

Sanctuary Care Limited

Riverlee Residential and 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 ●

Summary of findings

Overall summary

This inspection took place on 29 January and 1 February 2016 and was unannounced. At our previous comprehensive inspection of the service on 14 November 2014 we found the provider had breached two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not always protected from the risk of abuse and premises were not always kept clean nor were adequately maintained. The provider sent us an action plan detailing the action they would take to meet the outstanding legal requirements. We carried out this inspection to check the action plan had been completed and outstanding breaches had been met and also to provide a review of the rating for the service.

Riverlee Residential and Nursing Home provides residential and nursing care for up to 75 older people over three floors and specialises in dementia care. The home is located in the Royal Borough of Greenwich. At the time of our inspection there were 72 people using the service. 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.

People were protected from the risk of abuse because staff followed the provider's policy and procedure and had received appropriate support and training which enabled them to identify abuse and take appropriate actions to report and escalate concerns. Risks related to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. There were arrangements in place to deal with foreseeable emergencies and environmental and maintenance checks were conducted on a regular basis. Accidents and incidents involving the safety of people using the service and staff were recorded, managed and acted on appropriately. There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Medicines were managed, stored and administered safely.

Premises were kept clean and were adequately maintained. There were adequate numbers of suitably qualified, experienced and appropriately trained staff to meet people's needs in a timely manner. There were processes in place to ensure staff new to the home had appropriate skills and knowledge to deliver effective care. Staff were appropriately supported through regular supervision and an annual appraisal of their performance. There were systems in place which ensured the service complied with the Mental Capacity Act 2005. This provides protection for people who do not have capacity to make decisions for themselves. People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs.

People told us staff were kind and caring. Staff showed good knowledge of people's personalities and behaviour and were able to communicate effectively with them. Staff took time to build relationships with

people and their relatives and there was a keyworker system in place to allow this. People were supported to maintain relationships with their relatives and friends and visitors were seen coming and going throughout the course of our inspection with no restrictions placed upon them. Staff respected people's dignity and privacy and treated people with respect. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

People received care and support that was responsive to their needs and respected their wishes. People were assessed to receive care and treatment that met their needs and care plans were reviewed on a regular basis to ensure this. Health and social care professional's advice was sought when required and recorded in people's care plans to ensure that people's needs were met. People were supported to engage in a range of activities that reduced the risk of people feeling isolated and that met their needs and reflected their interests. There was a complaints policy and procedure and information on how to make a complaint was on display in a well-designed 'compliments and complaints' information book which was easily available at the reception area. There were also suggestion boxes aimed at people using the service and their visitors which was located in the main reception area.

People and their relatives told us the atmosphere in the home was friendly and welcoming and the registered manager and staff were supportive and approachable. Staff spoke positively about the registered manager and the support they received to enable them to do their jobs. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014 and notifications were submitted to the CQC as required. There were systems and processes in place to regularly monitor and evaluate the service provided and people, their relatives and staff were provided with opportunities to provide feedback about the service.

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.

There were policies and procedures in place for the safeguarding of adults from the risk of abuse. People were protected from the risk of abuse because staff had received appropriate support and training.

Risk assessments were person centred, up to date and responsive to people's needs and preferences.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work. Staffing levels were appropriate to meet people's needs.

Medicines were managed, stored and administered safely.

Is the service effective?

Good ●

The service was effective.

There were processes in place to ensure new staff were inducted into the home appropriately. Staff received regular supervision and annual appraisals of their performance.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005. This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met. People were supported to maintain good health and had access to a range of health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated a good understanding of people's needs and could describe peoples' preferences in how they liked to be supported.

Staff treated people in a respectful, dignified and caring manner.

Staff spoke with people in a friendly and respectful manner and care plans contained guidance for staff on how best to support people.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

Is the service responsive?

Good ●

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

Care plans documented information about people's personal history, choices and preferences.

People were supported to engage in a range of activities that met their needs and reflected their interests.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives told us the atmosphere in the home was friendly and welcoming. We observed that the registered manager and staff were approachable and knew people well.

The home and provider took account of people's views with regard to the service provided through satisfaction surveys that were carried out on an annual basis.

There were systems and processes in place to monitor and evaluate the quality of the service provided.

Riverlee Residential and 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 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. We also checked to see if improvements had been made to meet the legal requirements for two breaches in regulations we found at our previous inspection in November 2014.

We undertook this unannounced comprehensive inspection of the service on 29 January and 1 February 2016. The inspection team consisted of one inspector and an expert by experience on the first day. 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 the second day of our inspection there were two inspectors present. Prior to the inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection planning.

During our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 15 people using the service, seven visiting relatives, eight members of staff including the registered manager and three visiting professionals. We spent time observing the support provided to people in communal areas, looked at 11 people's care plans and records, staff records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at the home and staff were kind. One person said, "I definitely feel safe here." Another person commented, "I feel totally safe here. All the staff are very kind and caring." A third person told us they had a key to their room and were able to lock it when they went out. They said, "I feel very safe and I know all my belongings are too. The staff are very good." Comments from visiting relatives were also positive with relatives stating that they felt their loved ones were safe. One relative said "The home is very safe and I know my loved one is quite safe as well." Another relative told us, "Oh yes, it's very safe here. It is less stressful here than where my loved one was before." A third relative commented, "The staff are lovely and the home always appears to be safe. I don't have any worries about my loved one."

At our last inspection in November 2014 we found that although the provider had policies and procedures in place for the safeguarding of adults from the risk of abuse, people were not always protected from the risk of abuse because these were not followed. Steps were not always taken to address reported concerns, record them and refer to health and social care professionals as required.

At this inspection we found people were protected from the risk of abuse because staff followed the provider's policy and procedure and had received appropriate support and training which enabled them to identify abuse and take appropriate actions to report and escalate concerns. Staff demonstrated they were aware of the signs of possible abuse and knew what action to take. They told us that they felt confident in reporting any suspicions or concerns and were also aware of the provider's whistle-blowing procedures and how to use them. Contact information for the local authority safeguarding teams was displayed in the staff office for reference. Safeguarding records were well documented, managed and showed that where concerns were raised the registered manager worked closely with other agencies to ensure people were sufficiently protected.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Risk assessments assessed levels of risk to people's physical and mental health and included information and guidance for staff in order to promote people's health and safety whilst ensuring known risks were minimised. Risk assessments formed part of people's agreed care plan and staff showed an understanding of the risks people faced and the actions they needed to take to ensure people's safety. For example, one care plan documented the person was at risk of falls, due to their unsteady mobility and cognitive impairment. Their risk assessments instructed staff on the use of mobility aids and how they encouraged the person to use them when they forgot. Guidance for staff on ensuring the home and the person's room environment was free from obstructions and other trip hazards was also documented. Staff were advised that should a fall occur, they should make an appropriate referral to health care professionals and the community falls prevention team, who work closely with the home for their guidance.

Risk assessments were reviewed on a regular basis and included areas such as falls, nutrition, moving and handling, skin integrity, medicines and communication. For example, where people were assessed at risk of malnutrition there were plans in place to support them with eating and drinking. People's skin integrity was regularly assessed where required and risk assessments were documented in people's care plans. We saw

that where a person required support with wound care there was guidance for staff to follow and records of appointments with tissue viability nurses and other health professionals. Where required there were documented photographs of wounds at various stages so staff could see improvements or deterioration and if they required further intervention and support from health professionals. People's weight was regularly monitored and risk assessments were conducted where people were considered to be at risk of malnutrition.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely. There was a fire evacuation plan in place to ensure people's safety in the event of an emergency and staff had received up to date fire training and knew how to respond in the event of a fire. Records confirmed that staff participated in frequent fire alarm tests and checks on fire equipment within the home were conducted. Fire signage and exit points were clearly displayed and we observed that fire exits were clear and free from hazards. Maintenance and environmental checks were carried out at appropriate regular intervals to ensure the home was safe. Regular service contracts were in place and the home had an allocated maintenance person on site to deal with any issues.

Accidents and incidents involving the safety of people using the service and staff were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required to minimise the reoccurrence of risks. Information relating to accidents and incidents was recorded on the provider's computer system which flagged up any trends, patterns or queries. These would then be highlighted to the registered manager so they could address any concerns and take appropriate action.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms and interview records, photographic evidence to confirm applicants identity, references and history of experience and or professional qualifications and contracts of employment which were also retained.

There were sufficient numbers of suitably qualified and skilled staff deployed throughout the home to meet people's needs appropriately. People told us there was enough staff available to support them when requested. One person said, "There is always someone around to help if I need it." Another person commented, "There are lots of staff. If I need them they usually come very quick. They are all very good." Staff told us that staffing levels were appropriate to meet people's needs. Staffing rota's demonstrated that staffing levels were suitable to ensure people's needs were met at any given time and we confirmed this from our observations.

Medicines were stored securely and medicines that required refrigeration were also stored appropriately. Temperature checks were conducted in medicines rooms and for medicines refrigerators to ensure medicines were safe and fit for use. Medicines were locked in secure medicines trolleys in locked medicine rooms that only authorised staff had access to. Controlled drugs were also safely kept in line with guidance. We looked at the controlled drugs register and noted it was completed correctly with no omissions.

Medicines were managed and administered safely. During the inspection we observed medicines were administered correctly and safely to people by staff trained to do so. People's medicines administration records (MAR) were correctly completed and detailed people's names, photographs, date of birth, swallowing difficulties, if they were taking their medicines covertly and information about their prescribed

medicines including any side effects and allergies to ensure medicines were administered safely. There were policies and procedures in place to ensure covert administration of medicines was carried out in line with best practice. Covert administration of medicine occurs when medicine which needs to be administered in people's best interest is deliberately disguised, usually in food or drink. Records showed that people who received their medicines covertly had involvement from health care professionals and people's relatives were also involved in the decision making process. We saw mental capacity assessments and best interests meetings were conducted and care plans documented clearly any decisions made.

Medicines audits were conducted on a regular basis by the provider and an external local pharmacist to ensure continued safe practice. There was an up to date medicines policy and procedure in place which provided staff with guidance on the safe management of medicines. This included a policy on the use of PRN 'when required medicines'. However we saw that PRN protocols were not consistently recorded for all PRN medicines used. For example we saw that one person had a PRN protocol in place for pain relief medicines but not for a prescribed liquid medicine. We brought this to the attention of a senior nurse who took immediate action to ensure systems and care records were in place and up to date whereby people who required PRN medicines had clear recorded guidance for their use. Medicines were disposed of appropriately and records for the disposal of medicines were signed for ensuring safe practice.

Is the service effective?

Our findings

People told us they were happy with the environment and they felt the home was kept clean. One person said, "They clean my room for me all the time." Another person told us, "I've a beautiful room and it is always kept nice and clean". A visiting relative commented, "It is usually clean, but sometimes we have to bring things to their attention, such as his bathroom floor." Another relative told us, "I visit my love one often and the home always appears clean and never smells".

At our last inspection in November 2014 we found that premises were not always kept clean nor were adequately maintained. We noted that bath and shower room facilities were not adequately decorated or kept in good condition and in many communal areas the décor appeared tired or worn.

At this inspection we found that an extensive redecoration programme had been undertaken and bath and showers in communal bathing rooms had been replaced. On both days of our inspection we saw redecoration work being conducted on the second floor of the home and all the communal areas had been recently painted. Maintenance records demonstrated that actions had been taken to address any required repairs and action plans for remedial works and the redecoration programme were in place. During our inspection we noted that the environment was kept free from any potential hazards and the premises were clean and free from odours.

People told us they felt staff were suitably qualified, experienced and appropriately trained to meet their needs. One person said, "The staff are all very lovely and know what they are doing." Another person told us, "They [staff] help if they can and they know me here. I get everything I want." Visiting relatives also commented positively on the effectiveness of staff and how they support their loved ones. One relative commented, "They are very approachable staff, and they all know him very well and how best to support him." Another relative told us that staff were "definitely effective and caring" and felt that way because their loved one was always presentable when they visited. They explained that staff always have the time to talk to their loved one which helps them to remain calm if anxious and stated "That is always good."

There were processes in place to ensure staff new to the home had appropriate skills and knowledge to deliver effective care. New members of staff completed a three month induction programme that included familiarisation of the home environment and people who live there, provider's mandatory training, mentoring and competency assessments. Staff inductions into the home met the requirements of the Care Certificate which sets out the learning outcomes, competences and standards of care that are expected of care workers. The registered manager explained that the home had two members of staff who have been trained as Care Certificate Assessors and who are able to support new staff on their induction and to complete their induction Care Certificate training. Staff records showed that new staff were subject to a probationary period until they were assessed to become permanent members of staff.

Staff were appropriately supported through regular supervision and an annual appraisal of their performance. The provider's supervision policy detailed that supervision should be provided to staff every two months or when required and staff records confirmed this took place. Staff also received an annual

appraisal of their performance and records of these were retained in staff files. Staff told us they felt they received appropriate training to support people with their care needs. One staff member told us, "The training is good and it's either in a class room or e learning on the computer which I find really good." Another member of staff said, "I have done all of the mandatory training and have also received training in specialised areas such as mental health and dementia. I found this really good and it helped me to learn about the different stages of dementia and how I need to support people." Staff received training on a regular basis that was relevant to the needs of people using the service, for example in mental capacity, safeguarding, health and safety, fire safety, dementia, medicines, first aid and food hygiene and safety.

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.

Staff demonstrated good knowledge and understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. Staff understood the importance of seeking consent before they offered support. When they supported people who could not verbally communicate, staff looked for signs to confirm they were happy with the support being offered. Care plans contained mental capacity assessments and best interests meetings that were held were well documented where appropriate. The registered manager understood the process for requesting a DoLS authorisation and we saw appropriate referrals had been made, and authorisations were in place to ensure people's freedom was not unduly restricted.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs. People spoke positively about the food on offer at the home. One person told us, "The food is smashing here and there is always plenty to eat." Another person said, "It is very good food. All you could want. I only drink water and it is always there if I want it." Visiting relatives also commented positively on the food served in the home. One relative said, "It has improved since the new manager came. My loved one loves the porridge and can have seconds if he wants." Another relative commented, "We were impressed with the choices and the amount of food here. They've got to know her likes and dislikes. She needs feeding now and they do it well." We observed the lunchtime meal experience in two of the dining rooms in the home and saw people were able to make choices about food to eat. Some people required support from staff to eat during mealtimes and we saw staff were available and offered appropriate assistance in a relaxed and unhurried manner. Drinks and snacks were offered frequently and were available throughout the day. Accurate records of people's dietary requirements were available to the chef and kitchen staff to ensure people's needs were met. Information on people's dietary requirements and preferences of all the people using the service was available. For example, any food allergies, if a person was diabetic, the type and texture of meals, whether vegetarian, soft diet or pureed foods where required. We noted that the kitchen was kept clean and had been awarded a five star food hygiene rating from the Food Standards Agency.

People told us they were able to see health care professionals when they needed. One person said, "I have a bad leg, but the doctor has seen it and is sorting it out." Another person told us, "Whenever I feel unwell or need to see the doctor the staff always call them for me." Visiting relatives also commented positively on the effectiveness of staff seeking health professionals support when required. One relative told us, "We are constantly updated by staff as she isn't well. They always tell us if she has seen a doctor and we've seen the doctor here as well." Another relative told us they were impressed that the home had brought an optician in

to see their loved one, as they needed new glasses. People were supported to maintain good physical and mental health and had access to health and social care professionals when required. Care plans detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required in a timely manner. Visiting health professionals also told us of the effectiveness of staff. A visiting GP commented, "I try to get staff to send me a list of patients to be reviewed so I can look at their records prior to coming, and I usually get it. Staff can vary at times, but I usually get staff assistance on each unit. They have taken new ideas on board here well and I have noticed improvements particularly with effective communication."

Is the service caring?

Our findings

People told us about their experiences of the care and support provided at the home. One person told us, "It is beautiful here. They [staff] do everything for me, everything they can, and more." Another person said, "People are nice, kind and respectful. They [staff] are always willing to help." Comments from visiting relatives were also positive and they described the care experienced by their loved ones. One relative said, "The staff are really good and caring and they work so hard."

Another relative said, "They [staff] all introduce themselves to us and our loved one. I have seen the care and they are very gentle with him." A third relative told us, "The way they [staff] talk to my loved one is lovely. They are very caring."

Some people using the service were not able to verbally communicate their views to us about the service. We therefore observed the care and support being provided. We saw that staff were familiar with people using the service and knew how best to support them and how to approach them respectfully in a kind and caring manner. The atmosphere in the communal areas throughout the home was calm and friendly and we saw staff took their time and gave people encouragement while they supported them. Staff respected people's choice for privacy as some people preferred to remain in their own rooms or not to participate in planned activities. We saw staff sat with people engaged in meaningful conversations while others participated in organised activities. We observed that at approximately 2pm every day one member of staff walked around the home ringing a bell. The registered manager told us that it was to remind every member of staff of the '2 for 10' programme. They explained that every member of staff at 2pm takes 10 minutes out of their day to find someone using the service they haven't met before and spend 10 minutes with them in conversation getting to know them. They explained they promoted and encouraged staff to spend more time with people ensuring inclusion whilst minimising potential isolation.

Staff showed good knowledge of people's personalities and behaviour and were able to communicate effectively with them. One person whose first language was other than English told us, "All the staff are very good. They look after me well and always respect my culture and wishes. This is the best." We saw staff addressed people by their preferred names and tried to answer people's questions with patience and understanding. We observed that some people responded well to doll therapy which staff encouraged. We noted that clocks and calendars on display throughout the home were correct and these were a useful aid to support people's orientation. We also saw that people had a 'memory box' displayed outside their room doors. These were filled with people's personal pictures and objects and promoted orientation and an awareness of the surroundings for people who may have difficulty in remembering.

Staff demonstrated a good understanding of the needs of the people they supported and could describe people's preferences. Staff took time to build relationships with people and their relatives and there was a keyworker system in place to allow this. One member of staff told us, "We are allocated to be individual key workers to people. This allows us to get to know them better and ensure they have everything they need. We also get to know their families." Care plans included a section on people's life histories. This documented people's hobbies and interests, place of birth, happy memories and events, favourite places, holidays, relationships and former occupations.

People and their relatives told us that they had been consulted about their care and support needs and felt involved in the planning and reviewing of their care. One person said, "The staff know me well and how I like things to be done." A visiting relative commented, "They always involve me and invite me to review my loved one's care plan." People were supported to maintain relationships with their relatives and friends and visitors were seen coming and going throughout the course of our inspection with no restrictions placed upon them. One visiting relative told us, "I visit often and staff are always welcoming." Another relative commented, "We can visit at any time and the staff are always pleased to see you." A visiting advocate told us, "I visit when I need to and staff are usually pleasant and helpful."

People's end of life care needs and wishes were documented and contained within their care plans to ensure people's wishes and choices were respected. Care plans demonstrated the home worked well with health care professionals to ensure that people's preferences at the end of their life were accounted for.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. There was a 'prayer corner' located in a small corner in a stairwell which was quiet and largely private. Various religious figure heads were displayed and religious texts were readily available. There were also various commemorative orders of service displayed from funerals of past residents. Gender needs were considered and one person told us, "There's a salon here, and the hairdresser comes every week. She's good and does manicures as well." Staff told us that they received regular training in equality and diversity which supported them to consider, respect and meet people's individual needs.

People were provided with appropriate information about the home in the form of a 'service user guide'. This provided people with information about the service and included information on the standard of care to expect, access to health care services, complaints procedure, safety within the home and facilities provided.

Is the service responsive?

Our findings

People told us they received care and support that was responsive to their needs and respected their wishes. One person told us, "The staff are very good, although sometimes busy but they always give me the help I need." Another person said, "They [staff] are all nice and most know me very well. Nothing is too much trouble and they are very willing to help you with whatever you need." Visiting relatives also commented positively about the responsiveness of staff and the care and support they provided to their loved ones. One relative said, "They keep in touch with us all the time, which is good. It's what we wanted." Another relative commented, "They [staff] are very involved in my loved ones care. They know exactly what they need and want and always keep me updated and involved." A third relative told us, "The staff are lovely and the care they provide is excellent. They know all about my loved ones needs and really look after them well."

People were assessed to receive care and treatment that met their needs and care plans were reviewed on a regular basis to ensure this. People were allocated a keyworker to coordinate their care and ensure their preferences were respected and met. People were provided with pre admission information about the home that was contained in a 'residents guide'. Information included the care of residents and accommodation and facilities within the home.

Care plans were organised and included individual needs assessments covering areas such as people's emotional needs, activities and interests, personal safety and risk care plan, eating and drinking, communication, medication and end of life care. Care plans were developed using pre admission assessment information about individuals and the expressed preferences voiced by individuals and their relatives where appropriate and were regularly reviewed. People told us they were involved in their care plan and the reviews conducted and relatives we spoke with also confirmed their involvement where appropriate. One relative told us, "They [staff] are very good at keeping us informed. They tell us when the care plan is due for review and if any changes need to be made." Care plans provided clear guidance for staff about people's varied needs and how best to support them. For example one care plan contained several representative pictures and words in the person's first language which was not English so staff could communicate with the person more effectively. Another care plan offered staff guidance on how to manage the person's behaviour and or situations and stated that the person did not like to be seated for long periods and preferred to walk around the home at their own pace. Daily records were kept by staff about people's day to day wellbeing and activities they participated in to ensure that people's planned care and support met their needs and to identify any changes in their needs and health.

Health and social care professional's advice was sought when required and recorded in people's care plans to ensure that people's needs were met. Care plans also recorded people's progress that was monitored by staff and as advised by health care professionals, such as guidance for food and fluid monitoring or skin integrity.

People were supported to engage in a range of activities that reduced the risk of people feeling isolated and that met their needs and reflected their interests. During our inspection we observed groups of people

taking part in planned activities such as arts and crafts, film showings which had subtitles for people who were hard of hearing, games and music and relaxation therapy. One person told us, "There is always something to do. They [staff] take me out shopping sometimes and my friend comes round to visit me which is nice." Another person told us they had been chosen to be the homes 'dignity champion' and to represent people using the service. They explained that they were pleased to be chosen and that they seek feedback from people using the service so they can then address any issues or requests to the homes management team. We also observed the home displayed objects and posters from earlier decades to encourage people's participation and to enhance people's orientation whilst stimulating reminiscence.

People were supported to maintain relationships with those that mattered to them and people visiting the home told us they could visit at any time. One visiting relative said, "I visit most days and the staff are always welcoming and friendly." A friend of someone using the service told us, "There is always someone around to let me in. I like to visit on a regular basis and there are no visiting restraints at all." Relatives and friends were invited to participate with their family members in social events at the home such as festive occasions and planned seasonal events. There were good links within the community particularly with faith based organisations such as the local churches and schools.

There was a complaints policy and procedure in place and information on how to make a complaint was on display in a 'compliments and complaints' information book which was easily available at the reception area. There were also suggestion boxes aimed at people using the service and their visitors which were located in the main reception area. Complaints information provided guidance on the provider's complaints handling process and how complaints could be escalated and managed. People told us they knew how to make a complaint if they had any concerns. One person said, "I have not made any complaints but any little issues I've had have been addressed straight away." Records we looked at showed complaints were clearly recorded, maintained and responded to in a timely manner and in line with the provider policy.

Is the service well-led?

Our findings

People and their relatives told us the atmosphere in the home was friendly and welcoming and the registered manager and staff were supportive and approachable. One person said "The new manager is very nice and they are always walking around talking to people." Another person told us, "I see the manager quite often. She is very approachable and friendly." Comments about the manager from visiting relatives were also very positive. One relative said, "You do see the manager a lot and she will always talk to you. She has made a difference to the home as well, such as new chairs and making sure the decorating has been done." Another relative told us, "All the staff and even the management talk to you here. I would recommend it to anyone." A third relative commented, "We are really pleased that our loved one is here now. We would recommend the home to anyone as its well run."

Staff spoke positively about the registered manager and the support they received to enable them to do their jobs. They told us the registered manager encouraged and promoted an open culture which welcomed feedback from staff to help drive improvements. One member of staff told us, "I have seen lots of positive changes since the new manager came. She is very supportive and listens to any suggestions we have." Staff handover meetings took place twice a day to ensure all staff within the home were aware of people's daily needs. Records of handover meetings were documented so staff that were unable to attend could refer to the notes for information on discussions held. General staff team meetings were held every two months and were well attended by all staff. The registered manager told us there were also daily '10 at 10' meetings held which was attended by all the heads of each unit including kitchen and domestic staff.

Although the registered manager had been in post for a relatively short amount of time they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

There were systems and processes in place to regularly monitor and evaluate the service provided. The registered manager showed us audits that were conducted in the home on a regular basis. These included premises and maintenance, care plans, medicines, accidents and incidents, infection control, health and safety and fire. Audits were completed on a regular basis and were analysed for learning purposes. Actions taken to address any highlighted concerns were documented for action in the form of the providers 'service improvement plan'. Internal quality audits were conducted by the registered manager, regional manager, senior staff within the home and the provider. For example we saw regular 'home manager's audits' completed by the registered manager, 'compliance visits' conducted by the regional manager and various audits conducted by the provider's quality assurance team.

There were systems in place to ensure people, their relatives and staff were provided with opportunities to provide feedback about the service. Surveys were carried out on an annual basis. We looked at the findings of the resident's satisfaction survey for 2015. Results were positive showing that 98% of people were happy with their living environment, 82% were happy with their care and support and 82% of people were happy that their privacy and dignity was respected. The 2015 staff satisfaction survey also showed that staff were

generally happy in their roles with a large proportion of staff stating that they understood the mission and purpose of the provider and that they felt part of a team. Action plans were developed to address any actions required or suggested improvements.

Residents and relatives meetings were held every two months and these provided people with the opportunity to be involved in the way the service is run and to enable people to have a voice. A visiting relative told us, "Meetings are good and there are usually relatives, residents, staff and the catering manager present as well. They circulate the minutes around for people who were unable to attend." Another relative commented, "I go to the meetings regularly. They are good and give everyone an opportunity to discuss things." Minutes from meetings held were displayed in the reception area for people's reference.

The registered manager told us about the service's values and ethos and how these were put into practice within the home. For example they told us how people using the service are involved in the recruitment and interviewing process of new staff, how one person using the service took part in staff training and how they encourage people to actively participate in the running of the home. For example one person enjoyed helping the domestic staff keep their environment clean and another person who liked to assist with the management and upkeep of the garden. The registered manager also told us of the innovative practice they have implemented such as purchasing an i pad which enables staff to effectively communicate with people whose first language is not English or people whose communication abilities are limited.