Durnsford Lodge

# Durnsford Lodge Residential Home

## Inspection report

Durnsford Lodge Residential Home
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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | **Good** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

## Overall summary

The inspection took place on 25 and 26 February 2015 and was unannounced.

Durnsford Lodge Residential Care Home provides care and accommodation for up to 28 older people who may also have mental health needs, including people living with dementia. On the day of the inspection 24 people were using the service.

The service 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.

# Summary of findings

During the inspection people and staff were relaxed; the environment was clean and clutter free. There was a calm and pleasant atmosphere. Comments from people about the service included, “The staff show patience, compassion and humanity”; “There is good communication and kindness” ; and “The staff are lovely and very caring, I’m always made to feel welcome. It is one of the friendliest homes I visit, staff are always polite and friendly.” People moved freely around the home and enjoyed living in the home.

Care records were focused on giving people control and encouraging people to maintain their independence. Staff responded quickly to changes in people’s needs. People and those who mattered to them were involved in identifying their needs and how they would like to be supported. People’s preferences were sought and respected. One person told us “They do my nails, help me wash, I couldn’t ask for more.” People’s life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People’s risks were monitored and managed well. There was a culture of learning from mistakes and previous inspections to make care safer. Accidents and safeguarding concerns were managed promptly. Investigations were thorough and action was taken to address areas where improvements were needed. There were effective quality assurance systems in place. Incidents such as falls, were appropriately recorded and analysed.

People were encouraged to live active lives. Activities were meaningful and reflected people’s interests and individual hobbies. People enjoyed activities within the home such as bingo and excursions to local places of interest.

People had their medicines managed safely. People received their medicines as prescribed, received them on time, and understood what they were for. We spoke with the registered manager about ensuring people’s skin creams were recorded on their medicine charts. We found skin cream charts were not routinely completed to evidence people had received these as prescibed. People said “They help me with my medication, no problems. I needed an extra pain killer today and just asked.” People were supported to maintain good health through regular visits with healthcare professionals, such as GPs, physiotherapists and district nurses.

People, friends, relatives and staff were encouraged to be involved in meetings held at the home and helped drive continuous improvements such as the new outdoor space. Listening to feedback helped ensure positive progress was made in the delivery of care and support provided by the home.

People knew how to raise concerns and make complaints. People told us they did not have any current concerns but previous issues had been dealt with promptly and satisfactorily. Any complaints made were thoroughly investigated and recorded in line with Durnsford Lodge’s own policy.

People told us they felt safe. One person told us “Yes, I feel safe. Everything is done for safety, there are call bells if you fall or need help and doors are locked to keep unwanted people out.” Staff understood their role with regards to ensuring people’s human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. All staff had undertaken training on safeguarding adults from abuse; they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Recruitment chacks were undertaken and staff received a comprehensive induction programme. There were sufficient staff to meet people’s needs. Staff were kind, caring and thoughtful. Staff were appropriately trained and had the correct skills to carry out their roles effectively. One staff member said “I absolutely love it here; I love making the residents smile, I love them all – fantastic place to work, more like a home, a big family. We treat people how we would treat our own family members, with love and care.”

Staff described the management as open, supportive and approachable. Staff talked positively about their jobs. Comments included, “It makes me feel proud to work here, that I can do something to help. Dancing, singing, it brings people joy. I have a good rapport with families and

# Summary of findings

health professionals." Other staff said "Not a lot could be better. I love working here. I have made new friends and love the residents and families"; "I really like my job; I like helping people, the stories they tell me, the bond we make together. They fought in the war for us so they deserve the best."

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs. Recruitment chacks were undertaken.<br><br>People were protected from harm. Staff had a good understanding of how to recognise and report any signs of abuse, and acted appropriately to protect people.<br><br>People received their medicines safely. Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly.<br><br>The environment was clean and hygienic. | **Good** |
| **Is the service effective?**<br>The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.<br><br>People's human and legal rights were respected. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.<br><br>People were supported to maintain a healthy balanced diet. | **Good** |
| **Is the service caring?**<br>The service was caring. People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.<br><br>Positive caring relationships had been formed between people and staff.<br><br>People were informed and actively involved in decisions about their care and support. | **Good** |
| **Is the service responsive?**<br>The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported and respected their choices.<br><br>Care plans were personalised and reflected people's strengths, needs and preferences. Activities and outings were meaningful, enjoyable and planned in line with people's interests.<br><br>People's opinions mattered and they knew how to raise concerns. | **Good** |
| **Is the service well-led?**<br>The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.<br><br>Staff were motivated and inspired to develop and provide quality care for people.<br><br>Quality assurance systems drove improvements and raised standards of care.<br><br>Good communication was encouraged. People and staff were enabled to make suggestions about what mattered to them. | **Good** |

# Durnsford Lodge Residential 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.

The unannounced inspection took place on 25 and 26 February 2015.

The inspection was undertaken by one inspector. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had received from health and social care professionals and the local authority.

During the inspection we spoke with nine people who lived at Durnsford Lodge, three relatives, the registered manager and six members of staff. We also spoke with a visiting GP who supported many people within the home. We observed the care people received and pathway tracked four people who lived at the home. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We also looked around the premises and observed how staff interacted with people throughout the two days.

We looked at eight records related to people's individual care needs and seven people's records related to the administration of their medicines. We viewed six staff recruitment files, training records for all staff and records associated with the management of the service including quality assurance audits.

Following the inspection we contacted the local GP surgery for feedback regarding the quality of care at Durnsford Lodge.

Good

# Is the service safe?

## Our findings

People told us they felt safe. Comments included "Very safe here" and "Yes, I feel safe. Everything is done for safety, there are call bells if you fall or need help and doors are locked to keep people out."

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away safely and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. The room where medicines were stored was warm. We spoke with the registered manager about monitoring the room temperature where the medicines were kept to ensure it remained under 25 degrees. Additionally we spoke with the registered manager and senior care worker about some of the medicines stored in the cupboard. The registered manager planned to review these areas immediately. For example, not all opened eye drop medicine had the date which they were opened and some had a shelf life of 28 days. Clearly recording this and the temperature of the medicine storage room would help ensure medicines maintained their effectiveness. Staff were knowledgeable with regards to people's individual needs related to medicines. For example one person carried an alcohol alert due to the possible interaction with their medicine and staff were aware of this.

Some people were prescribed skin creams because they were at risk of skin damage. Body charts indicated where their skin creams should be applied. People confirmed staff applied creams for their skin. However, we found people's skin cream charts were not routinely completed by staff following the application of their creams. We spoke with the registered manager and the senior member of care staff during the inspection regarding this matter. On the second day of the inspection, the registered manager informed us a system would be put in place to check these charts. This would help ensure the recording and monitoring of this area improved.

People's needs with regards to administration of medicines had been met in line with the MCA. The MCA states that if a person lacks the capacity to make a particular decision, then whoever is making that decision must do so in their best interests. For example, one person required their medicine to be given covertly. This had been assessed by their doctor to be in their best interests and was recorded in their care records. This showed the correct legal process had been followed.

People were supported to take everyday risks. We observed people moved freely around the home with staff in close proximity to support people wanting to use the stairs independently. One relative explained their partner had been given a room by the stairs but an alternative room was offered when they had been assessed as potentially being at risk using the stairs. Staff were confident and skilled in diffusing situations. For example, staff explained if someone did not want to receive personal care and was agitated, they would try again later or ask another member of staff to try.

Some people were less independent and there were risks relating to their health. For example they had been assessed as at risk of falls, had nutritional needs or required their skin to be monitored. Risk assessments were in place to protect people and these were clearly linked to people's care plans. For example we saw one person was at risk of urine infections. Their care plan reflected the need to encourage fluids to reduce this risk. Another person had fallen several times. The GP was contacted and a falls referral had been done. Mobility aids were used to reduce the risk of further falls.

Other people had been identified as being at risk of skin damage due to their weight and poor mobility. Risk assessments identified this and people affected were moved frequently to reduce the likelihood of skin damage. However, we found two mattresses set incorrectly for people's weight. For example one person weighed 33 kgs but their mattress was set for a person weighing 100kgs. Immediate action was taken by the registered manager and senior member of care staff to ensure people were on the correct setting for their weight. On the second day of the inspection plans were in place for educating all staff regarding mattress settings and checking these daily. Additionally the registered manager felt all staff required further training in maintaining skin care and informed us this would be arranged promptly with the local tissue viability specialist.

People were protected by staff who were confident they knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff knew how to

Good

# Is the service safe?

report concerns internally through the management team and externally with the local authority safeguarding team or CQC. Staff were up to date with their safeguarding adults training or booked onto this training in the near future. Staff knew where the policies and guidance related to safeguarding and whistleblowing were located and knew to record and document any incidents.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks were undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One new staff member commented, "My DBS and references were checked before I started."

People said there were enough staff to meet their needs and keep them safe. People told us they rarely had to wait when they called for help. Staff were visible in the lounges and helped people promptly when required. The registered manager informed us staffing levels were flexible and dependent on the needs, complexity and numbers of people living at the home. During our inspection there was a senior carer and four other care staff on duty. In addition, there was a cook, cleaner and the registered manager. There were also supernumerary staff (staff not included in the staffing ratio) undertaking work experience and new staff members on their induction. The registered manager informed us they regularly worked with staff and people in a care capacity to ensure staffing levels were sufficient to meet people's needs.

We saw that incidents, concerns and safeguarding issues were recorded, action taken promptly and reviewed regularly by the registered manager. Any themes were noted and learning from incidents was shared with the staff team or individuals as appropriate to improve the safety of people. This helped to minimise the possibility of repeated incidents. For example, each person had personalised care plans which included monitoring tools, their medical history and current medicines. These changes had been made as a result of learning through safeguarding meetings and the service's action plan to address these areas to minimise the likelihood of further incidents of harm.

Each person had an individual evacuation plan in the event of a fire. Equipment had been maintained and regularly serviced. Routine maintenance within the home and environment was undertaken to ensure the environment remained safe. For example fire door testing, electrical testing and other health and safety checks on the stair lifts, water, and equipment had been completed.

People were kept protected from the risk of infection by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection and hand gel was visible in the communal areas for people and staff to use.

Good

# Is the service effective?

## Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. They told us "Yes staff are well-trained" and "The staff go on courses and I hear them talking and learning from each other."

Durnsford Lodge staff undertook an induction programme and then a six month probation at the start of their employment at the home. The registered manager made sure staff had completed an introduction to the home. Staff were booked onto the appropriate training and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. Ongoing training such as first aid, moving and handling, dementia care and food hygiene was planned to support staff's continued learning and was updated when required. Staff were encouraged to complete additional health and social care qualifications to support their work. A new member of staff told us; "I started a few days ago. I was shown where everything was, what I couldn't use until I have training (hoists and stand aids), I was introduced to the residents and shown fire exits." They had been booked in for essential training such as moving and handling and safeguarding. This supported staff to have the skills they required to care for people.

Staff felt supported by a regular system of supervision which considered their role, training and future development. Staff found the management team supportive. The registered manager regularly worked alongside staff to encourage and maintain good practice and provide informal supervision. They commented "We show different approaches, share experiences and knowledge."

Research was used to promote best practice. Staff used the "Waterlow" skin care assessment tool to identify those who might be a risk of skin damage. The malnutrition universal screening tool (MUST) was being brought into practice within the home. This would help identify if a person was malnourished or at risk of malnutrition. The senior carer informed us they regularly looked at the National Institute of Clinical Excellence (NICE) website and shared learning with the team. We were told for example how research into improving the care of people living with dementia had meant coloured crockery was being used within the home.

People when appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection to make sure their safety is protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves.

Where DoLS authorisations were in place, the correct processes had been followed. Health and social care professionals and family had appropriately been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights.

People's capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to drink or wear. However, when it came to more complex decisions the relevant professionals were involved. For example, if covert medicine, bed side rails or pressure mats were being considered, a health care professional or, if applicable, a person's lasting power of attorney in health and welfare was consulted. This helped to ensure actions were carried out in line with legislation and in the person's best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests. Staff understood this law and provided care in people's best interests.

People were involved in decisions about what they would like to eat and drink. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet. For example one person told us they preferred chips to salad and staff knew and confirmed this. Another person's care plan stipulated they liked mars bars and fruit. People were encouraged to say what foods they wished to have made available to them. People told us "The food is wonderful."

The cook explained the menus were on a three week cycle. People chose what they wanted in the residents' meetings,

Good

# Is the service effective?

for example mixed grills and curries were popular and on the menu. There was a range of breakfast foods available including cereals, toast, eggs or porridge and a cooked breakfast on Thursdays. Lunch was a hot meal with two choices. The evening meal was a light snack such as soup or toasties and a later supper was provided for those who were hungry. The chef informed us the kitchen staff were promptly notified of anyone with special dietary requirements and this information was displayed on the kitchen fridge and noticeboards so kitchen staff were aware of people's dietary needs.

During lunch people were relaxed and told us they had sufficient choice. We observed people having a leisurely lunch with support from staff when required and nobody appeared rushed. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged. Staff offered people a choice of drinks when they asked and their preferences were respected.

People's care records highlighted where risks with eating and drinking had been identified. For example, care records noted conditions such as diabetes or if the person was of a low weight. Staff were mindful of those at risk of weight loss and monitored their food and fluid intake closely. Some people received nutritional supplements to help maintain their weight. When staff had been concerned about people's dietary intake or weight loss we saw prompt referrals were made to the GP and dieticians had been involved for advice. For example, one person was overweight. They had been referred to the dietician for advice on meals and portion sizes and staff had encouraged the person to follow a reduced calorie diet.

Staff communicated effectively to share information about people, their health needs and any appointments they had such as district nurse visits. Daily handovers detailed people's needs and a white board in the staff room contained relevant information such as people taking antibiotics. This helped staff see important information quickly. Staff had good knowledge of people who had recently been admitted and the areas where they required support. Involving people in monitoring their own health was encouraged. The registered manager said people were supported to keep active, keep moving and eat and drink well to sustain their health. Leaflets and explanations about healthcare choices and medicines were given to people to keep them informed and involved in caring for themselves.

People had access to a range of community healthcare professionals to support their health needs and received ongoing healthcare support. For example opticians, dentists and chiropodists. One person told us they were receiving physiotherapy at the home following a hip operation. New admissions had been promptly referred to the local GP surgery. We spoke with a visiting GP who confirmed staff were prompt at noticing changes in people's health and good at contacting the surgery. They felt instructions given were followed and told us communication with the staff had improved. District nurses frequently visited the home to care for people who had nursing needs. Staff told us they sought their advice on the best way to care for people when they visited.

The re-design of the outdoor space was in progress at Durnsford Lodge and there were plans to develop one of the lounges as a sensory room for those with dementia. Surveys and meetings had been held to ensure the plans for these areas met people's needs and range of health conditions.

Good

# Is the service caring?

## Our findings

People were consistently positive about the care and support they received. People felt well cared for and listened to. People spoke highly of the staff and the quality of the care they received. Comments included, “The staff show patience, compassion and humanity”; “There is good communication and kindness”; “Staff are very, very friendly – they are good carers, they aim to please”; “Staff are very, very kind”; “It’s nice here, I’m enjoying myself. Young, happy go lucky girls.” Relatives reiterated people’s comments about the care and kindness of staff and we saw a thank you card the staff had received. It said “We want to express our gratitude for the depth of care you all gave.” A card by some flowers read “Thank you for the care and love you gave my mother.” The relatives’ survey had comments which included, “The staff are lovely and very caring, I’m always made to feel welcome. It is one of the friendliest homes I visit, staff are always polite and friendly.”

People told us their privacy and dignity was respected. Respecting people’s dignity, choice and privacy was part of the home’s philosophy of care and part of the “Charter for Older people” the staff adhered to. People were well dressed and presentable. People confirmed staff always knocked on their doors and preserved their dignity when supporting them with personal care by closing curtains and covering them. Some people preferred staff of a certain gender to help them wash and this was always arranged. Staff spoke with people respectfully and in ways they would like to be spoken to. Staff knew those people who enjoyed joking with staff and were polite and courteous with those who preferred a more formal conversation.

Staff showed concern for people’s well-being in a meaningful way. Throughout the inspection we observed kind, patient interactions with people. Staff were in tune with people’s verbal and non-verbal communication so they noticed when people needed support. We observed staff helping someone go to the bathroom and moving them with a hoist. Staff were discreet and gave gentle encouragement and informed the person of what was happening at all stages of the transfer from the chair to the hoist. Staff noticed when people were doing things which could affect them. For example one person with a skin condition was scratching. Staff noticed this in the lounge and encouraged the person to stop to prevent further skin irritation.

Care records reflected the caring ethos of the home. For example, when describing how to communicate with one person who had difficulty hearing, the care plan stated “Place your hand over hers so she can feel and hear you.” They described the intimate details which kept people comfortable such as being warm and having blankets on them when sitting in the lounge. We saw that the person did have cushions and blankets around them which ensured they were comfortable in the armchair.

Staff knew the people they cared for. They were able to tell us about individual’s likes and dislikes, which matched what people told us and what was recorded in care records. Comments included; “I love hearing people’s stories”; “I love talking to the residents as I clean”; “I pick out their favourite colour clothes.” Staff knew who liked to wake early, how people liked their tea, who liked to maintain their faith and they supported people to maintain these choices.

Staff encouraged people to be as independent as they could be. For example people who needed help with personal care, if able, were encouraged to use their flannel and manage what they could to maintain and preserve their abilities. People were encouraged to keep moving to maintain their mobility. Staff supported people to maintain their interest in life and their personal care by supporting them to choose what they wore, painting their nails and having pamper sessions.

Special occasions were celebrated. For example one wall of the home had people’s birthdays on. Staff were engaged in fundraising to support additional activities, equipment and plans to improve people’s care and experience at Durnsford Lodge.

Friends and relatives who cared for people at Durnsford Lodge were able to visit without restriction. Relatives told us they were always made to feel welcome and could visit at any time. Comments included; “I’m always made to feel welcome, staff are so helpful” and “There is never any problem with when we can or can’t visit, we are welcomed any time.”

Good

# Is the service responsive?

## Our findings

People's individual needs were assessed prior to admission and a more in depth care plan was developed as they settled into the home. Health and social care professionals, family and friends were involved in this process to ensure the staff could meet people's needs. Staff took time to get to know people so they knew how people liked to be supported. Friends and family were encouraged to be a part of the assessment and care planning process where appropriate. Those people who required nursing support were visited by the district nurses, for example people with pressure ulcers or who required dressings.

People who were able, were involved in planning their own care and making decisions about how their needs were met. For example, one person wished to get up in the morning at a certain time and their care plans detailed what drink they would like to have brought to them. The person told us, daily notes showed and staff confirmed this was respected.

People told us they were able to maintain relationships with those who mattered to them. Several relatives and friends visited during our inspection. Relatives confirmed they were able to visit when they wished and often enjoyed a meal at the service.

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how they wished to receive their care. Improvements had been made since the previous inspection to make the records more personalised. For example one person didn't like the dark so their care plan reflected the need for a night lamp. For those people who were able to be involved in their care plans they were asked whether they wanted to be checked upon at night. For those less able to make informed decisions, staff made decisions in people's best interests. Records were well organised, gave guidance to staff on how best to support people's particular needs, and were regularly reviewed to respond to people's changing needs.

Care was personalised to people's needs. For example one person liked to have their makeup done and staff told us how they did this each morning. Another liked their hair and jewellery and we saw they had bows and clips in their hair. One person was keen to attend the local Catholic service. Each week staff encouraged them to go if they wished and supported the person to maintain their faith. For some people their goal had been to recuperate at Durnsford Lodge and then return home. We heard from the registered manager how they had supported some people to reach their goal of returning home.

Staff gave many examples of responding to people's changing needs. During our inspection some people were weighed. One person had lost a considerable amount of weight. The GP was immediately notified and visited the next day.

People were supported where possible to undertake the activities they enjoyed and care plans detailed people's previous hobbies such as knitting. Some people liked the privacy of their own room to watch TV and read the paper, we saw this was respected. Other people enjoyed the time in the afternoons when they sat with care staff talking or engaging in craft activities. People told us they thoroughly enjoyed the external musicians who visited and enjoyed a song and dance during these occasions. Monthly coach trips were available and during the second day of our inspection some people went to a shopping mall and for a pub lunch. All staff told us they had time to sit and talk with people and these activities were important to keep people stimulated.

The registered manager told us people were encouraged to raise concerns informally or through resident forums and questionnaires. These were used for people to share their views and experiences of the care they received. Any concerns raised would be thoroughly investigated and then fed back to staff so learning could be achieved and improvements made to the delivery of support. No concerns had been raised as a result of the last questionnaires sent out. Staff confirmed any concerns made directly to them, were communicated to the registered manager and were dealt with and actioned without delay.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed in the home. People knew who to contact if they needed to raise a concern or make a complaint but told us they had no complaints. One person told us they had raised they preferred chips to salad. This was dealt with to their satisfaction. A relative told us; "Any

Good

# Is the service responsive?

problems at all, I would just speak to the staff and would be confident it's dealt with immediately." Questionnaires, a comments book and a suggestion box were in the porch of the service for people to leave comments if they wished.

Good

# Is the service well-led?

## Our findings

People, friends and family, healthcare professionals and staff described the management of the home to be approachable, open and supportive. People said "There's a good leader here, she's brilliant. They come in and check everything is okay." A relative said; "You can ask anything to the management, they are all so approachable." Staff comments included; "There's a well-organised routine"; "Not a lot could be better here"; "Approachable, always there if you have any problems; they stop and listen"; and "Staff meetings are held so we know what's going on."

People were involved in developing the service. Meetings were regularly held and satisfaction surveys conducted that encouraged people to be involved and raise ideas that could be implemented into practice. For example, a recent residents' meeting and surveys had been used to design the new outdoor garden space and choose the wallpaper in the lounge.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The registered manager had an "open door" policy, was visible and ensured all staff understood people came first. They told us their leadership style encouraged and sustained good practice. They felt the home's greatest achievement in the past year was the fund raised through summer fete, barbecues and quiz days which supported new equipment and the outings people enjoyed.

Staff were motivated, hard working and enthusiastic. They shared the philosophy of the management team. Staff meetings were used to share good practice and to feedback to staff improvements required. Staff told us "It's a really nice place to work, really laid back, very supportive team." The registered manager inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I love everything about my job. The residents are like my own family and I hold them dear to my heart."

Staff were involved in thinking about new ways of working to improve people's care. For example following concerns that the night shift was busy, senior staff had worked the night shift. As a result of this, changes to the cleaning duties were now spread across the week and people's night time observations were reviewed. People's waking times were also reviewed to ensure they respected people's choice of rising and people were not being woken early, washed and dressed for the convenience of staff. Recent adjustments had been made to the shift times following staff raising concerns the morning and evening were pressured with the previous handover times and meeting people's breakfast and night time needs. Staff felt the new shift patterns were calmer, less hectic and the call bells were responded to in less time.

Health and social care professionals who had involvement in the service, confirmed to us communication was good and had improved since they had started to liaise mainly with one of the senior carers. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

Information following investigations was used to aid learning and drive improvements across the service. Daily handovers, supervision and meetings were used to reflect on standard practice and challenge current procedures. For example, following a incident in 2014, the staff had developed people's care plans so they were more thorough and reflected people's needs in greater detail.

There were effective quality assurance systems in place to drive continuous improvement of the service. The management carried out regular reviews which assessed the home's standards against the CQC regulations and guidance. We saw evidence this had been recently completed and recommendations to improve practice had been identified and actioned. For example, we saw that areas of the home had been identified as requiring a more thorough clean such as the radiators. New cleaning rotas had been implemented as a result to ensure cleaning was completed to a higher standard.

Annual audits related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests were carried out. We saw in the

Good

# Is the service well-led?

maintenance records where areas had been noted as needing repair these were followed through promptly. A daily visual walk around by the management occurred to ensure the environment and care was safe.