actions were undertaken. For one person this included the use of a matress on the floor and a nursing bed which could be lowered. People assessed as at risk of developing pressure sores had equipment in place to protect them. This included pressure relieving cushions on their chairs.

People received their medicines safely and on time. We observed people being given their medicines. People were happy with how they received their medicines. Comments included, "They (staff) come in and give me my pills each morning, they know what they are doing." The care manager said and records confirmed, people were asked if they wanted to self-administer their medicines when they arrived at the service. However nobody at the service was self administering their medicines at the time of our visit.

Medicines were managed, stored and administered to people as prescribed and disposed of safely where they were no longer required. Staff were trained and assessed to make sure they were competent to administer people's medicines and understood their importance. One staff member said, "(Care manager) comes around with us and watches what we are doing and asks questions."

In December 2015 a pharmacist had visited the service and completed a medicines check. They had raised a few minor concerns regarding the management of people's medicines at the service, which the care manager was taking action to address. This included the introduction of 'when required' medicines protocols so staff knew when it was appropriate to use them.

The registered person ensured there were sufficient numbers of suitable staff on duty to meet the needs of the people living at the service. The care manager worked shifts each week and was aware of people's needs. They said, "We do not use a dependency tool, the residents will tell us if they are not happy, they are quite happy to let us know if something isn't right." People said they felt there were adequate staffing levels to meet their needs and that staff responded to their call bells promptly. Staff said they felt there were adequate staff to meet people's needs when their was no sickness which resulted in a shortfall. The registered person said staff would undertake additional duties and staff from their community service would work at the home to cover staff shortages. This was confirmed by a staff member who said, "We had someone from the agency last week and they did activities so we could do care." The registered person said "We are awaiting more staff, we have another apprentice starting and are advertising for two night carers."

Both the registered person and care manager undertook new staff interviews. The care manager then oversaw the recruitment process at the service. Staff files included completed application forms and pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. An apprentice was at the home on the first day of our visit to ascertain if this was a suitable placement and was shadowing the care manager. The care manager said they had not undertaken full employment checks for the apprentice. This was because they were working with the local college and once the placement had been agreed, full employment checks would be undertaken. The provider recorded in their PIR regarding their recruitment process, 'Detailed recruitment process, interview, checks, references, induction training, shadowing, supervision/observation'.

There was a nice atmosphere as you entered the home with gentle music playing in the background. Communal areas and people's rooms were clean and tidy with no unpleasant odours. People were very complimentary

Good

Is the service safe?

about the cleanliness of the service. Comments included, “They do a lovely job keeping my room nice and clean” and “They keep the place nice and tidy, however I like to make my own bed each day.” Staff undertook cleaning tasks as part of their duties. The registered person said all staff throughout the day and night had duties they carried out. Each week each person’s room had a deep clean, the registered person said this involved moving the bed out and hoovering underneath. The registered person oversaw the homes environment and had high standards of tidiness and cleanliness. They undertook regular checks and would speak with staff if not satisfied. They were also seen during our visits undertaking cleaning tasks and dealing with maintenance issues. Staff said personal protective equipment (PPE) was available and there were ample supplies of gloves and aprons around the home. The laundry area had recently been refurbished and although small was tidy. Staff ensured clean and soiled linen were kept separate to prevent the risk of cross infection.

Accidents and incidents were reported in accordance with the organisation’s policies and procedures. Staff had recorded accidents promptly and the actions they had taken at the time. Where possible people had signed the accident record to ensure it was an accurate account of the incident. Learning from incidents and accidents took place and appropriate changes were implemented. The care manager had a system where they recorded the location, time and outcome of the accident in order to look for trends and patterns in accidents to ensure appropriate action was taken to reduce risks.However, over the Christmas period due to undertaking shifts they were aware of incidents and accidents but had not recorded them in their file.

Emergency systems were in place to protect people. There were personal emergency evacuation plans (PEEPs) in place to identify people’s mobility needs in the event of an emergency. People had been identified using a traffic light system to identify their mobility requirements and this was recorded on each person’s door. For example, a green sticker indicated the person was independent, amber the person required moderate help and red would require the assistance of staff. There was also a list to identify people’s level of independence beside the fire panel to guide emergency services personnel in the event of an evacuation. We identified the staff regularly reviewed people’s PEEPs because a person whose needs had changed had a new red sticker to identify they required help. There were three first aid boxes around the home which were regularly checked and restocked to ensure they were effective in the event of being required.

The provider personally took responsibility to ensure the premises and equipment were managed to keep people safe. They undertook general maintenance tasks and where required they called in external contractors for specialist work. For example, plumbers and electricians. There were systems in place for external contractors to regularly service and test moving and handling equipment, fire equipment, gas, electrical testing and lift maintenance. Staff recorded repairs and faulty equipment, which the provider took action to repair. During our visit we observed the provider working with a person regarding their television which was resolved to the satisfaction of the person. They said, “Nothing is too much trouble for (provider) he always sorts things out.”

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively.

Staff were very experienced and had regular opportunities to update their knowledge and skills. Staff had completed and undertook annual updates of the provider's mandatory training which included, fire safety, manual handling, Mental Capacity Act 2005 (MCA), safeguarding of vulnerable adults, first aid, health and safety and infection control. As well as the provider's mandatory training, staff had received other training to help them perform their roles. This included, verification of death training and team leading. Staff said the training they received was very good. Comments included, "The training is good, some in house and some by (external trainer)… it is good to refresh yearly."

Staff received regular supervisions every three months and annual appraisals with the registered person and care manager. Staff said they felt supported by the managers.Staff comments included, "(Care manager) is brilliant, I find her really good, she explains everything and always checks we are alright."; "Good to have a one to one… they have supported me a lot through my NVQ's" and "(Care manager) always asks in the morning how things are going, she is very supportive. I feel quite happy here and supported."

Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. Comments included, "I went around with a senior carer for about a week to ten days and was asked if I was happy to work alone and then I worked with the less needy residents. Since I have been here, everybody is really open, I don't feel I can't say anything

Staff are friendly and work together, if I have wanted help or not sure they have always helped, I haven't been left in the deep end." The care manager said they were introducing the new Care Certificate which had been introduced in April 2015 as national training in best practice.

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 are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA and found they were. The care manager had made two appropriate applications to deprive people at the service of their liberty to the local authority for authority to do so.

The care manager said they had received confirmation of the applications, however they had not yet been authorised. The registered person, care manager and staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The managers were aware of the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty. Staff comments included, "It protects people who don't have capacity." And "When someone doesn't have capacity to make a decision and what we need to do to." This meant people's liberty was restricted as little as possible for their safety and well-being.

People had access to healthcare services for ongoing healthcare support. They were seen regularly by their local GP, and had regular health appointments such as with the dentist, optician, and chiropodist. Where any health concerns were identified, visiting health care professionals confirmed staff at the home sought advice appropriately and followed advice. A GP of people who use the service said they had no concerns about the service and had confidence in the staff to make referrals promptly. A relative told us about a person who had been unwell, they said staff called the doctor and rang them straightaway to let them know. The person remained in bed and was at increased risk of developing pressure sores. Staff had ensured they had pressure relieving equipment and regular repositioning was in place. Staff had worked with the person to move their bed so they could see clearly out into the garden to

keep them occupied. The person said they liked looking out into the garden and seeing the changes in the weather. The person's care plan guided staff that the change in position of bed may disorientate the person and measures they should take to prevent distress and harm.

Records confirmed the staff monitored people's health and care needs, and acted on issues identified. For example, during our visit staff contacted a GP to follow up actions regarding a person's risk of choking. This resulted in a member of the speech and language team (SALT) attending to assess the person's needs. The community nurse team said staff reported concerns quickly and feedback was prompt and appropriate.

People were supported to eat and drink enough and maintain a balanced diet. We observed two lunchtime meals served in the home's dining room which was set up with tablecloths, napkins and fresh flower decorations. There were 14 people who had chosen to use the dining room for lunch and others had decided to have their meals in their bedrooms. During the lunchtime period there was a pleasant atmosphere with people engaging in conversation and a designated staff member attending to people's needs. People had orange squash and water offered as refreshments, one man said his family had made special arrangements with the staff and he had wine with his lunchtime meal. Another person said "We have a choice of wine at weekends."

People and their relatives were very complimentary about the food at the service. Comments included, "The food is excellent; I go down every day for dinner and supper. They bring us our breakfast on a tray every morning it saves having to rush to get dressed."; "I don't think I have had one meal I haven't enjoyed, if you want more they give you more."; "Wonderful food here, they are wonderful, everyone is wonderful it is really good" and " Excellent food."

The cook was very knowledgeable about different people's dietary needs and who required a special diet and how they accommodated these requirements. Staff gathered information about people's dietary requirements, meal sizes, likes and dislikes when they first arrived at the home. The chef had this information in the kitchen to inform them about people's requirements, although not easily accessible. The registered provider said they would look at ways to ensure the information required was easily accessible to staff supporting people with their dietary requirements. People were not able to tell us the meal choices available on the first day of our visit. This was because the cook was trialing a new winter menu and people still had the summer menu in their bedroom files. On the second day of our visit people had been given a copy of the new menu choices. The registered person said "Each resident now has a menu and staff are going to ask them their meal choice; we are also doing large print menu's." The cook went around in the afternoon to ask people their supper choices. Where one person said they did not fancy what was on offer he gave them an alternative which they agreed they would have.

Where people had any swallowing difficulties, they had been seen and assessed by a speech and language therapist (SALT). Where the SALT had recommended soft or pureed food, each food was separately presented and the cook had used moulds offering a more appealing shape for pureed foods. People at risk of weight loss had their weight monitored regularly. The registered provider met with the cook each month to discuss any actions needed in response to people's dietary needs and anyone who had been identified as losing weight. During our visit we identified most people had maintained their weight and several had gained weight.

In March 2015 the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored the highest rating of five, confirming good standards and record keeping in relation to food hygiene had been maintained.

Good

Is the service caring?

Our findings

We spent time talking with people and observing the interactions between them and staff. Staff were kind, friendly and caring towards people and people were seen positively interacting with staff. The majority of people were very positive about the care they received. Comments included, "I couldn't have realised you could get something as good as this, they are very good."; "The care is alright here, the matron (care manager) is in charge, got me up today, and washed, dressed and shaved me, she is very good."; "They care for me very well. I never thought they would be as good as they are nothing you ask for you do not get. They are very patient."

However one person said they were not very happy with the care they received at the home. They said they felt they were paying a lot of money and did not feel they were receiving the appropriate support. For example they said, "This place is not for the person but for profit, they do the bed and make sure it is tidy and you are sitting there half-dressed which is a secondary concern." We discussed this with the registered provider and care manager and from records it was evident that they had been working with this person to satisfy their needs.

Visitors were complimentary about the care their relative received. Comments included, "I think he is well cared for, I have nothing to gauge it on but he is always clean and looks well cared for."; "I am quite happy with the care here, they really do care as it should be" and"They call it a care home and it is."

Staff talked with us about individuals in the home in a compassionate and caring way. They said they felt people received good care at the service. Comments included, "Very good care here, lots of things to do, activities and outings." and "It feels family based because it is small, all of the residents know us individually and we are like family. They come down and greet each other, when they see us we discuss what we have been doing."

People at the service built up friendships with other people at the home, this was seen clearly in the dining room where people knew each other well. Staff also spent time getting to know each person and demonstrated a good knowledge of people's needs, likes and dislikes. Care plans were focused on the person and their individual needs, choices and preferences and contained personal histories.

People were able to make decisions about their day to day preferences and planning their own care. One staff member said, "We are always looking to see the resident makes decisions for day to day life and if necessary we can arrange advocates to help them." In the entrance there were photographs of staff and additional helpers including activities and volunteers to help inform people about who they might meet at the home.

People were as independent as they wanted to be, they were able to choose whether to remain in their bedrooms or use communal areas. One person said, "I am independent, I direct the staff." Staff said they always tried to maintain people's independence. One commented, "(Person) can hold the bowl and do bits himself, we have to judge each day and try to encourage him."

Staff treated people respectfully and maintained their dignity. Staff knocked on people's doors before entering. One staff member said, "I get consent first, close the curtains, I don't share information that isn't necessary with others,I always cover the residents up with a towels while washing them. It is little things like pulling down the blind making sure the door is closed." One person said when asked whether staff maintained their dignity: "I don't know how, but they do, they are always very respectful."

People's relatives and friends were able to visit without being unnecessarily restricted. One person said, "My visitors are made welcome they are always given a cup of tea; they can come up or go downstairs it is up to us." Relatives said they were made to feel welcome when they visited the home. One relative commented, "They (staff) look after me to, I am always given a cup of tea, they know about us as a couple."

Good

Is the service responsive?

Our findings

People said they made choices about their lives and about the support they received. Comments included, “It is a nice place, I don’t like being in a care home, I am quite independent they don’t need to do very much for me.”; “The girls are great nothing is too much trouble, if you want a cup of tea they get you one at any time” and “I am wonderfully looked after, we are lucky here.”

People and their families were included in the admission process to the home and were asked their views and how they wanted to be supported. People’s care plans (referred at the service as support plans) were person centred and written from the view of what the person wanted. There were care plans for personal care needs, mobility, continence , oral hygiene and breathing.

The care manager and designated staff members completed monthly reviews of people’s risk assessments and three monthly care plan reviews of designated individual people’s needs. These risk assessments included a personal risk screening tool, which included an assessment of nutritional needs, mobility, falls and skin integrity. They updated care plans with changes as required on the computer. However the plans in people’s bedrooms had not been updated with people’s changing needs. This was discussed with the care manager and registered person on the first day of our visit. On the second day of our visit everyone’s care plans had been reviewed and updated. Staff were very knowledgeable about people’s changing needs and said they referred to information on the computer to update themselves about people’s changing needs. The registered person said an administrator was going to be working at the service one day a week and they would be ensuring people’s care plans in their rooms were updated.

Staff were well informed about people’s changing needs. We observed a handover of staff starting a new shift. The care manager used the daily log on the computer to discuss each person and informed staff about changes to people’s needs and presentation which had been noted from the last time they had worked. This included information about a person’s medicine which had been changed; one person had not been feeling well and had chosen to have lunch in their bedroom and another had required additional help when undertaking a shower. This meant that although the care plans had not been updated in people’s rooms, they were protected because there was up to date information on the computer about their needs.

Each month the care manager or a senior care worker would meet with people to discuss their care and changes they would like to suggest. People discussed their stay at the home and any suggestions they made were acted upon. For example, one person wanted an opticians appointment and another discussed increasing their exercise each day and how this could be achieved as they chose not to go downstairs.

People were supported to follow their interests and take part in social activities. People were positive about the activities at the home and said they had the opportunity to join in if they wanted to. Comments included, “The activity girl comes in; we might play scrabble or bingo” and “The matron (care manager) arranged a celebration of my 100th birthday.” In the main entrance there was an activity timetable that showed activities were arranged on four days a week. This included crafts, exercises and activities with a designated person. There were photographs of activities people had joined in. For example, Christmas day, people enjoying a knitting afternoon, Sidmouth town band and sherry in the lounge (which occurred each evening at the home). On the first day of our visit four people went on an small outing and said they had a lovely time when they returned. Nine people were also engaged in a group crossword which they all seemed to enjoy.

The activity person held a residents meeting each month to discuss the activities people would like to undertake. A meeting in July 2015 discussed the enclosed garden which had been recently re- landscaped and the possibility of arranging a garden party. People were also reminded that the service had computer technology that would enable them to skype or facetime family and friends (this is where people can video chat over the internet and see the recipient).

People knew how to share their experiences and raise a concern or complaint. People were happy they could raise a concern if they needed to and were confident the registered person and care manager would listen and take action if required. One person said, “If I had a concern I would tell the person I next saw.” There was a complaints procedure displayed at the service and in each person’s bedroom file. The procedure included information about

Good

Is the service responsive?

the external agencies people could contact if they were not satisfied with the response from the service. However people funded by the local authority had not been given the contact details of the local authority should they not be happy with the provider's response in the event of a concern. On the second day of our visit the registered person had added these contact details to the complaints procedure. There was one complaint recorded in July 2014, the care manager had followed the provider's policy and had responded to the complainant appropriately and taken action as required. The service also had a 'grumbles book' where staff could record small concerns. For example, one person felt there was too much chicken on the menu. The registered person and the cook were looking at ways to address this.

Good

Is the service well-led?

Our findings

The registered provider is also the registered manager of the service. They employed a care manager who undertook the day to day running of the service with their support. The care manager had a clear understanding of her responsibilities and was supported by the registered person who was at the home most days. The registered person and care manager were supported by senior care workers, care staff and ancillary to support people's needs.

People described them as very approachable. Comments included, "The (registered manager and care manager) are lovely, nothing is too much trouble." and "They both work very hard, nothing is too much trouble."

Staff said they felt well supported by the managers and said issues were dealt with quickly and appropriately. Comments included, "I think (care manager) is very good, very kind and helpful."; "I am very happy here, I can go to them about anything."

The care manager worked alongside staff and had a good understanding of the day to day running of the service. The care manager knew each person's needs and was knowledgeable about their families and health professionals involved in their care. The registered provider and care manager promoted a positive culture and was aware of the ability of staff and were willing to challenge poor practice.

The care manager monitored and acted appropriately regarding untoward incidents. The care manager said they checked each incident personally and would visit the person involved to ensure staff had taken the necessary action. The care manager said this enabled them to be able to analyse trends over time to establish whether there were any patterns to help reduce the risk of reocurrences. However they had not recorded this over the Christmas period due to staff shortages and not having allocated time to carry out managerial duties. The registered provider said the new administrator would support the care manager to undertake these tasks.

The registered person and care manager had worked with staff to put in place solutions to the points we had highlighted on the first day of our inspection. This included putting in place new menu's sheets, updating people's bedroom support plans and updating the complaints procedure to include the local authority.

The registered manager and care manager ensured they fulfilled the Care Quality Commission's requirements such as submitting statutory notifications when certain events, such as death or injury to a person occurred.

The registered person had a range of quality monitoring systems in use which were used to continually review and improve the service. These included regular health and safety checks and local audits of medicines, care records and infection control. They had taken the relevant action for issues they had identified in respect of these.

People and staff were actively involved in developing the service. The activity person held regular 'resident's meetings' to discuss with people about changes within the service and to ask their views about the service. The registered person had placed a 'suggestion box' in the main entrance for people to be able to record their comments. The registered provider had undertaken a quality assurance survey in June 2015. The results had been positive and the care manager had written to people feeding back the headlines of the survey and the issues that had been identified.

Staff meetings were held regularly where staff were able to express their views, ideas and concerns. Annual staff surveys were carried out. The registered provider had collated the results of the June 2015 survey and had produced a development plan to address issues identified. For example, staff to ensure food was always warm enough for people and the availability of people's records to keep staff informed.