Trentside Manor Care Limited

Trentside Manor Care 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24 November 2017 and was unannounced. At the last inspection completed on 6 December 2016 we rated the service as requires improvement. We found the provider was not meeting all the requirements of the law. The provider had not ensured people's medicines were available in sufficient quantities and pre-employment checks were not always completed before new staff started work. We asked the provider to submit an action plan outlining how they would make the necessary improvements. During this inspection we found improvements had been made and the provider was meeting the regulations.

Trentside Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Trentside Manor Care Home can accommodate 36 people in one adapted building. At the time of the inspection there were 31 people living in the care home.

There was a registered manager in post at the time of the inspection. 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.

People were protected from avoidable abuse and harm by trained staff. Risks were assessed, identified and managed appropriately, with guidance for staff on how to mitigate risks. Premises and equipment were managed safely and were kept clean and tidy. Staffing levels were sufficient to meet people's needs and new staff had their suitability to work in a care setting checked before they began working with people. Medicines were managed safely. The registered manager had systems in place to learn when things went wrong.

People were supported by trained staff and received effective care in line with their support needs. Staff received regular supervision and observations of their competency. Staff meetings were organised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. There was a good choice of food, which people enjoyed and they received support to meet their nutrition and hydration needs. The environment was designed to support people effectively. Healthcare professionals were consulted as needed and people had access to a range of healthcare services.

Staff were kind, caring and compassionate with people. Relatives visiting the home were welcomed and staff had good relationships with people and their relatives. People and their relatives were supported to express their views and encouraged to make decisions about their care. People were treated with dignity and respect.

Staff understood people and care plans were detailed and provided comprehensive information about people, their personal histories and preferences. Activities were organised by staff, however people felt more

could be done to occupy their time. People's cultural needs were considered as part of the assessment and care planning process. Where required people received support to consider their wishes and preferences and receive support at the end of their lives. Complaints were managed in line with the provider's policy.

A registered manager was in post and was freely available to people, relatives and staff. People and their relatives were involved in discussions about the service and their feedback influenced developments. We found the registered manager had systems in place to check on the quality of the service people received and use this to make improvements. The registered manager monitored the delivery of peoples care.

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 safeguarded from abuse. Risks were assessed and people's safety was monitored. People were supported by sufficient staff that had been recruited safely. They had their medicines given as prescribed and were supported in a clean environment and protected from infection. The registered manager had systems in place to learn and make improvements when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and they were supported to receive the care and support they needed. They were supported by staff that were knowledgeable and had the skills to meet their needs. People were supported to have their nutrition and hydration needs met and receive a choice of meals. People received consistent care and were supported to live heathy lives with access to health professionals. The building was designed to support people effectively. People were supported in line with legislation and guidance for giving consent to their care and support.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion by staff that had good relationships with them. People were involved in all aspects of their care and their views were respected. People could make their own decisions and were supported to maintain their independence. Privacy and dignity were respected by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always supported to take part in meaningful

activities. Although people were involved in their assessments, care plans and reviews this was not always clearly documented. People understood how to make a complaint and felt these would be responded to. Where people were at the end of their lives their wishes and preferences were considered and they were supported to have a pain free death.

Is the service well-led?

Good

The service was well led.

There was a positive culture where people, relatives and staff felt able to express their views and we found these were used to drive improvements. The registered manager understood their role and responsibilities and staff were supported in their role. There was a learning culture in place and audits were undertaken to monitor the quality of the service people received. There was a range of different agencies involved in providing support to people and this was coordinated and people received consistent care.

Trentside Manor 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 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 24 November 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who used the service and five visitors. We also spoke with the registered manager, the deputy manager, two senior care staff and three staff members.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of four people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, meeting notes, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At our last inspection we found the provider was not following their policy for recruitment of staff. We also found they were not meeting the regulations for providing safe care and treatment as medicine stock was not managed and people did not have access to their medicines. At this inspection we found the provider had made the required improvements and were meeting the regulations.

People and relatives told us they felt the home was safe because the building was secure and staff were "vigilant". People and relatives confirmed they had no experience of poor care and they considered staff to be very caring. One person said, "I am happy and safe here. I'm secure. The staff are the next things to angels". One relative said, "Yes it is safe here. The staff always tell my relative, not to get up and walk without support". We saw people were smiling and happy when engaging with staff. Staff could explain the signs of abuse and could tell us how they would report their concerns. Staff had received training in safeguarding. The registered manager understood their responsibilities and had made referrals to the local authority where concerns had been identified. This showed the registered manager and staff understood how to safeguard people from abuse and people were protected from the risk of harm.

People were protected from the risks to their safety. One person said, "I have never fallen here". One relative said, "[My relative] is not mobile at all. Staff check on them and they are well looked after. They have not had any falls". Another relative told us, "If I see any risks I chat with staff. Recently [person's name] body has stiffened up, so they use a hoist to lift them. I have seen no bruising or sores develop". Staff could describe how they supported people to keep them safe from harm. For example they could describe how people with behaviour that challenged were supported and we saw the risks for people had been assessed and planned for. In another example, staff could tell us about how they supported people with risks associated with their mobility. We looked at the assessments and plans for people and found staff were following these to keep people safe. We saw people were involved in discussions about risk and how to manage them. We found call bells were answered promptly and where required people had sensor mats to alert staff if they were moving. This meant people's risks were planned for and managed to keep people safe from potential harm.

We found the provider had systems and processes in place to assess the safety of the environment and equipment used to keep people safe. The registered manager had maintenance contracts in place and someone employed to do repairs. There were service contracts to maintain equipment, undertake water sampling to test for the presence of legionella and for gas and electrical safety checks. We found fire safety checks were carried out; people had individual personal evacuation plans which staff understood to ensure people could be safely evacuated in an emergency. The registered manager had a business continuity plan in place with clear arrangements to support in the event of a major emergency. This meant the registered manager had systems in place to ensure people would continue to receive support safely in emergency situations.

People and relatives had mixed views about the staffing levels. One person told us, "I don't need much help but they come if I need them. I don't have to wait long. I wanted a battery for my hearing aid and they (staff) got it for me straight away". Another person told us, "I do need help from staff and they are all helpful. On

and off there are enough staff. It's certainly not a long wait if I need help". A relative told us, "We would always like to see more staff. [Person's name] has a warning mat by their bed. If we call they come quickly. Never had to wait long". Another relative said, "He uses his bedside alarm to call. The staff response varies. It's short handed up here".

Staff told us they felt there were enough staff to meet people's needs. One staff member said, "I have no concerns with staffing at all, it's busy but manageable". The registered manager told us they assessed people's dependency using their knowledge of the people's needs and based their staffing levels on this approach. The registered manager said when staff were busy or people's needs changed they and the deputy manager provided additional support and they would adjust the staffing to ensure people had sufficient support. We saw people received support when they needed it and did not have to wait during the inspection. For example, people asked for drinks and these were fetched straight away. Meal times were prompt and people did not have to wait for their meal or support they needed. We found call bells were answered promptly. We observed staff were deployed effectively to support people in the areas of the home they were needed. Whilst there was only one member of staff upstairs we observed people received the support they needed. This meant there were sufficient staff to support people when needed.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

People received their medication as prescribed. One person said, "I get my medicines regularly. It is done great and never late. The staff give them to me with water and I take them. It's perfect. The staff will stand there until I've taken them". A relative told us, "The staff come around and give the medicines, they stay and check they have taken them and we have seen them record that. There are always two staff together". There was a medicines policy in place which staff understood and followed. We saw staff had received training to ensure they understood how to administer medicines safely. The registered manager told us they used an electronic system for stock control, ordering and recording administration of medicines. We observed staff using the system and found the guidance available showed staff how to administer the medicine safely. We found an assessment was carried out to determine the level of support people needed with their medicines. We found there was nobody receiving covert medicines, but the registered manger could tell us how they would do this in accordance with the law. There were protocols in place to show staff when to administer medicines on an as required basis. We observed records of controlled drugs were kept and these were accurately completed. Medicine administration was recorded on the electronic system and any late medicines would be alerted to the registered manager or deputy. This meant missed medicines were unlikely to occur. We saw the system enabled staff to check stock and showed when new stock was required. The system allowed staff to order any medicines which were running low with the doctor and the pharmacy. There were audit reports which were reviewed by the registered manager daily. We saw medicines were stored safely and securely including refrigerated medicines. Medicine reviews were undertaken with health professionals on a regular basis. This meant people received their medicines as prescribed and systems were in place to safely manage medicines.

People and their relatives told us that the service was clean and tidy. One person said, "The place is spotless and so are the rooms. Our bed linen is changed weekly". A relative told us, "Yes the home is clean. It's just been decorated again. There are never any bad odours here". Staff understood the importance of infection control, and we observed them using protective clothing during the inspection. We saw the home and all the equipment in place for people was clean, we found cleaning schedules were in place and we observed staff

carrying out cleaning duties throughout the inspection. The registered manager told us about the audits they undertook and we found these were effective. There was information available to staff and visitors about how to prevent infection from spreading. This meant people were protected from the risk of infection and cross contamination.

The registered manager told us they had regular discussions with staff when things went wrong, and staff confirmed they had opportunities for discussion and learning through meetings and supervisions. The registered manager showed us how they had a system in place to learn from any accidents or incidents, the records showed how these were reviewed to minimise the risk of reoccurrence. The registered manager was able to tell us how they had made changes since the last inspection. For example, with medicines management. Staff confirmed this action had really improved how medicines were administered and told us this meant the medicines stock issues identified last time had now been resolved. This meant the provider had used feedback and analysis of where things went wrong to make improvements to people's care.

Good

Is the service effective?

Our findings

At our last inspection the service was rated as good. At this inspection we found the service continued to be good.

People and their relatives told us needs were assessed when they began using the service. Staff told us they received guidance and information about people's needs. For example, when supporting someone with diabetes they received guidance on how to help the person make choices about their diet. The registered manager told us they sought information about people's needs from relevant sources. For example, one person had a specific type of dementia and the registered manager had ensured additional guidance from health practitioners was available for staff. We saw people's needs were assessed and identified to inform their care plans. We found where people needed health professionals involved in their assessments this was in place. We saw the service used technology to support people with their needs. For example we saw sensors were in place to alert staff when people were getting out of bed to prevent the risk of falls. We found the service had implemented systems to enable people with limited communication to make choices. For example, picture menus were in place to help people choose their meals. This meant people had their needs assessed and were supported to make choices about their care.

People and relatives told us they felt that staff were trained well. One person said, "As far as I know they are skilled. I've seen them lift others carefully. They know me and my needs". One relative said, "Yes they are trained. All of them are pretty good. They understand how to support [person's name] with personal care, medicines and the equipment they use". Staff received an induction into their role, volunteers were also in place and received an induction. We found newly appointed staff and those without any care qualifications were supported to access the care certificate. The care certificate is a set of standards that health and social care workers follow in their daily working life. Staff told us they were supported to access training and keep up to date. We saw records which supported this. We found staff had received training in safeguarding, infection control, manual handling, dementia awareness and equality and diversity. The registered manager told us they undertook observations to ensure staff were competent in their role. For example, with meal provision, manual handling and infection control. This meant people were supported by suitably skilled and trained staff.

People told us they enjoyed the food at mealtimes. One person said, "The food is excellent. We get a menu everyday. I am diabetic but can eat what I want. The staff check my blood sugar and do tests. They check my sweet dishes are alright for me [sugar free]. I have had no dizziness since I came here". Another person said, ""For a snack I can have crisps or ice cream. Staff bring us cakes. I get plenty of fruit". A relative told, "[Persons name] is a good eater. Certain things they can eat without help, and other things the staff support with. Staff monitor what food and drink they have and ask me if I have brought any food or drinks in for them". Staff could describe people's nutritional needs and how they were supported. We found care plans were in place which supported what we were told. For example, one person had been identified as high risk of malnutrition. We saw the person received support and encouragement to eat their meals. We found staff were completing fluid and food intake charts to monitor the persons intake. We found the person's weight had also been monitored. Advice had been sought from a health professional for this person and staff were

following this. The registered manager told us they provided fortified foods which were high in calories. They told us this meant people with small appetites would still have high calorie content meals. The registered manager told us they were able to order food which met with peoples cultural needs where required. We saw people enjoyed their meals, they had a choice of food and drinks available throughout the inspection. This meant people were supported to maintain a balanced diet and have enough to eat and drink.

The registered manager told us they had developed group supervisions for the night staff. They said this enabled them to hold discussions and work more collaboratively as a team. Senior care staff told us they had regular discussions with staff and had meetings with the registered manager. Staff told us they had a handover at the start and end of a shift to enable them to discuss how people were. We found there were communications with other agencies involved in peoples care and these were documented in peoples care plans. This meant people received consistent care and support.

People were able to see health professionals when they needed to. One person said, "The Doctor comes to give me an injection I need I also see the optician and chiropodist". A relative told us, "The Doctor was called for a cough and they prescribed some antibiotics. The district nurse comes to visit and staff check things daily. The optician has been here and we are waiting for the audiologist to come". We saw guidance was sought for people with specific needs. We found people had access to a range of health professionals including doctors, nurses, social workers and opticians. We saw that the advice had been documented and staff had followed this. For example one person had difficulty with verbal communication. Advice had been sought from the speech and language therapy team. We saw this was documented in the persons care plan and observed staff following this advice when engaging with this person. We found where people required a referral to a health professional this was done promptly and relevant information was shared. This meant that people were supported to follow the advice of health care services to maintain their health and wellbeing.

The registered manager told us they had redecorated the service. We saw there were specially adapted facilities in place to support people. For example, there were assisted bathrooms and shower rooms. This meant people could have their needs for personal care met safely. We saw toilets were spacious and included adapted seating, hand rails and low level sinks for people to use when in a wheelchair. The service supported people living with dementia, who could become confused and find it difficult to differentiate between areas in the home. We found there were contrasting colours in place for floors and walls, there was no patterned carpets which could cause people problems. There were pictures used on key areas within the home such as toilets and bathrooms. We saw peoples bedrooms had images on which were familiar to them to help them locate their room. We observed people were able to access different areas within the home independently. This meant the registered manager had taken peoples individual needs into account with the design and decoration and adaptation of the premises.

People and relatives told us staff asked for permission before helping people with tasks. Staff understood the importance of seeking consent and could describe how they did this. We observed staff asking for permission before supporting people. For example, staff giving medicines asked the person if they were ready for them. We saw staff ask if people were ready to come for their meal, when one person said no, the staff member accepted the refusal and said they would come back later. This meant consent was gained from people to make decisions about their care and treatment.

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. Where people were unable to make decisions about their care and support we found there had been a mental capacity assessment undertaken which contained information about the decision required and who was involved in making the decision in the person's best interest. For example, one relative told us they had been involved in a discussion with the doctor about changing a person's medicines to liquid form to make it easier for the person to swallow them. Staff demonstrated an understanding of the MCA and could describe their responsibilities and what it meant for people they supported.

People can only be deprived of their liberty so that they can 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 found there were authorised Deprivation of Liberty Safeguards (DoLS) in place where people had restrictions to keep them safe. We found staff understood DoLS and could provide support to people in line with their individual authorisations to deprive a person of their liberty. This meant that people were supported in the least restrictive way and in line with the MCA.

Good

Is the service caring?

Our findings

At our last inspection we found the service was caring. At this inspection the service continued to be caring.

People and their relatives told us that the staff were kind and caring. One person said, "Staff are very caring and friendly. They come to talk with me". Another person said, "I made a point of getting to know staff names and about their lives and staff know my interests. I told them all about them". Another person told us, ""I have never been happier in my life. My [relative] lives here too. We are lucky to be together". A relative told us, "We get on well with the staff, they are friendly and we can approach them". Another relative said, "People are happy here in our view". One relative told us that they felt their relative was happy because they were sometimes like their old self [the person had dementia]. Staff told us they knew people well and could describe important personal information to help them provide good care. For example, one staff member told us about someone that had a real fear of the dark. They could describe how the person was supported to prevent them from becoming anxious and we found this was detailed in the persons care plan. We observed staff were kind and caring in their approach to people and showed compassion when they provided support. For example, we saw one person was putting jam on their toast, a staff member spotted they may be struggling and asked if they were managing and would like any help. In another example we saw one person appear uncomfortable and distracted. A staff member was observed speaking with the person to identify what was wrong and how they could help. We found staff did not rush people, people could do things at their own pace and we saw staff interacted with people in a caring way. People were seen to be smiling and chatting to staff throughout the inspection. The registered manager told us they undertook observations of how staff interacted with people. They said this enabled them to check that people were listened to and spoken with in an appropriate way. This meant people were treated with kindness and given emotional support when they needed it.

People were involved in making decisions and choices about their care and support. People told us they were able to express their views and be involved in decisions making. One person said, "I go to my room when I want. I can join in activities if I want but I don't have to. There are no real restrictions on me". Where people were unable to make choices, relatives told us staff used observation to find out what people preferred. For example, one relative said, "If [Persons name] had some food they didn't like they would spit it out". The registered manager told us that they involved people in all aspects of their care planning and tried to ensure people were supported to make choices. For example, they told us about people being involved in making decisions about how risks to their safety were managed. Staff told us they offered choices to people about many aspects of their care. For example, what time to get up, when to eat their meals and what they wanted to wear. We observed staff giving people a choice throughout the inspection. We saw people could choose when to have their personal care needs met and what they wanted to do with their time. We found staff communicated with people in a way which enabled them to understand the information and make a decision. For example, staff used pictorial information to help people living with dementia make choices about their meals. This meant information was accessible to all people who used the service.

People were treated with dignity and respect and their privacy was maintained. People and their relatives told us independence was promoted and staff treated people with respect. One person said, "When the staff

check you are alright, or say goodnight or good morning, they give two knocks on the door". A relative told us, "[Persons name] is incontinent so the staff take them to their room to change, they respect their privacy". Staff could describe for us how they supported people to maintain their dignity. For example, they told us about making sure people were covered when supporting with personal care. Staff told us they understood that people's individual preferences were important to them and understanding these helped to maintain people's dignity. There was information on display in the home which set out what people could expect from staff in maintaining their dignity. Staff understood this and could describe how it was important to listen to people. One staff member told us, "[Persons name] really likes a particular television programme, it is important to them to see this every day, so we all make sure we remind them when it is on". We saw people were supported to maintain relationships that were important to them and could access time alone in their rooms and other quiet areas within the home. We found peoples care plans gave guidance for staff on how to support people with dignity. For example, one care plan stated the person should be enabled to use the toilet independently but for staff to follow discreetly and ensure the person was safe and did not require support. In another example one care plan stated the person could dress themselves without assistance from staff, however due to their dementia may not be able to put the clothing on in the right order. The guidance for staff indicated that they should support the person discreetly by placing the clothing near to the person in the order in which it should be put on. This meant that people were treated with dignity and their right to privacy was upheld.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we found the service was responsive. At this inspection we found the service required some improvements.

People and their relatives were involved in discussions about all aspects of their care. For example when needs changed, arranging for health professionals to visit and risk assessments. A relative told us, "We have ongoing chats about [person's name] care". Another relative said, "[Person name] has a care plan and other professionals are involved in this, we do have ongoing talks about their needs. The doctor holds reviews each month but we and [person name] are not involved in these". The registered manager told us they engaged people in making choices and decisions about their care and had been involved in their assessments and care planning. However, this was not always clearly documented in peoples care plans, when we bought this to the registered manager's attention they discussed immediately how they would begin recording how they had involved people and relatives more clearly.

We found the information available to staff in people's care plans guided them on providing personalised care and support. One person told us, "The staff know me, they know what I like and don't like". A relative told us, "The staff have got to know [person's name]. We spoke to staff about the people they were supporting. Staff understood how to engage people in their care and support. They told us they knew important details about people and could share these with us. People had their cultural and religious needs assessed and their care plans included their preferences. Staff understood these and could describe them to us. For example, one staff member told us about one person's religious preferences. We saw this information was recorded in the persons care plan. Another staff member told us about a person that was able to speak in French as they had learned this as a child at school. We saw care plans included details of people's life histories. For example, one person was noted to have really enjoyed travelling in the past. The person had a variety of souvenirs in their room from their time travelling. Staff were aware of this and could discuss this with the person. We saw staff could anticipate what people needed. For example, one person was walking around in the lounge and appeared to be looking for something. Although the person was unable to explain to staff verbally what they wanted staff were able to determine the person was seeking their handbag and found this for them. This meant people's life histories and their preferences were understood by staff and staff used the information to help them provider personalised care.

People had regular reviews of their needs and care plans. One relative said, "If they (staff) do things differently then they will tell me. I wouldn't call it a formal review, but they do ask me about things". Staff told us that any changes of needs were considered and the care plan was updated. We looked at the reviews and could see that these were undertaken when people's needs changed and the care plan was updated. For example, one person had a review which identified a small amount of weight loss. We saw the review had led to the person having their fluid and food intake monitored. We could see a doctor had been called to check the person and some changes had been made to the persons medicines as a result. We found the care plan had been updated. We saw where peoples risk assessments had been reviewed they had been involved in planning for and managing the risks. The registered manager told us they involved people in the reviews and would also involve relatives where appropriate, they explained this was through discussion

during visits and by phone. Relatives confirmed staff spoke to them about changes in people's needs or health professional visits. However the records did not always clearly show this involvement. The registered manager said they would begin recording this more clearly straight away. This meant people received regular reviews of their care needs and plans were updated where required, but improvements were needed to recording people's involvement.

People and relatives told us they had an opportunity to take part in activities which were of interest to them. However they said this had been limited recently as the member of staff responsible had left. One person told us, "The staff don't do much with us. When outside people come we have lots of things going on and have a good laugh". A relative told us, "They do have entertainments. They put on throwing a ball, bingo, karaoke. Pets are brought in. They had a talk by miners. They do try to keep people busy and involved". Staff told us they knew what people liked to do and how they liked to spend their time. For example, they told us one person really enjoyed doing jigsaws. We saw these were made available to the person and this was documented in their care plan. Staff told us about another person that really enjoyed helping with clearing the tables and tidying up during the day. We saw staff engage the person in clearing the tables and wiping them. The person was happy and appeared to enjoy the task, speaking to staff as they did this. Staff described how one person enjoyed having visitors from their place of worship. We saw there were group activities undertaken which included having animals visit and a singer come in to entertain people. The registered manager told us they were in the process of recruiting a member of staff to specifically look at the provision of activities as the previous post holder had now left the role. They said staff were supporting people with their interests whilst they were recruiting. This meant people needed more support to enable them to follow their interests.

People and their relatives told us they knew how to make a complaint. One person said, "I would talk to the manager or staff. The manager said anytime you are worried you can come and talk to me". A relative told us, "We would take a complaint straight to the manager". Another relative said, "I would speak with any staff member or the manager. I have confidence in them". We saw there was information available to people and visitors which showed how to make a complaint. The registered manager told us they operated an open door policy and they would address any concerns people or relatives had on a daily basis. There was a complaints policy in place which set out how complaints would be investigated and when a response would be received. We asked to see the records of complaints and found there had not been any complaints logged since our last inspection. The registered manager told us they would ensure any complaints were investigated fully and they would use this to make improvements to the service. This showed the registered manager had a system in place to respond to complaints.

We spoke with the registered manager about how they supported people with planning for end of life care. They told us they were not currently supporting anyone but could share examples of how they had in the past. Staff could describe to us how plans were put in place when people were at the end of their life. Staff told us and the registered manager confirmed these plans would include how the person should be supported with their hydration and nutrition, how their pain would be managed, what other services and health professionals would be involved and guidance for staff on how to offer reassurance and any special wishes would be recorded. This meant the registered manager had a system and plans in place to ensure people could have a dignified and comfortable death in line with their wishes.

Good

Is the service well-led?

Our findings

At the last inspection we found the service was not always well led as the systems had not identified the concerns we found with medicines management and recruitment of staff. At this inspection we found the registered manager had made the required improvements.

The registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and could be accessed by people and visitors to the home. Notifications were received promptly of incidents that occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The registered manager was open and transparent in sharing information about these incidents.

People, relatives and staff told us that the registered manager was approachable. One person said, "Anytime you can talk to the registered manager or deputy". A relative told us, "We can talk with the registered manager, they are very approachable". Staff said the registered manager was always available and they felt able to raise any concerns or make suggestions about improvements. We saw the registered manager had recently sent a survey to people, relatives, other professionals and staff. They explained they were in the process of analysing the information received and they would use this to make improvements to the service. They told us people's views were used to influence and shape how the service was developed. They gave an example where the provider had made plans to make a change to the home, and following people and relative feedback they changed their plans. The registered manager told us about their future plans to consider having a conservatory and changes to be made to the exterior gardens. They said people and relative feedback had shaped these ideas. This meant that action had been taken to ensure feedback was gained from people, relatives and staff to inform service delivery.

The registered manager told us about how they had made improvements following the last inspection. They described reviewing their recruitment policy and putting a system in place which ensured all the appropriate checks were carried out in line with the policy ahead of new staff starting. The registered manager told us they had changed the way medicines were managed following the last inspection. A new medicines management system had been introduced which enabled online stock control, ordering, medicines administration records and gave regular daily reports and alerts to staff and the management team.

We looked at how the medicines system worked and found this was effective in ensuring medicines stock alerts were received when medicines began to run low. We saw staff had to scan a bar code on the medicine box and to check the medicine was for the correct person. Staff had to click to sign once this had been taken from the box and again when it was given, or record this had been destroyed. The system sent records to the management team daily about medicines for them to check and alerted if a medicine which should be given was overdue. There were additional checks made on the storage of medicines such as the temperatures of the fridges and whether documents such as guidance for staff on administering as required medicines were accurate and up to date. This meant the registered manager had effective systems in place to manage people's medicines.

Staff received regular updates to their training. The registered manager had a training matrix in place which helped them to monitor when staff needed to have a refresher course. Staff were observed in their practice by the registered manager to check they were competent in their role and these were repeated on a regular basis. Staff told us they had supervision and team meetings and they could access support in their role.

Accidents and incidents were monitored. The registered manager reviewed all accidents and incidents to look for any changes that were needed. This included reviewing the individual person's risk assessments and care plans but also looking at environmental factors. We saw a pattern had been identified quickly for one person that had experienced a period of having three falls. The person had not sustained any serious injuries. We saw the care plan and risk assessment had been updated, the doctor had been called and the environment had been assessed to see if there were any contributory factors. This meant the registered manager had a system in place to learn from incidents and accidents.

The registered manager had systems in place to check the quality of the service. For example they checked peoples care plans monthly and did checks on people's daily records to ensure they were completed accurately. The registered manager also checked people's weights monthly to look for any signs of weight loss and enable immediate action. This meant the registered manager could be assured people were receiving the care they needed. In other examples the registered manager completed monthly checks on a range of areas within the home. These included monthly infection control audits, checks on the kitchen and health safety. We saw these audits were identifying areas for actions and these were taken promptly.

We found the registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as doctors, nurses, physiotherapists and hospital departments. The registered manager told us they had good relationships with external professionals and had good support from local doctors. The staff team had regular opportunities to discuss peoples care and they had handover meetings at the start of each shirt. This meant staff provided consistent care and had support from other professionals to improve outcomes for people.