Burwood Nursing Home And Yaffle Care LLP

Burwood Nursing Home

Inspection report

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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

The inspection visit took place on 4 and 5 August 2015 and was unannounced.

Burwood Nursing Home is registered to provide personal care for up to 58 people. Accommodation is on three floors with two lifts for access between the floors. The home is divided into two separate buildings.

There was a registered manager in place. 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.

At the last inspection on 10 June 2013 the service was meeting the requirements of the regulations that were inspected at that time.

There were 58 people living at Burwood Nursing Home at the time of our inspection. People who lived at the home, relatives and friends told us people felt safe and secure with staff to support them. We found people's care and

Summary of findings

support needs had been assessed before they moved into the home. Care records we looked at contained details of people's preferences, interests, likes and dislikes.

We observed staff interaction with people during our inspection visit, spoke with staff, people who lived at the home and relatives. We found staffing levels and the skills mix of staff were sufficient to meet the needs of people and keep them safe. The recruitment of staff had been undertaken through a thorough process. We found all pre-employment checks that were required had been completed prior to staff commencing work. This was confirmed by talking with staff members.

We observed medicines were being dispensed and administered in a safe manner. Staff members dispensing medicines wore tabbards to notify people of this to reduce the possibility of errors occurring. We observed the person responsible for administering medicines dealt with one person at a time to minimise risks associated with this process. We discussed training and found any person responsible for administering medicines had received formal medicine training to ensure they were confident and competent to give medicines to people.

People were asked for their consent before care was provided. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. People told us that there were always staff available to help them when needed. Relatives of people who used the service told us that they visited the home at different times and on different days, and the staff always made them feel welcome. They said that staff were caring and treated people with respect, and that their relative was always comfortable and looked well cared for.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and had confidence in the way the service was managed.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people.This took into account their dietary needs and preferences so that their health was promoted and choices respected.

People told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted their independence. People were actively encouraged to be part of the local community, and likewise, people from the local community were welcomed into the home.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

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?
The service was safe.

Risks to people were assessed and reviewed and staff understood how

to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Arrangements were in place to ensure that medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff received training and support for their roles and were competent in meeting people's needs.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People enjoyed the food and drinks provided and chose what they ate at mealtimes. Staff monitored people's dietary intake to ensure people's nutritional needs were met.

People had access to healthcare services which meant their healthcare needs were met.

Good

Is the service caring?
The service was caring.

We saw that members of staff were respectful and understood the importance of promoting people's privacy and dignity.

People who used the service told us they received the care and support in a kind and caring manner.

Visitors were welcomed into the home at any time and offered refreshments.

Good

Is the service responsive?
The service was responsive.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were given the opportunity to take part in activities organised both inside and outside of the home.

People were supported to maintain links with the community and support groups.

The home had a complaints procedure. Complaints were recorded and investigated.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

Members of staff told us the registered manager was approachable and supportive and they enjoyed working at the home.

Feedback was sought from people who used the service, staff and others.

There were systems in place for assessing and monitoring the quality of the service provided.

Burwood Nursing 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 was 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 was a comprehensive inspection that took place on 25 and 26 June 2015. The inspection was carried out by an inspection team of one inspector and a specialist advisor. We spoke with and met ten people living in the home, five visitors and three visiting healthcare professionals.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback about the service.

We looked at seven people's care and support records, an additional four people's care monitoring records and medication administration records and documents about how the service was managed. This included staffing records, audits, meeting minutes, training records, maintenance records and quality assurance records.

We spoke with the registered manager, assistant manager, head of care, nursing staff and members of the care staff team, the chef and activities staff.

Good

Is the service safe?

Our findings

All of the people we spoke with during our inspection of Burwood Nursing Home told us they felt safe. We also spoke with a number of visitors who confirmed that they believed that the home was a safe place for their relative or friend to live. One person told us, "I feel very safe here, as far as I'm concerned it's marvellous." A visitor told us, "I am kept informed by the home. I think [person] is very safe here and well looked after."

All staff members had been trained in safeguarding adults. We talked with staff about their knowledge and understanding of different forms of abuse. They described the signs that a person may show if they had experienced abuse and the action they would take in response. They knew how to raise their concerns with managers of the home and felt confident that if they did raise concerns action would be taken to keep people safe in line with the provider's safeguarding process. Staff also told us that they received feedback following safeguarding investigations and protection plans by the local authority and home and could give us examples of these. This enabled staff to keep people in the home safe. We looked at records that showed whilst the provider had mostly made appropriate referrals to the local authority, one potential safeguarding situation had been treated as a complaint and not referred to the local authority. We discussed this with the manager who told us that they would refer this incident to the local authority safeguarding team. Following our inspection the provider wrote to us confirming that this had been referred to the local authority safeguarding team.

We checked staff rotas in the home. Staffing levels were determined according to people's assessed dependency levels. We found sufficient numbers of staff were available throughout our visit to meet people's needs and the worked rotas we viewed confirmed this too. During the daytime, people were supported by the registered manager, deputy manager, head of care, three registered nurses and ten care assistants. During the nighttime, people were supported by two registered nurses and four to five care assistants. Ancillary staff were also employed; there were chefs, domestic assistants and activities staff on duty every day. On the day of the inspection we saw that there were generally sufficient numbers of staff on duty. People we spoke with and their relatives told us that they felt there were sufficient numbers of staff on duty. Some staff we spoke with told us that there were times when there were staff shortages, such as sickness and holidays. They explain that agency staff were utilised when this occurred but it wasn't always possible to cover these shifts at short notice. They explained that whilst people's needs were still met during these times, it meant that the care was more task focussed.

We checked the recruitment records for four members of staff and saw that the application form recorded the names of two employment referees, proof of identification, health declaration, a declaration as to whether they had a criminal conviction and the person's employment history. Prior to the person commencing work at the home, checks had been undertaken to ensure that they were suitable to work as a care worker, such as references, a Disclosure and Barring Service (DBS) check. DBS checks identify whether people have committed offences that would prevent them from working in a caring role. We saw that a thorough interview had taken place that was recorded on an interview form. The provider told us that they used a third party organisation to support the home in all Employment Law advice. Staff had access to a handbook that incorporated staff employment policies at the home.

The provider identified and managed risks appropriately. We saw each person's care plan included a personalised set of risk assessments that identified the potential hazards people may face. Staff told us these assessments provided them with detailed guidance about how they should support people to manage identified risks and keep them safe. For example, care plans contained clear instructions for staff about what moving and handling equipment they should use to transfer certain individuals and how it should be used. Another person's care plan detailed what staff should do if the person suffered a seizure. Another person's care plan contained guidance about their diabetes, how it was managed and what staff should do in an emergency. We found examples of clear and descriptive care plans relating to catheter care, skin care, moving and handling, weight monitoring and malnutrition universal screening tool (MUST). There were monthly evaluations of people's records which were up to date. This showed people's care plans were completed in a responsive manner with regard to their changing care needs.

There were arrangements in place to deal with emergencies. We saw the provider had developed

Good

Is the service safe?

contingency plans for people, visitors and staff to follow in the event of an unforeseen emergency, such as a fire. Records showed that staff had also received training in basic first aid.

People told us they received their prescribed medicines on time. One person said, “Staff give me my medicine on a daily basis. No problems”.

The provider had a robust system of medicines management. They used a monitored dosage system where all the medicines were prepared and labelled by the pharmacy. This shortened the time it took to undertake medicine rounds and was advocated as a means of controlling stock, ordering and the disposal of medicine. The ordering of medicines was undertaken by the deputy manager and a nurse doubled checked that the medicines were correct when they arrived. Medicines were disposed of safely.

Staff who handled medicines had completed appropriate training and their competency was assessed to make sure they followed correct procedures in a safe manner. Medicine administration records were kept up to date and showed people received their medicines as had been prescribed by their GP.

The provider undertook regular medicine audits which we found were routine and thorough. There was also a topical medicine competency assessment process for carers which was unique to the service and indicated the provider had taken steps to ensure that all staff involved in people’s medicines were competent to administer them.

Some medicines required storage at a low temperature. The provider had a fridge to keep these medicines at the correct temperature. Staff were conducting regular temperature checks to ensure the medicines were kept at the correct temperature.

There were appropriate systems in place for the management of controlled medicines. We looked at the provider’s Controlled Medicines records and storage systems in use at the home. These fully met legislative and regulatory requirements.

We saw the home was well maintained, which also contributed to people’s safety. Maintenance records showed us equipment, such as fire alarms, extinguishers, mobile hoists, the passenger lifts, call bells, and emergency lighting were regularly checked and serviced in accordance with the manufacturer’s guidelines. We saw fire extinguishers were available throughout the home. We also saw care plans contained personalised emergency evacuation procedures (PEEPs) for people in the home. Other fire safety records indicated staff routinely participated in fire evacuation drills. Staff demonstrated a good understanding of their fire safety roles and responsibilities. One member of staff told us that evacuation drills had recently taken place and told us that fire safety training was refreshed annually.

The manager explained that the home had many innovative design features to ensure the safety of people living in the home. For example, an air exchange and passive ventilation system was used throughout the building to ensure fresh tempered air flows at all times. Underfloor heating provided a safe and effective controlled heating which allowed each room to maintain its preferred temperature.

Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. We saw that there were processes in place to manage risk. The manager explained that in the new build part of the home, the water cycle was continuous which eliminated the risk of Legionella. The manager explained in the older part of the home domestic staff were responsible for running taps that were not frequently used to reduce the risk of Legionella. We looked at a selection of records, however it was not clear from these that this task was being completed. We discussed this with the manager who told us that they would amend the form to make it clearer.

Good

Is the service effective?

Our findings

People, relatives and visitors expressed positive views about the service. All the people we spoke with said they were pleased with the support they received. One person said, "The staff are really good, I am well looked after here." Another person said, "The staff are lovely." A visitor told us, "I really cannot fault the home, they know [person] really well and I am kept updated."

We looked at staff records and found there was an appropriate programme of induction for new staff that covered their roles and responsibilities. One person told us, "The staff seem to be knowledgeable and well trained." We found staff had received appropriate training and had the knowledge and skills necessary to meet the needs of the people they supported. Staff told us the training they had received was helpful and assisted them with their work. One staff member said, "I had an induction when I started work and shadowed experienced members of staff. Once I had finished this I felt confident".

Training records for staff we saw evidenced that all staff had completed their training programme. The manager explained there was a regular training programme for staff. They explained that they had recently changed the way in which training was provided and it now took place over dedicated training days due to staff feedback. This covered the essential areas of knowledge, skills and competencies the provider thought staff needed, to do their jobs effectively. In addition to this we saw that additional training had been provided for staff in equality, diversity and inclusion, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and dementia training.

All staff received regular performance reviews and an annual appraisal. These processes gave staff formal support from a senior colleague who reviewed their performance and identified training needs and areas for development. Other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. We looked at the staff handover records and saw that they were detailed, up to date and easy for staff to follow. Staff told us they felt well-supported. They said there was a good sense of teamwork and staff cooperated with each other for the benefit of the people who lived at the home.

Managers and care staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had received training in when they were applicable. Applications to restrict a person's liberty under DoLS were made as required and, if granted, managers ensured they were reviewed after the specified time.

Health and social care professionals told us the home effectively dealt with people's needs. They said the staff at the home sought advice appropriately and used the guidance they gave when caring for people. We spoke with a visiting Paramedic who told us, "I come to this home several times a month to collect patients for hospital appointments and bring them back. This is a very good home, the staff, the manager are very professional. For example when I arrive the person is always dressed and ready. My opinion based on my experiences with other homes is that this is one of the very best".

Staff monitored and assisted people whose behaviour challenged the service. They made referrals to the mental health team when necessary. People's care plans included advice given by the team and information about how to recognise when people needed to be referred to specialists to review their health needs. Staff worked in partnership with health professionals to assist people, providing information about people's progress and welfare and implementing their advice.

On the day of the inspection we saw that people were encouraged to make decisions and that choices were explained to them clearly. Staff told us that they encouraged people to make choices such as meals, drinks, activities and what time to get up and go to bed. We observed that when one person was disorientated, all of the staff including the manager, the deputy and the assistant manager were attentive and kind to them. They gave them time and there was no sense of pressure for people to do anything other than what they wanted to. When necessary they were gently encouraged to have a cup of tea and biscuits. As a consequence, the atmosphere at the home was relaxed and calm.

Staff had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other

Good

Is the service effective?

professionals. Staff knew how to support people to make decisions and were clear about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. We saw that the provider kept copies of Enduring and Lasting Power of Attorney in people's care records. We looked at staff training records that showed that staff had completed training in the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager had made some Deprivation of Liberty Safeguard (DoLS) applications for people living at the home. For example, when a person did not have the capacity to make a decision about where they lived and consent to the arrangement. The DoLS was to ensure they resided in a place of safety and received care in their best interest.

The manager told us that the design of the outside space of the home was based on the research of Dr Susan Rodiek who promotes the design for older people and healthcare settings. Examples of this included doors and decking that overlooked woodland and sensory gardens. They explained that there were some people who lived at the home who were living with dementia. We found that parts of the home lacked signage to assist people living with dementia to find their way around the home, such as signs for the bedrooms, living room and dining room. We discussed this with the manager who acknowledged this and told us that they were looking into suitable signage for the home.

The home had a menu cycle. We spoke with the chef, who told us the menus were changed in response to feedback from people living in the home. They told us this gave useful ideas on menus and also gave a very personal feel to what people preferred as their choices.

The chef had records of and was able to tell us about people's individual dietary needs, allergies and preferences. For example, how they catered for people with diabetes. The kitchen was open plan and the chef was visible to people who were sat in the dining area. The chef explained that this gave the mealtime service a restaurant feel and people eating in the dining room were able to speak with them.

We observed the meal service in both the dining rooms of the home at lunchtime. The tables were nicely set with table cloths and napkins. People were offered condiments by staff. We saw people were offered a choice of cold drinks, fruit squash or water with their meals. Alcoholic beverages were also available. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food. We observed staff gently encouraging and supporting people to eat where necessary. We saw that some people required assistance to eat. We saw that staff sat with them and assisted them in relaxed manner allowing the person to eat what was in their mouth before offering them more.

Drinks and snacks were served mid-morning and in the afternoon. We observed staff offering people a choice of drinks throughout the day.

We looked at people's care plans, risk assessments had been carried out to check if people were at risk of malnutrition. The records showed that most people's weights were checked at monthly intervals depending on the degree of risk. The manager told us that food/fluid charts were used to record and monitor what people were eating and drinking when required.

People were supported to maintain their health and had access to healthcare professionals when required. We saw records that showed various professionals such as the district nurse, chiropodist and GP visiting people in the home. This showed people's healthcare needs were being identified and they were receiving the input from healthcare professionals they required.

Good

Is the service caring?

Our findings

People who lived in the home and their visitors were very positive about the care provided by staff. Comments included, "The staff are caring, I am treated really well here.", "The carers are fine, no problems at all." One relative said, "The staff here are so very kind, they will do anything for him and me if I ask." Another relative spoke with us about their husband's care. They said "It is a neat, very clean and tidy home which we are used to. We see a manager every day and all the residents say the food is good and they would not want to be anywhere else".

During the inspection we observed interactions between people and staff. People appeared comfortable and relaxed in the presence of staff. Staff spoke to people in a respectful and warm manner and paid attention to ensure people's needs were met. For example, one person asked for assistance to use the toilet, the member of staff promptly and discreetly assisted them. Staff spoke with people while they were providing care and support in ways that were respectful. They ensured people's privacy was protected by ensuring all aspects of personal care were provided in their own rooms. Staff comments regarding, how to promote dignity and respect were, "I treat people as I expect to be treated", "I have had training about dignity and respect." and "When I assist with personal care, I always make sure the door is shut and the curtains are drawn".

Care plans contained good information about people's background history, their likes and dislikes. The information and guidance in care plans was descriptive, relevant and appropriate information for staff, helping them to meet people's care and support needs. Staff had a good understanding of people's needs, some of their personal preferences and the way they liked to be cared for. For example, staff knew how one person liked to be presented and the activities that they enjoyed.

People told us that staff encouraged them to maintain relationships with their friends and family. One person said, "[relative] call me regularly, whenever they like". During the inspection we saw that people's relatives and those that mattered to them could visit, or people could leave the premises with them freely.

The manager explained that the home was in the process of attaining accreditation for the National Gold Standards Framework Centre in End of Life Care. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling frontline staff to provide a gold standard of care for people nearing the end of life. They explained that people's advanced wishes were also documented if people wished. Families were welcomed at stay at the home during the last days of someones life. The home had recliner chairs, a portable bed or an empty room if available. They told us that recently when a person died. They went to the home of his wife to break the sad news, not for her to hear me over the phone. The manager explained that staff would always attend resident funerals.

Some people in the home had a do not attempt resusitate (DNAR) order in place. However, we noted two of these orders had not been completed fully by a visiting health professional. We discussed this with the manager who told us that they would arrange for these to be reviewed.

Good

Is the service responsive?

Our findings

People said their needs were attended to by staff described the care as, "Very good". "I needed to come into care, I can't fault the place." "I am well cared for. If I need assistance there is always someone available to help me.", "As far as I am concerned its marvellous." And "Very nice and helpful people." One visitor we spoke with told us that the care that their loved one received was "exceptional".

People received personalised care that was responsive to their needs. People were assessed by a senior member of staff prior to being admitted to the home and were involved in planning their care. The care plans followed the activities of daily living such as communication, personal hygiene, continence, moving and mobility, nutrition and hydration and medication. The care plans were supported by risk assessments. Information in people's care files was personalised and gave an accurate picture of people's health needs but also their individual routines, likes and dislikes. This included preferred times to get up and go to bed, their spiritual needs, their social contacts, preferred foods and activities. The care records were reviewed regularly and as people's needs changed these records were updated to reflect their current needs. People we spoke with were aware of their care records. The manager explained that people were involved and contributed with assessment and care planning processes as much as they are able to do.

People told us they were encouraged to share their opinions in how the service was run. Resident/relative meetings were held regularly. We looked at the minutes of the last residents and relatives meeting that took place on the 1 August 2015. We saw topics included activities, results of a recent survey, and the opportunity for people to give feedback. We saw comments included, "delighted with the care", "well looked after", and "superb home no faults".

There were designated staff members employed at the service to oversee activities. People told us they were supported to follow their interests and take part in social activities both within the home and within the local community. During the day of our inspection some people in the home went on a trip out on the homes mini bus to a local garden centre. Others were participating in a music and movement activity in the morning. The activities room in the home was well equipped, which meant people had a large variety of activities / games to participate in.

The manager explained that the home had good links with the local community. There were weekly church visits to hold a Sunday Service, Holy Communion and library books were delivered by volunteers from the local library. Local groups were invited to the home for talks and the local school opposite the home were invited for concerts or tea parties. The home had its own minibus. The manager explained that this was invaluable to enable people to go out on trips, to take people home, or maintain links with the community and support groups.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. We saw that people had access to a personal computer. The manager told us that a recent request by some of the people living at Burwood was to be able to use computers in the home and specifically the use of skype to call friends and family around the world. They explained that they contacted Barclays Bank who have a community support group who came to the home to teach the people how to use the internet and Skype. They told us that one person was now pleased to be able to skype their grandson in Australia.

The home had a fully functional 'pub' that was themed like a 1950's public house. It contained memorabilia and character. We saw that people were able to use the 'pub' for lunchtime meals and other functions. One person told us that they really enjoyed their lunches in the pub, they commented, "It's a really nice place to eat. We use it once a week." There was another 'quiet room' which had an oriental design and a large fish tank in the wall. The manager explained that they had installed the fish tank as they were aware that watching fish could have a positive effect on a persons physical and mental wellbeing. The manager also told us that there were plans in place to build a small theatre/cinema room. This meant people could spend time in different settings.

We spoke with visiting healthcare professionals during our visit. A visiting psychiatrist told us that they felt the home was very responsive to people's needs. We also spoke with a tissue viability nurse who told us that they felt the home was very responsive to people's needs, followed their guidance well and made appropriate referrals. A chiropodist told us they had no concerns about the care and treatment people received.

People received consistent co-ordinated person centred care when they moved between services. The manager told

Good

Is the service responsive?

us that the homes policy was to accompanying people living in the home to health care appointments should they wish. This was done to support the person and to ensure that they received the support they required. This would include night transfers in an emergency.

We saw that people had a comprehensive hospital transfer booklet. The manager explained that this was done in anticipation of a transfer and also included was a photocopied medicine charts and DNAR charts at the time of admission.

The service had a complaints procedure in the reception area for people to see. The manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. We saw that complaints were recorded and investigated with actions and outcomes documented. We saw that the provider had a complaints policy, however it did not contain information about the Local Government Ombudsman, who looks at complaints about adult social care providers (such as care homes and home care providers). We discussed this with the manager who told us that they would update the policy.

People we spoke with knew about the complaints policy and were aware of it and knew the process to follow should they wish to make a complaint. One person who lived at the home said, “I haven’t had to complain, but if I wanted to I would speak to the manager.” A visitor told us that they had no complaints about the care provided at the home. The service also kept copies of compliments received. One relative wrote, ‘Would you please convey my thanks to all the nursing staff, cleaners, tea ladies, entertainers, cooks, receptionists and janitors for the care given to my mother over the last three years. The facilities and construction of the home are superb, but it is the staff at Burwood that make it what it is’.

Good

Is the service well-led?

Our findings

The home had 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 2008 and associated Regulations about how the service is run.

The registered manager was supported by an assistant manager and head of care.

Members of staff told us they liked working at the home and the manager, assistant manager and head of care were approachable and supportive. One member of staff said, "All of the senior staff are approachable." Another member of staff told us, "I feel supported." Other staff told us, "This is a good and well run home, the manager works really hard to make sure people get the care they need and so does the deputy. They are always available and are supportive but also knowledgeable", and ,"The manager and deputy are the best they could be, they know people and the staff really well and they do have all our best interests at heart".

People in the home and visitors told us that they felt the home was well led. Comments included, "I think the home is well managed, I am kept informed of what's going on". Another person told us, "We have been through a difficult time recently, Sarah and her husband have been very supportive throughout."

Meetings were held involving staff at different levels of the organisation so that staff could discuss issues relevant to their role. For example a registered nurse meeting was held on the 30 March 2015, a health care assistant meeting was held on the 8 April 2015, a housekeeper meeting was held on the 1 June 2015 and general staff meetings had been held in July 2015.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

There were systems in place to monitor the quality of service. An annual survey was completed in the home. We looked at the home's 2015 relatives/resident survey. We saw that there were a total of 37 responses from people living at the home and 22 responses from relatives. We saw that topics included how safe, effective, caring, responsive and well led the service was. We saw that the responses were mostly positive. The responses had been analysed and an action plan was in place to address any lower scoring areas.

A staff survey had recently been conducted. We saw that 52 members of staff had responded. The manager explained that the results were in the process of being analysed and an action plan would be completed to address any lower scoring areas.

We saw that well managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; medicine management, care records, incidents, weights, infection control and health and safety. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care.