

# Integrated Nursing Homes Limited

# Millbridge 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection visit took place on 5 October 2016 and was an unannounced inspection. The home is registered to provide accommodation with personal care for up to 53 people. On the day of our visit there were 30 people living at the home, some of whom were living with dementia. The home is also registered to provide nursing services and normally operated across two buildings. At the time of our inspection only the main building was in use, and no one was in receipt of nursing care.

There was a registered manager in post at the home. They were on annual leave on the day of our visit and we spoke with them via telephone on 10 October 2016. 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.

Our previous inspection on 10 March 2015 found a breach of three legal requirements. We asked the provider to make improvements to ensure care records were up-to-date and individual to people's needs. We also asked them to take action to ensure people who lacked the ability to make decisions had in place the appropriate processes in line with current legislation. Finally we asked the provider to improve the auditing and monitoring in place to ensure quality care was delivered and effective action was in place when it was not.

We found at this inspection that sufficient improvements had been made regarding these areas. This meant that at this inspection we concluded that the provider was no longer in breach of any legal requirements.

People and their relatives told us that people were safe at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff that were competent to do so. Risk assessments recorded what action staff should take if someone was at risk and referrals were made to appropriate health care professionals to minimise risk going forward.

There were sufficient staff to keep people safe and meet their needs, and the management team had in place safe recruitment procedures. Staff were competent with medicines management and could explain the processes that were followed. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. The management team understood that there should be processes in place for ensuring decisions were made in people's best interests. Staff sought consent from people and recorded this.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff

maintained people's privacy. People and their relatives felt that staff were understanding of people's needs and had positive working relationships with people.

The service provided individualised care according to each person's needs and preferences. People and their relatives were involved in assessment and reviews of their needs. When people wanted to make changes to their care records staff supported with this.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people, relatives, health and social care professionals were sought as part of the quality assurance process. Quality assurance systems were in place to regularly review the quality of the service that was provided.

## 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.

Staff knew how to recognise and report abuse and had received relevant training. There were enough staff to ensure needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk. Medicines were managed appropriately.

### Is the service effective?

Good ●

The service was effective.

The service provided staff with training and they received supervision and observations from the management team.

People were supported to maintain good health, and were encouraged to eat a healthy diet.

There were effective processes in place to work in accordance with the Mental Capacity Act 2005. Staff sought consent and recorded this.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and dignity. They listened to people and maintained people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to access activities and maintain

hobbies, religious beliefs and interests they enjoyed.

There was an effective complaints process in place and people felt able to raise any concerns they had about the home.

**Is the service well-led?**

The service was well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

**Good** ●

# Millbridge Care Home

## **Detailed findings**

### **Background to this inspection**

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

This inspection visit took place on 5 October 2016 and was an unannounced inspection. The inspection was carried out by two inspectors 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.

Prior to the inspection, we reviewed the information held by us about the home. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law.

We looked at the care of four people in detail to check they were receiving their care as planned. We also looked at records including three staff recruitment files, training records, staff duty rotas, meeting minutes, medication records and quality assurance records.

We spoke with six people who lived at the home, two members of care staff, the temporary cook, the deputy manager and the registered manager. We also spoke with the area manager and the Chief Executive Officer (CEO) of the provider company who were both at the home when we carried out the visit. We also spoke with a relative of person currently living at the home.

# Is the service safe?

## Our findings

At our inspection on 10 March 2015 we found that there were a lack of effective and personalised plans associated with risk. What records were in place were not always consistent to a person's planned care needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in October 2016 we found that improvements had been made and we found the provider to be no longer in breach of regulation.

We saw that within people's care records there were detailed risk assessments for different aspects of their lives. These risk assessments were up-to-date and included actions for staff to take, as well as the possible outcome if actions were not followed. Staff were knowledgeable about individual risk, and some staff had received training in risk assessments. We observed care throughout the visit that involved staff members using equipment such as hoists. We saw that staff carried out this tasks in a safe manner and consistent with best practice.

We saw that some people had equipment in place to reduce their risk of falling or to reduce the risk of developing pressure areas. This equipment had been identified through effective assessment and with the relevant healthcare professionals. One person had oxygen to support them with a health condition. We saw that the relevant risk assessments and guidance were in place, and staff knew how to support this person. Another person was at a high risk of falls. When they were in their room staff checked on the person at regular intervals to check they were safe. This person also required, and we saw in place appropriate equipment. This was to alert staff to whether the person was moving around the home. This meant staff could check on this person and ensure their safety, but allow them to leave their room when they wanted.

The registered manager and the deputy manager reviewed the incidents and accidents that people had. They used this information to monitor people, and ascertain how incidents had occurred. This meant that they could refer people to relevant healthcare or other professionals and adapt care records to meet changing needs and risks.

One person, who lived with dementia, had their behaviour monitored if they were involved in an incident. This meant staff recorded what a person's mood was before and after an incident had occurred. This was so the management team and staff could identify what might have caused this person to become anxious or distressed. We saw that after a period of monitoring staff had noticed a change in this person and a referral was made to the relevant professionals. The person's risk assessment had been amended to reflect this and staff were aware of the change in need.

Additionally we saw that environmental health and safety checks were carried out. There were processes in place for fire or other emergencies and staff knew where to find these. Equipment was regularly serviced and records were kept to show these checks had been done.

Therefore we concluded that the home had improved the quality of assessing risk. This meant that staff identified risks to people and put actions into place to reduce those risks.

At our last inspection we made a recommendation to the home to address staffing levels in terms of spending quality time with people. Since our last inspection the registered manager had in place a member of staff who was dedicated to activities provision. This meant that staff working were able to respond to people's care needs more effectively. People we spoke with said that this appointment had improved activities, and staff confirmed the extra support was helpful. At our last inspection we had no concerns regarding the safety of people and the numbers of staff.

People who lived at the home had different views on the staffing levels. One person told us, "I use the call bell and sometimes I have to wait." However another person told us, "I think there is a bell, but I have never had to use it." They went on to say, "They will always come and help me if I need it." All the people we spoke with said that waiting had no impact on them, and that staff did always help them. One person told us that they had fallen recently and that staff were quick to respond when they called out for help.

When we spoke with staff they told us that sometimes they felt short staffed, during holidays and when people were off sick. However they also confirmed staffing levels had improved. They told us that staffing levels through the day had been increased and this had helped. When we spoke with the deputy manager they told us that this had improved over the last two months. The management team also had a plan in place to improve the call bell response time.

The registered manager confirmed to us that they had staffing numbers in place that was relevant to the needs of the individuals. We saw that dependency assessments had been carried out and were up-to-date. The registered manager also confirmed that they were adapting an electronic tool that would better support this system so that they could ensure consistent staffing. They told us that this was still a work in progress and were looking at deployment of staff on shift as well as staffing numbers.

We concluded that the management team had an effective plan in place and were working towards maintaining the increased staff team and making it more effective to people's needs. The registered manager agreed that they would continue to monitor this and ensure standards are continuously met.

The registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced. This meant only staff who were deemed suitable were employed to work with people living at the home.

People living at the home told us that they felt safe. One person told us, "I feel safe, I am happy." Another person said, "I would talk to the manager if I was worried." Staff had knowledge of how to protect people living at the home from harm. Staff felt confident they could talk to their line manager if they had any concerns. Staff told us and the management team confirmed, that staff had the relevant training and we saw records to reflect this. The management team confirmed to us that they had knowledge of the local authority processes to protect people and how to report concerns. This meant that there were effective systems in place to protect people.

There were safe medicine administration systems in place and people received their medicines when required. We observed staff administering medicines during our visit and they followed a methodical procedure and updated records as they went. We observed staff ask people if they wanted their medicines before administering them and staff waited until the medicines had been taken. We saw that medicines



were kept securely and that each person had a Medicines Administration Record (MARs) that was individual to them. These records also showed people's personal preferences and allergies. There was a process in place for when people required 'as and when' medicines. These were recorded appropriately.

Staff told us that they received medicines training and that they shadowed more experienced staff whilst they learned. Competencies were checked regularly by the registered manager. Staff were knowledgeable and confident with the process of medicines management.

We saw that people who required their drinks to be thicker than normal had got prescribed thickeners in place. However we saw that the staff member who was undertaking a drinks round was only using one container of thickener, when two people required it. When we spoke with the deputy manager they confirmed that each person should have their own tin of thickener. They told us that they would look into the situation. Later in the visit the deputy manager confirmed that they had spoken with the staff member and that in future individual containers would be used. The deputy manager informed us that they would remind all staff of the procedure for thickener.

When we arrived at the home we experienced an unpleasant odour in the hall way of the building. We smelt this odour in other parts of the home as well. We observed issues with the cleanliness of the building, especially outside the temporary kitchen (which was in place as the kitchen was being refurbished).

We spoke with the CEO, area manager and the deputy manager regarding the overall cleanliness and the odour. It was confirmed to us that new flooring was being discussed to replace the carpets where the odour was. This was due to be completed once the kitchen was finished. The registered manager confirmed that until recently they had been without a head of housekeeping for a period of time. They were aware that the cleanliness of the building needed addressing. There was a plan in place to manage this. The deputy manager told us on the day of our visit that they would address the areas we had shown them. This was undertaken whilst we were at the home.

We concluded that the management team had in place adequate processes to improve the current situation.

## Is the service effective?

### Our findings

At our inspection on 10 March 2015 we found that the home was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). This was specific to protecting people from harm within their best interests and in the least restrictive way possible. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in October 2016 we found that improvements had been made and we found the provider to be no longer in breach of regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our previous inspection a person wanted to visit the gardens of the home. However staff had considered it not safe for this person. An application for a DoLS was made for this person and the authorised document had instructed the home to ensure a safe outside environment was available. We saw that since the last visit there was now access to a secure garden from the lounge area. This meant that this person and other people could enjoy the gardens and have their safety maintained.

At this inspection we saw that one person had a DoLS that had been authorised, and others were waiting for authorisation. We saw that where capacity was reduced or diminished then a mental capacity assessment had been carried out to confirm this. We saw that best interest meetings were held to support with making decisions for those that could not make their own decisions. For example, one person required assistive equipment so staff knew they had left their room. We saw that there was a step by step process of how this decision was made and how it was in the person's best interests.

Staff confirmed they had received training and could tell us about gaining consent for care. One staff member told us, "If we asked someone if they wanted a wash but they said no, and we thought they really needed one, might have to do a best interests decision if they didn't have capacity." We observed staff throughout the day and they asked people if they wanted support before carrying a task out. Some of the people living at the home did have the ability to make decisions. In these instances we saw that they had signed their care record, or nominated a family member to do this in their behalf. This showed us that people had actively consented to their care and were in control of the care they received.

We concluded that sufficient undertaking had been made by the home to meet the needs of people with limited or no capacity. They sought consent from people and were able to give examples of how they supported people in a safe way using the least restrictive methods possible.

People living at the home felt that staff were trained to meet their needs effectively. One person told us, "I get extremely well looked after here." A staff member confirmed this, "Get lots of training its good, shadowed a senior carer for a few weeks before being allowed to do anything on my own."

The management team confirmed that staff had an induction and probationary period with the home. This meant staff could get to know the home, the people and how people liked their care to be given. Staff and the management team confirmed that new staff undertook the Care Certificate (the Care Certificate is a set of standards that social care workers adhere to in their daily working life). Existing staff were supported to undertake formal qualifications within health and social care. Staff received in-house training and could access face-to-face training and online training. Staff were also subject to competency checks, which supported maintaining best practice. Observations were carried out and this was discussed with staff in formal one to one meetings by the registered or deputy manager.

We viewed staff training records and these included all relevant training that the home deemed as mandatory. We saw mechanisms were in place to know when staff training was due for a refresh. Staff told us that they could ask for any additional training if they felt they needed it. Staff said they felt supported and therefore able to deliver effective care.

People told us that the food at the home was good. At the time of our visit there was a temporary kitchen with a temporary chef providing the food. This was because the home's kitchen was under refurbishment.

People told us, "The food here is quite good I get to choose what to eat" and another person confirmed, "I think the food is good, I get a choice." We saw that at lunchtime there was a choice of two meals and dessert. We saw that people had a choice of drinks available to them at lunchtime, and throughout the day. The temporary chef was able to tell us about the different diets people had, and some people received a pureed meal or one that was fortified, depending on their need. Staff and the temporary chef confirmed a different choice could be had. We saw that one person had not eaten their meal as they did not like it. They wanted a sandwich and this was brought to them in their room.

Service at lunchtime was extremely slow. One person told us, "I eat in my room, but everything was late today." Though people did ask where the food was, no one told us that they minded the late service when we asked them. We saw that people started coming into the dining room for 12pm however did not receive food until 1.05pm. We also saw that one member of staff who was assisting people to eat, was left on their own at one point during the meal. This meant the staff member was trying to support two people at one time. However, they still managed to carry this task out in a caring manner and engaged with both people who needed support.

When we asked the deputy manager about this they told us that they were aware that lunch service was delayed. They told us that they were looking at different ways to improve the dining experience. At present they were delivering food to people in their rooms first and then those people in the dining room. They admitted that this new process was not as effective as it could be but were working to resolve the issue.

At the time of our visit no one was at a specific risk of not receiving enough to eat and drink. The home weighed people on a regular basis to monitor and ensure people maintained a healthy weight. We saw that the home had recently obtained new scales; this was because they felt the old scales were no longer

accurate. Once they had weighed everyone with the new scales they noticed a large number of people's weight had reduced by a reasonable amount. The deputy manager confirmed none of these people were at a high risk of not eating or drinking enough. The home were unsure if this was because they were new scales or because of individual issues. As a precaution they have placed these people on food and fluid charts and weighed them weekly. This will support the home to determine if the change in equipment has identified the weight loss or not. The management team confirmed if this was not due to the new scales then the appropriate referrals would be made. In the past we saw where people had lost weight or were at risk of not receiving enough to eat and drink dieticians and GPs had been involved.

People told us that they had access to healthcare outside of the home. One person told us, "The chiropodist has been to see me" and another person confirmed, "Specsavers came to see me." Staff told us that they felt confident to call health professionals when they felt it appropriate. Staff also confirmed that they would ask people first if they wanted help. We saw in care records that there were visits from other health professionals and that staff responded to instruction that was left.

## Is the service caring?

### Our findings

People who lived at the home told us they were very happy at Millbridge Care Home. One person told us, "I am happy here, I would not want to be anywhere else." A visitor confirmed, "My [relative] is happy here." They went on to tell us, "The staff are brilliant [with my relative], they lift her spirits when she feels down." Everyone we spoke with was positive about the home and the staff.

Staff told us that it was important to interact with people and get to know them. They explained that they should ask people before delivering any care and tell the person what they were doing. Staff told us that they encouraged people where appropriate to carry out all or part of the care task themselves. We observed a person being supported to stand before lunch with their walking aid. The staff member encouraged the person to do as much as they could and that they were there for reassurance. Another time we observed a person being hoisted from their chair. Staff interacted with the person all the time, and reassured them. Staff explained what would happen next and encouraged the person. Once the transfer was complete the staff member thanked the person.

Staff knew the people they cared for. We heard conversations between staff and people about things they liked to do and their families. The deputy manager knew each individual person and could tell us a bit about the person's life. We saw that care records contained information about a person and their lives, to support staff to get to know them. Staff were happy and cheerful and people who lived at the home communicated to staff about different subjects in a relaxed manner. Staff were kind and caring and gentle with people. We did not see any person that was rushed when receiving support from staff.

People told us that they were involved with their care planning. Some people did not understand what a care plan was, but agreed that staff talked to them about their needs. A visitor confirmed that, "A plan was discussed with us when [relative] came here, it was agreed and I have a copy at home." We saw that where appropriate people had signed their care records and any reviews, showing us that people were involved in planning their care.

The home operated a 'key worker' system. This meant that each person had a designated member of staff who supported with reviewing care needs and their views and opinions. We saw that in care records there was a named individual for each person, this meant people knew who would be supporting them to review their care. Whilst people did not always understand this person's role we saw evidence that reviews had taken place and records had been signed by the person, where appropriate. We saw that records were up-to-date and reflective of current needs.

When we spoke to the deputy manager regarding 'key workers' they told us that they were still embedding the process and work was ongoing to build these relationships.

People told us that they felt respected and had their privacy and dignity maintained. One person told us, "I am treated well, they respect my privacy when they look after me", another person said, "I do think staff respect me." People told us that staff knocked before entering a room and we observed this happening. One person told us that staff would stand away from the shower whilst they were washing. This meant the

person could shower in privacy but knew staff were nearby to help if they needed assistance. We noted that when a person was transferred using a hoist the staff member ensured they were fully covered up.

Staff told us about good care and how it should be delivered. They explained that they should close curtains and doors and use towels to cover people. They told us, "We respect people; we respect their relatives and visitors."

However we did see some instances where a person's dignity was not protected. In one instance a person was in a bathroom and the door had been left open. It was a busy area and people were walking past. We also saw that a person was left in their bedroom using their commode and the door had been left open. When we spoke with the deputy manager they said they would look into why this had happened. They confirmed that this was not the expected standard of care that the home worked towards.

## Is the service responsive?

### Our findings

At our inspection on 10 March 2015 we found that people's social needs were not being met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in October 2016 we found that improvements had been made. Whilst we found that the provider was no longer in breach of this regulation, they still needed to maintain these improvements to increase the quality of social interaction further.

People told us that they had access to activities and were encouraged to maintain their hobbies and interests. One person told us, "I like to do my own thing, I have my iPad and I like to paint." We saw that a number of their paintings were on display in the person's room. Another person told us, "Sometimes we have a sing-a-long and I like that, we also play games." Some people preferred the musical activities with one person saying, "I enjoy the music best" and they went on to tell us, "The activities have improved." Another person told us that they liked to go shopping and a member of staff would take them, if they wanted to go. We were also told that, "We [people living at the home] get a booklet that comes round and tells us what is happening." Some people did say that they would like staff to stay and chat for longer, but said that they did stay when they could.

People who actively followed a religion were supported to do so. One person told us, "I have strong religious beliefs and I like to go to church as often as possible. I enjoy singing in the choir." They went on to confirm that staff supported this to happen. We also saw that the local church visited the home monthly and anyone was welcome to join. This showed us that the management team and staff were committed to meeting people's social needs. Records of residents meetings showed that people had been asked about the activities and which ones they preferred. We saw that people's thoughts and ideas had been incorporated into activity planning.

The home had a dedicated staff member for activities who organised and undertook activities at the home. This person was not at work on the day of our visit. We saw that there was an activities plan in place, and this had varied activities such as external entertainers, crafting, cake decorating and film days. However the activity planned for the day of our visit was cancelled. The deputy manager confirmed that they would still have access to activities just not the planned activity due. Later that day the deputy manager told us that they could not gain access to the activities cupboard as the staff member had the key. They told us that they would address this and get another key made. People were offered either a film or board games instead.

The deputy manager told us, and we saw in care records that people were offered activities regularly. Where a person could not or did not want to go downstairs the activities co-ordinator visited people in their own room. The registered manager told us that people had undertaken cake decorating recently and the activities co-ordinator went to the rooms of those that wanted to have a go but did not want to join in downstairs.

Therefore we concluded that sufficient progress had been made to address the shortfall in meeting people's

social needs. However we felt that some progress was still needed to ensure that all staff could meet people's social need and not rely on the one activities co-ordinator.

At our inspection on 10 March 2015 we found that the home was not keeping effective records regarding the food and drink people were receiving if they were at risk of not receiving enough. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in October 2016 we found that improvements had been made and we found the provider to be no longer in breach of regulation. We saw in people's care records that monitoring had taken place. This included for people who were at risk of not eating or drinking enough and also for pressure care. We saw that body charts were completed and included in care records. Any action taken as a result of monitoring was also documented.

The deputy manager told us that they had recently started a checklist for staff to complete each day. This meant staff had a quick 'at a glance' record of what care people had received. We saw that this sometimes had not been completed. The deputy manager told us that this process had only been in place a week and staff were still embedding it as regular practice.

Staff confirmed to us that they spent time each day recording the care that people had received. We observed staff during their shift carrying out this task. Staff told us that they found people's care records to be useful in order to deliver care that was individual to that person. Staff told us that care records helped them to get to know people and how they liked to receive their care.

We concluded that the management team had put effective processes in place to manage recording care that people received. This meant that people received care that was individual to them and supported their specific needs.

People told us that they were offered choices about their care and that these were met. One person said, "I did say I didn't want any males looking after me, they agreed to this." Another person told us, "I like to sit in the Orangery for some peace, and staff respect this", whilst someone else confirmed, "I get up when I want." Staff confirmed that they promoted choice. One staff member said, "People do not go to bed when we say, it's all their own choice, we ask people what they want for food and what they would like to wear."

We saw that care records had been reviewed on a regular basis. We saw the people's care records contained details of their likes and dislikes and when they would like to make choices about these. These records also contained information and an assessment carried out with people before they arrived at the home. Staff confirmed that they were able to add to care records and make suggestions about people's care needs. When we spoke with the registered manager they confirmed this and added that some care reviews were informal when small things needed amendment, however there was a formal review every six months. Care records reflected this. This showed us that staff and the management team were committed to producing relevant care records that supported individual need.

People told us that they had no complaints about the service, but they knew who to speak to if they did. They said they felt confident to do this. One person said to us, "I am quite satisfied with everything." Another said, "I would complain to the manager, I have nothing to complain about."

Staff confirmed that they felt confident to raise concerns that were told to them, they felt these would be listened too and actioned. We saw that there was a complaints process in place, and this was effective. We saw the service had received one complaint in the last 12 months and this had been resolved. We saw what



the complaint was and the corresponding action. Records showed that the complainant was satisfied with the outcome.

## Is the service well-led?

### Our findings

At our inspection on 10 March 2015 we found that there was a lack of effective systems in place to monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in October 2016 we found that improvements had been made and we found the provider to be no longer in breach of regulation.

There were effective monitoring and auditing processes in place to manage the quality of the home. We saw that existing audits had been improved and additional audits had been put in place. There were now monthly audits and these highlighted any issues and how these issues would be managed. For example, we saw that a routine medicines audit had highlighted the need to reinforce to staff about completing the care record and the MAR. We saw at the next audit this was no longer an issue. Audits were in place for health and safety, wound care, accidents and incidents, pressure care and environmental health and safety. We saw that care plans were audited to ensure they were completed appropriately and staff observations were also recorded and monitored. We saw that where an incident had taken place, the registered manager knew when to make notification of the incidents to the CQC, and all relevant notifications had been received.

The registered manager and deputy had in place a clinical risk register so that they could track any changes in people's needs. This meant that they could identify concerns earlier and seek support from a GP or other healthcare professional.

There were regular 'residents meetings' and we saw records that reflected this. These meetings looked at what people thought about the home, the care they received, the food menu and activities. We saw that people at the home wanted to have a sweet trolley; we saw that an extra meeting was held and this was agreed. We saw the sweet trolley in the hallway that anyone could purchase sweets from whenever they wanted. People also told us that they received a newsletter regarding what was going on at the home.

We saw that there had been a satisfaction survey that had been sent to relatives. We saw that this was largely positive and where concerns were raised, we saw what the management team had done to address them. A satisfaction survey was also in place for visiting professionals and again this was positive. This survey identified that staff followed instructions left by visiting professionals and received feedback from the home about the person they had seen.

The registered manager was able to talk to us about the key challenges they felt the home faced and their plans. The registered manager and CEO of the provider organisation had taken the concerns raised in the last report and had dealt with them effectively. For example at the time of our inspection the home was not delivering nursing care or using the second building. This meant that all people living at the home were on one site and all were receiving residential care. This had supported the home to address the issues that were raised in the previous report and improve the quality and service provision. This had also supported with the deployment of staff and helped to improve meeting people's social needs. This showed us that they did

understand the key challenges and had worked to improve the overall quality of the service.

People we spoke with were very complementary about the home and the management team. One person told us, "I knew the home and people have recommended it to me, it has a good name in the town." Another person said, "Good place to come, they are nice people." Everyone we spoke with told us that they would personally recommend the home. People told us that they could approach the manager and staff if they needed to. One person said that they would rather talk to the manager than anyone else. Another person confirmed that they felt they could talk to staff and said, "The staff are approachable."

Staff told us that they could talk to the management team at any time and that they felt supported. One staff member told us, "[Registered manager] and [deputy manager] are both brilliant, very supportive with an open door policy. [Deputy manager] is very in touch with staff, residents and families. Has creative ideas, especially around improving mealtimes." Another staff member told us, "Everyone [staff] is really nice here, [deputy manager] is lovely, explains what you [staff] need to do, sits down and explains things to you."

Staff confirmed to us that they knew they could raise concerns about the home to professionals outside of the management team. None of the staff we spoke with had ever had to do this. Staff told us that they felt that there had been a lot of positive change in the last year and that staff morale overall had improved.

Staff told us that they had regular staff meetings and we saw records that confirmed this. These meetings offered staff the opportunity to raise anything that they wanted to. Staff told us that they found these and their formal one to one meetings helpful. The registered manager confirmed that they felt regular meetings were important and actively encouraged staff to be involved.

The registered manager told us that they felt confident that their deputy could manage the home if they were away on annual leave or unwell. They also told us that they too felt supported by their line manager, who was the area manager for the home. The registered manager told us they felt improving the auditing of the home had helped to improve quality. They also told us that they had invested time in improving the training plan to better support staff with their roles.