Bupa Care Homes (GL) Limited

Park Avenue Care Home

Inspection report

8 Park Avenue
Leeds
West Yorkshire
LS8 2JH

Date of inspection visit:
08 June 2017
13 June 2017

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 8 and 13 June 2017. Our last inspection took place in March 2016 where we found two breaches of the legal requirements relating to staff supervision and appraisal and the provision of safe care in an emergency. At this inspection we found the provider had made the required improvements.

Park Avenue is located in the Oakwood/Roundhay area of Leeds. It provides nursing care for up to 43 older people, some of whom are living with dementia. It is close to local amenities and is accessible by public transport.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

We saw positive interactions throughout our visit and people were happy and comfortable with the staff. People's relatives told us they felt their family members were safe and well looked after at the home. A relative said they had confidence in the service and told us they had a sense of security and ease from this. Staff showed a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe from abuse. The registered provider had a range of systems which ensured risk was well managed and included health and safety around the home, safe recruitment of workers, accident and incident management and management of medicines.

There were enough staff to meet people's needs. Staff responded to people's individual needs and delivered personalised care; they knew the people they were supporting well. This meant people received consistent support. We saw staff treated people with dignity and respect and supported people in a calm, compassionate and caring way. People's needs had been assessed well and support plans contained good information which guided staff on how care should be delivered in a person centred way.

Staff were well trained, supervised and appraised which meant they were able to carry out their role effectively. Staff were cheerful and friendly and spoke highly of how much they enjoyed their job. They showed a genuine commitment to people who lived in the home. People had opportunities to take part in activities of their choice. There was a good range of well organised activity for people.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. Staff were trained in the principles of the MCA and could describe how people were supported to make decisions; and where people did not have the capacity; decisions were made in their best interests.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People enjoyed the food and had plenty to eat and drink. People were

supported to maintain good health and had access to healthcare professionals and services.

People were aware of how to complain and told us they knew who to contact if they were not satisfied. People did not raise any issues about the service and told us if they did have any concerns they would discuss these with staff or the management team. The registered manager had dealt appropriately with any complaints received.

Effective systems for monitoring the quality of the service were in place. We saw the registered manager had a visible presence in the home. Staff spoke positively about the leadership of the registered manager and we found there was a positive culture within the service. People who used the service and their relatives were involved in a meaningful way to help drive improvements in the service. They told us they attended meetings and felt confident to raise any issues or concerns they had.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by sufficient staff who knew them and their needs well and appropriate checks were made on their suitability and fitness to work at the service.

Overall, medicines were managed safely.

People were safeguarded from abuse. Systems were in place to identify, manage and monitor risk.

Is the service effective?

Good

The service was effective.

Staff were supported well and had the knowledge and skills to provide good care to people.

Overall, systems were in place to help make sure people stayed healthy and their nutritional needs were met.

Staff had a good understanding of promoting choice and gaining consent from people.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and caring, treated them with dignity and respected their choices.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Staff had developed good relationships with the people who used the service and there was a happy, relaxed atmosphere.

Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs. Care plans in place were individualised and person centred.

People had opportunities to take part in activities of their choice.

There was an effective system in place for people to raise concerns about the service.

Is the service well-led?

Good

The service was well- led.

Relatives of people who used the service and staff spoke positively about the registered manager. They told us the home was well led.

Everyone was encouraged to put forward suggestions to help improve the service and their suggestions were acted upon.

The provider had systems in place to monitor the quality of the service and drive improvements.

Park Avenue Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 13 June 2017 and was unannounced on both days.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. 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. We also contacted health and social care professionals involved with the service.

Before the inspection providers are asked to complete 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. This was returned to us when we requested it.

The inspection was carried out on day one by two adult social care inspectors and an expert-by-experience who had experience of older people's services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two, one adult social care inspector attended to complete the inspection.

At the time of our inspection there were 33 people using the service. During our visit we spoke with four relatives of people who used the service, nine members of staff which included the registered manager, activity co-ordinator, maintenance manager and the administrator. We spent time with and observed how people were being cared for, and looked around areas of the home which included some people's bedrooms and communal rooms. We looked at documents and records that related to people's care and the management of the home. We looked at five people's care records.

Good

Is the service safe?

Our findings

At the last inspection in March 2016 we found appropriate arrangements were not in place to ensure safe care in an emergency situation. At this inspection we found the provider had made the required improvements.

Staff told us they felt confident and trained to deal with emergencies. They were aware of the provider's policy on cardio pulmonary resuscitation. The registered manager told us this had been updated to ensure a consistent approach in managing emergency situations. Equipment which may be needed to manage first aid was available. We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. Staff recorded accidents and incidents and they updated people's care plans and risk assessments following an incident. In the PIR, the registered manager stated, 'Accidents and incidents are regularly discussed with department heads at the daily 10@10 meetings to raise awareness and reach possible solutions to problems without delay.'

Relatives of people who used the service told us they thought their family members were safe at the home. Comments we received included; "Hundred percent safe", "Yes she seems happy. There is nothing that makes me feel she isn't safe" and, "At first I was apprehensive but after about three weeks I realised she is safe here. There is a crash mat under her bed and security codes on the door." We saw positive interactions throughout our visit and people were happy and comfortable with the staff.

There were effective procedures in place to make sure any concerns about the safety of people who used the service were appropriately reported. The provider had policies and procedures for safeguarding vulnerable adults and safeguarding policies were available and accessible to staff. Staff knew the provider's whistleblowing policy and said if needed they would report any concerns to external agencies. Staff said they had received training on safeguarding and this was updated regularly. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked at the recruitment records of four staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as pressure ulcer prevention, nutrition and falls. This enabled staff to have the guidance they needed to help people to remain safe.

We asked people's relatives if they thought there were sufficient staff to meet people's needs well. One relative said, "Generally there is enough staff. On occasions she may have to wait." Another relative said, "There is plenty of staff they chat to her." A third relative said, "I suspect the level is not always as they would

like it to be but you can normally find someone." We reviewed the arrangements in place to ensure safe staffing levels. We saw the staff rota and the tools used to determine the dependency of people who used the service to ensure staffing levels were safe. All the staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels.

We observed care being provided in the service and saw people had their needs met. We observed people requesting support from staff and they received it. Some staff said they would return shortly, and they did return to the person in a short period of time. People were supported in line with their care records. This showed us sufficient staff were present to support people to meet their needs in a safe way.

We looked at management of medicines across the service. We spent time observing a nurse administering medicines to people. Medicines were administered to one person at a time and people were not rushed to take their medicines. People were offered support and a drink with their medicines. One person declined their medicines, the nurse explained the importance of them but the person still declined. The nurse came back 10 minutes later and the person was happy to take their medicines then. All the medicines we saw administered were done so in line with the time frame on their prescription.

We reviewed Medication Administration Records (MARs) for people. We saw MAR's had no gaps of signatures. This meant a nurse had signed to indicate every time someone received their medicines. Medicines could then be tracked to see if people received the correct medicine in the correct dosage at the correct time. The description of the medicine to be administered and the method in which it should be taken was indicated on the MAR. This was in line with the pharmaceutical company's guidance.

There was a care plan in place and a letter from the doctor for someone who required their medicines covertly (hiding their medication in food or drink). The nurse in charge explained a best interest meeting had taken place and we saw this was recorded.

We looked at the 'when required' medicine record, and saw how many tablets had been administered and the reasons for administering. Staff told us they asked people if they required pain relief and explained what they would be given. The reason for administering was recorded in people's daily notes. However some medicines were to be given at a four hour intervals but the times of administration were not recorded which made it difficult to monitor if four hours had elapsed before the next dose was administered. The nurse agreed to make this change and add times of administration. On the second day of our inspection the registered manager confirmed this practice was now in place and all nurses had been informed of the need to do this.

Medicines were stored in medicine trolleys that were taken around the service and locked in between each person's administration. These trolleys were stored in locked rooms when not being used. Temperatures of rooms were monitored, however in one of the storage rooms we saw the temperature had been recorded at 28 degrees Celsius. The provider's guidance and pharmaceuticals company guidance indicated medicines were not to be stored above 25 degrees Celsius unless indicated. We noted seven days of recordings in May 2017 when the temperature was recorded above 25 degrees Celsius. The nurse in charge agreed something should have been done and they would follow it up to reduce the temperature. We looked at the controlled drugs stored and administered by the service and found they were stored in line with the guidelines supplied by the Royal Pharmaceutical Society.

We completed a tour of the premises as part of our inspection. We looked at all the communal areas and five people's bedrooms, bath and shower rooms and hallways. Corridors and the building had sufficient lighting. Some corridors were narrow and changes in the flooring level were not always clear. We reported this to the

registered manager. People's relatives told us they thought the home was clean and well maintained.

We took the temperature of water from taps in areas where people who used the service had access. We found the water temperatures were within an acceptable range. All showers had valves fitted to prevent water above 44 degrees Celsius being released. We saw records of water temperatures were taken prior to people taking a shower or bath. Radiators in the home were covered to protect vulnerable people from the risk of injury.

The service had systems in place to monitor safety around fire risk. Regular fire evacuations were simulated and checks on lighting, equipment, alarms and call points were monitored for safety. We saw maintenance records which showed a range of checks and services were carried out, for example, gas safety, passenger lift, fire safety equipment and electrical installation. This meant the premises and equipment was safe.

Good

Is the service effective?

Our findings

At the last inspection in March 2016 we found staff did not receive appropriate supervision and appraisal to enable them to carry out their role and ensure competence was maintained. At this inspection we found the provider had made the required improvements.

We spoke with the registered manager and viewed supervision records of staff. The registered manager told us they had recently created a new style of recorded meetings called 'conversations'. The registered manager told us they aimed for staff to receive six 'conversation' meetings in a 12 month period. We looked at staff records of conversations and found most staff had received at least monthly meetings since the introduction of the 'conversations' in March 2017. Documentation showed people had meaningful meetings and concerns raised were addressed and acknowledged in further 'conversations' which had been documented. We found staff received lots of opportunities to speak with their line managers. Staff told us the new system was working well and gave them the time they needed to review any concerns, receive feedback on their practice and discuss on-going development needs.

We spoke with people's relatives who told us staff provided a good quality of care as they were well trained. People's comments included; "No criticism of the staff here" and "They go on training courses and all seem well trained."

We looked at the training staff had completed. The service had a training matrix which indicated that nearly all staff had completed the services identified mandatory training. The registered manager showed us they received a report on a monthly basis indicating how many staff were up to date with their training. This method used a Red, Amber, Green system to quickly show where there was an issue. We randomly selected three staff's training files. This showed us the training matrix was up to date and people had received their certificates. New staff completed a week long induction including a workbook to complete and they shadowed another member of staff. Staff told us they were satisfied with their training and that it prepared them well for their role. One staff member said, "We get good support; a lot of training, we are treated well."

In the PIR, the registered manager said, 'All staff receive mandatory training at induction, in a classroom based environment in the following subjects, Emergency procedures, Fire Drills, Food Safety, Health and Safety, Infection Control, Manual Handling, Safe People Handling, Mental Capacity, Dignity and respect, Equality and Diversity, Dementia. All staff complete mandatory training updates, covering Safeguarding, Whistleblowing and Protection of Vulnerable adults.' We found the records in the service reflected this.

We saw people were asked for their consent before any care interventions took place. People were given time to consider options and make decisions such as what they wished to do and where they wished to spend time. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options. This meant staff gave people more choice and control over their decisions.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw appropriate documentation was in place for people who lacked capacity. For example, a person who was unable to consent to the care planning process had a best interest agreement in place stating their family was to be involved in decision making about their care needs. The documentation showed the person's family and GP had been involved in the decision making process.

Where an assessment indicated that a person would benefit from a DoLS then an application had been made to the relevant authorities. The registered manager had a system in place to ensure any renewals needed were applied for in a timely way. This ensured people's rights were respected and people were not unlawfully deprived of their liberty.

People's relatives spoke highly of the health support their family member received and said staff were prompt in seeking medical assistance for them. One relative said, "They take her blood pressure; if they are concerned they get a doctor. They have had an ambulance to her twice because she was asleep and unresponsive. They dealt with her well." Records showed arrangements were in place that made sure people's health needs were met. We saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. In the PIR, the registered manager stated, 'Park Avenue works closely with local GP's, community nursing teams and other disciplines to ensure our clients have access to specialist care they may need.'

We observed the lunch time meal in the home. The tables in the downstairs dining room were nicely set with table cloths, mats, cutlery, and glasses. There were menus on the table though we did observe that the food being served was not the choice on the menu. The registered manager told us the delivery of food ordered for that day had not arrived so an alternative fish dish had been prepared. We observed people had drinks and help was on hand to support people who needed it. We saw staff encouraged people to support themselves with their food and help was given if required. One person was not keen on their soup so staff tried to encourage but did not push the person to eat. Staff gave full support to one person with their food, chatting and encouraging them throughout the meal.

The lunch time service was well organised and people were attended to when required. The food was hot and looked appetising. We saw food going out of the kitchen with food covers on to keep it warm while it was being delivered to people in their rooms. We also observed lunch being served in the lounge. One visitor was having lunch with his relative and they both had drinks served with their meal.

We asked relatives if they thought the food was nice and did they think there was plenty of choice. Most thought it was reasonable. Comments we received included; "I have never seen her reject any thing" and, "They do things that she likes." One relative told us they had reported on behalf of their family member that the food was a bit too salty. They said, "The food is ok but it was a bit salty. I told them and they didn't put as much salt in. They do things like that."

We saw people who lived in the upstairs unit of the home were given individual support with their meals in order to encourage a good diet and fluid intake. One person had their meal with a staff member in the small lounge in that area. Staff told us this worked well and encouraged them to eat without the distraction of others around them.

We looked at people's care records around their nutritional needs. We saw nutritional risk assessmenst had been completed which identified where people were at risk of dehydration or malnutrition. This assessment showed the level of support people required for eating and drinking. To protect people from the risks of malnutrition and poor fluid intake, staff were required to record and monitor some people's daily intake. Some of the records we looked at had not been completed accurately or signed as checked by the nurse in charge. This meant it was not possible to see if people had received a good dietary and fluid intake. The registered manager took immediate action on this matter and began meetings with staff to ensure they were aware of the need to accurately complete these charts. On the second day of our visit we saw over 40 staff had received 'conversation' meetings to ensure they were aware of their responsibilities. Records we looked at on our second day showed a vast improvement in the standard of documentation regarding food and fluid intake.

We saw for one person who was nutritionally at risk there were inconsistent records of their weight. However, the records showed they had recently lost weight and the health professional visit form evidenced regular contact had been made with the GP regarding their weight loss and processes were in place to encourage and fortify meals when possible. This showed us people had their nutritional needs supported.

Good

Is the service caring?

Our findings

At this inspection we found that the staff had developed positive and caring relationships with people who used the service.

People we spoke to thought the staff were very caring and helpful and support was always there. People's relatives told us they thought the staff treated their family members with privacy and dignity and were they respectful and polite. One person said, "When they change her they close the curtains and always knock on the door." We observed staff knocking on people's doors before entering; this was done even when doors were open. Within care plans we found directions for staff which related to people's privacy and dignity. We saw staff chatting and interacting with people in a way that meant genuine relationships had been formed between people and the staff. Staff were aware of people's families, past interests and working life and were able to converse with people about this. Staff were thoughtful, discreet and sensitive when supporting people with personal care.

People's relatives told us staff knew about their family member's likes, dislikes and preferences such as food and drink. One relative said, "They turn the music off because she doesn't like noise or they move her into a quiet room." Another relative said, "I think she gets her personal care in a way she likes." People's relatives were very complimentary of the service provided. Comments included; "I come every morning I look forward to seeing everyone", "She is being well looked after" and, "The staff are fabulous."

In the PIR, the registered manager stated, 'All staff at Park Avenue are encouraged to build close supportive relationships with the people they provide care for, including family and other supporting individuals. Gaining knowledge of client's history and life story is embedded as part of care planning documentation My Day, My Life.'

Staff were confident they provided good care and gave examples of how they ensured people's privacy and dignity was respected. Staff's comments included; "It's important to put yourself in their position, think how you would like to be treated" and, "Always ask people if it's okay to provide the care, shut doors and curtains, give explanations, respect people's views." Staff told us of the importance of seeing people as individuals. One staff member said, "Dementia affects everyone differently; it's good to remember that."

We saw people's bedrooms were personalised with items of individual importance, such as photographs, ornaments and pictures. We saw staff used people's names when interacting with them which clearly showed they had got to know them. People looked well cared for which is achieved through good care standards. People were dressed with thought for their individual needs and had their hair styled to their satisfaction.

Staff were encouraging and supportive in their communication with people. Staff said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat and drink and how people wanted to spend their day. Staff said it was important to encourage independence as this would give people a sense of well-being and achievement. One staff member said, "It's good for people to

keep going, good for their pride." This showed the staff team was committed to delivering a service which had compassion and respect for people.

We asked people's relatives if they knew about their relatives care plan and were they involved in making decisions about their care. They told us they felt fully informed. One person said, "Yes I went through it (the care plan) with the nurse a few weeks ago step by step." Another person said, "I am fully aware of her care plan and what is in it."

The registered manager told us of people in the home who currently had an independent advocate. The registered manager was fully aware of how to support people to access advocacy services and we saw information on advocacy services was on display in the home.

Good

Is the service responsive?

Our findings

Prior to admission, people were formally assessed to make sure the service was able to meet the person's needs. We saw people's needs had been individually assessed and detailed plans of care drawn up from this information.

We reviewed people's care plans and saw they were detailed and clearly written. The information recorded gave a good overview of each person and the support they needed. This included information such as their personal preferences, life history, health and personal care needs and religious beliefs. There was a clear picture of people's needs and how they were to be met. For example, one person's plan said they liked to be dressed smartly. Another person's plan said they liked bubble bath when they had a bath. Important information such as how best to communicate with a person when they were in distress was also included. Care plans were up to date and reviewed as necessary when any changes occurred. This meant staff were provided with clear guidance on how to support people as they wished.

In the PIR, the registered manager stated, 'The home has a Resident of the Day, in which the care plan is reviewed to ensure personal choice and preferences are documented and up to date.'

Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. We spoke with staff who were very knowledgeable about the care people received. We concluded staff were responsive to the needs of people who used the service.

People who used the service were involved in a range of activities to suit their needs. There were two activities organisers who approached the planning of activities with enthusiasm and passion. On the day of our inspection we spoke to one the activities organisers who told us they carried out one to one activities with people throughout the day and group activities most days in the lounge. We observed one to one interactions upstairs in the small lounge where the activities organiser was talking to people about things they liked, such as the music that was playing and showing them things that they could touch and feel.

Downstairs, in the communal lounge, we observed people were involved in colouring in a book. Staff were on hand to help people and encourage them to use the crayons and colour in a book. We also observed staff interacting with people in a game which involved throwing a balloon around. This encouraged people's engagement and communication with each other and led to a lively atmosphere. We saw soft toys, dolls and magazines that people could interact with and staff were available to help on a one to one basis to encourage this interaction.

We looked at the activity diary and saw a variety of events had been recorded. This included a sing along by the keyboard, choc- ices and sitting outside, playing games and a seaside themed day where fish and chips had been served in newspaper and a donkey had visited the home. Records showed people's enjoyment of and involvement in activity was documented. The activities organiser told us that for Father's day they had plans to do crafts, People had opportunities to take part in activities of their choice including card making, colouring and collages. They said, "I try and get them involved by talking to them about their lives and try

and include that into the crafts."

People's relatives we spoke with said their family members got involved in activities when they wanted to. One relative said, "Someone comes in to do exercise with her. They try and get her involved but she is not always interested."

The corridors in the home were very colourful with stickers such as flowers and butterflies on the walls and windows to encourage people's engagement and interests. We saw a bedroom which had posters of what the person had an interest in; rock and roll bands and Bill Hayley. There was an enclosed courtyard for people to sit out in the warmer weather. This was attractively designed with planting and seating for people. There were also caged birds for people to get involved with if they wished. One of the communal rooms had recently been refurbished to look like a café area. This had bunting, bright décor and tables with cloths. The registered manager said they used this to have afternoon tea events.

People were supported by staff that listened to and responded to complaints or comments. People's relatives told us they felt comfortable to raise any concerns they may have and were confident they would be responded to. They told us they were aware of the provider's complaints procedure and knew who to speak with in the home to raise concerns. People's comments included; "If I had concerns I would go and see the manager" and, "If I had a complaint, I would go to the manager. I am sure there is a complaints procedure I would find out if I needed to." No-one we spoke with had any concerns. One person's relative said, "I don't complain, people are doing their best that's all there is to it." We saw information on how to complain was on display in the entrance of the home.

We looked at how the service dealt with complaints. The registered manager showed us a file where all complaints, concerns and compliments were recorded. The service noted 'suggestions' and concerns before a problem escalated into a complaint. The service had received three complaints in 2017. We saw the registered manager had acknowledged the initial complaint indicating what action they were going to take. Investigations into the areas of concerns were completed and a further letter of the outcome of the investigation was sent to the complainant. We noted apologies were offered when the service admitted there were areas for improvement. Where improvements in the service were noted, these were shared with staff through staff meetings so changes were made.

The registered manager informed people and their relatives that they had an 'open door policy' and were happy to speak with people if they had any concerns. Notices had been sent to relatives indicating the registered manager would be working at regular intervals out of normal working hours so they would have a chance to speak with them if necessary.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of nursing and care staff. Relatives of people who used the service said they thought the home was well managed and they found the management team approachable. People's comments included; "The manager is approachable she will listen and change things", "She knows who I am, she is approachable, a problem would be sorted out straight away" and, "Manager is always around, always having meetings." People's relatives said they were very satisfied with the service and could not suggest any improvements. One person said, "I think it's pretty good here." Another person said, "I don't think there is anything they could do better".

The registered manager had a visible presence in all parts of the home. We observed people clearly knew the registered manager well and we could see people felt comfortable with them.

Staff told us the registered manager was very supportive and spoke enthusiastically about how much they enjoyed their job. One staff member said, "Any personal problems she listens and supports. She is always there for all the staff." Another staff member said, "I feel confident in [name of manager]; she sees things get done properly." Staff told us senior managers visited the home regularly and they found them to be supportive and approachable.

Staff we spoke with told us there was a positive culture within the service. They said there was good communication and team work. One staff member said, "I really enjoy my job, I like being supported to provide good care that people deserve." Staff told us they felt valued and were able to put forward any ideas or suggestions they may have.

In the PIR the registered manager gave examples of how they ensured the service they provided was well led. They said there were systems in place to assess and monitor the quality of the service to ensure on-going improvement.

We saw the registered provider had a quality assurance system which included a planned programme of audits of the service to assess levels of quality and safety. These included audits on care plans, medication, health and safety, infection prevention and control, nutrition and catering, accidents and incidents and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed; with action taken to improve the service. For example; care plan reviews or risk assessments updated following incidents or accidents.

We also saw there were daily checks on the quality of service provision which included a manager's walk around the service, a daily meeting of heads of department and an audit of people's dining experience. A staff member told us the introduction of audit on the dining experience had made staff think more about making the experience enjoyable for people.

The registered manager completed a monthly management report which was sent to the provider and enabled them to monitor the service. We saw information was recorded which included staffing, care plan

reviews, complaints, safeguarding, notifications, and accident and incidents. Senior managers visited the home each month. They reviewed records and gained feedback on the service through talking to people who used the service, relatives and staff. We saw reports of these visits were completed and any actions highlighted were addressed to ensure improvements in the service.

People were asked for their views about the care and support the service offered. Relatives told us of regular residents and relatives meetings they attended. One relative said, "They are very useful for back ground information to what is happening at the service." We looked at the residents and relatives meeting record and saw the last meeting was in June 2017 where forthcoming events were discussed such as cupcake day and care homes open day. Staff changes were discussed and people were informed about new staff they would see around the service. A relative also told us they were aware of the suggestions box in the entrance of the home.

The registered provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2016 and these showed a high degree of satisfaction with the service. A service action plan had been drawn up, showing suggestions and actions identified from the survey. This included suggestions for more one to one activity which had now been introduced and having a say in how the home was run which had been addressed through relatives and residents meetings and increased availability of the registered manager out of office hours.