Porthaven Care Homes LLP

Prestbury Care Home

Inspection report

West Park Drive
Macclesfield
Cheshire
SK10 3GR

Tel: 01625506100
Website: www.porthaven.co.uk

Date of inspection visit:
05 October 2016

Date of publication:
04 November 2016

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 was unannounced and took place on 5 October 2016

The service was last inspected in August 2014 and was found to be meeting the regulatory requirements which were inspected at that time.

Prestbury House Care Home opened in 2011 and is a modern purpose-built two story home located in the centre of Macclesfield. Shops and amenities are within easy walking distance. The Home is registered to provide residential accommodation for up to 75 people including those who need nursing care and is divided into three separate units each catering for different levels of need. Prestbury House Care Home is part of the Porthaven Care Homes Group. Sixty four people were being accommodated at the time of the inspection.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was present during the inspection and was able to provide all the necessary information and documentation we requested.

The people who lived at Prestbury House and their relatives told us that they were treated with respect and kindness by the staff. Comments included, "All the staff are kind and caring, even the agency staff are good with us" and "Wonderful place I have never looked back since I came here". Everyone we spoke with told us they felt safe and secure within the building and with the care and support received. Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their plan of care.

Medicines were administered safely to people by staff. We found in a small number of cases there was a lack of clarity around the recording of people's medicines. This was brought to the manager's attention during the inspection and appropriate actions taken.

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they knew what to do if they suspected that someone was at risk of abuse or they saw signs of abuse. People who lived in the home and their relatives told us that they felt that staff provided safe and supportive care.

We looked at recruitment files for a selection of newly appointed and long term staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

Staffing levels were structured to meet the needs of the people who used the service. Observations and records identified there were sufficient numbers of staff on duty to meet people's assessed needs.

The registered manager ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff supervisions and appraisals had been planned by the newly appointed registered manager to ensure staff were able to discuss training issues or any areas of concern. There was a robust management structure in place which ensured that staff at every level now received support when they needed it. Staff were clear about their roles and responsibilities and how to provide the best support for people.

People had a plan of care. We saw that care files were in the process of update. The care files that we looked at contained the relevant information that staff needed to care for the person. We could see from the detailed daily records and discussions with people receiving the service that the care provided was person centred and took account of the person's wishes and preferences.

The activities programme was most innovative and varied and staff ensured that activities were arranged seven days a week to meet the interests, choices and capabilities of the people who lived in the home.

Discussions with staff members identified that they felt happy and supported in their roles. They told us that the registered manager and her deputy were supportive and they felt that they could contact them at any time. Comments included, "we are well supported", and "we did not get regular supervision at one time but since Tracey (registered manager) has been here we have been able to meet with her and arrange regular supervisions. She has made a big difference to this home already and she has only been here since May 2016".

The service had a quality assurance system in place which used various checks and audit tools such as questionnaires and random out of hours visits by the registered manager. Systems and processes were in place to monitor the service and drive continuous improvements. A number of other audits on how the service was operating were also undertaken. These included monthly visits from the regional manager and infection control and care plan reviews. The purpose of this was to monitor staff practice ensure the premises were hygienic and safe and also to check whether people were satisfied with the support they received.

The manager had a clear knowledge and understanding of the Mental Capacity Act (MCA) 2005 and their roles and responsibilities linked to this. People who had capacity told us they were able to make their own choices and were involved in decisions about their support.

The agency had a whistleblowing policy, which was available to staff. Staff told us they would feel confident using it and that the appropriate action would be taken.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service and their representatives. People we spoke with knew how to raise a complaint but told us they had never needed to complain as 'things were always very good'.

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 allegation of abuse.

People's medicines were administered safely by staff who were trained and competent to do so.

The provider operated a rigorous recruitment and selection procedure bases on the homes valued based recruitment and selection.

The home was clean and well maintained.

Is the service effective?

Good

The service was effective.

Staff received induction, training and supervision to support them in their role.

People were encouraged and supported to eat and drink well to help them to maintain optimum health.

The registered provider and staff understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were encouraged to share their views and consent to any care or treatment.

Is the service caring?

Good

The service was caring.

People were treated with compassion, respect and dignity.

People told us that staff were very caring and were polite and friendly in their approach.

Is the service responsive?

Good

The service was responsive.

Care plans were centred on each person to ensure they received care and support that was responsive to individual needs.

A wide range of activities were in place that promoted people's hobbies and interest and family inclusion.

People's views and opinions were sought and responded to.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted strong values and a person centred culture which was supported by a committed staff group.

People told us that the home was run in the very best interests of the people who lived there.

There were robust auditing policies in the home and clear systems in place for people who lived in the home and their realtives to be consulted about their opinions of the service.

Prestbury 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 5 October 2016 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed and any other information held about the service prior to our visit. Furthermore we invited the local authority and other health and social care providers to provide us with any information they held about Prestbury House Care Home.

The registered manager was available throughout the inspection to provide documentation and feedback.

During the course of our inspection we met with forty five people who were living in the home and gained feedback from twelve of them. A number of people were living with dementia and therefore we were not always able to receive direct feedback from all of the people we met with. We spoke with eleven relatives of people who lived in the home who were able to share their views about the staff and services provided.

We also spoke with the registered manager, deputy manager, regional training manager and two leisure and wellbeing co-ordinators. Additionally we spoke with a visiting registered manager from another Porthaven care home, twelve members of the care staff and two domestic staff.

We undertook a Short Observational Framework (SOFI) during lunch time. SOFI is a specific way of observing care to help us to understand the experience of people who could not talk with us.

We looked at a range of records to include five care plans, three staff files, staff training matrix, minutes of

meetings, staff rotas, medication and audit documents.

Good

Is the service safe?

Our findings

Discussions with people who used the service identified that they felt safe, confident and well cared for within the home. Comments included, "I am safe here, they are all my friends", "I have my own room and staff are always around to make sure I am safe" and "I never feel afraid, people look after me well and I feel very safe living here".

Relatives told us that they were confident that their family members were safe and well looked after. Comments included, "We are so pleased that we found this home. We have no concerns whatsoever about (family member) health and safety. We can now sleep at night without worry", "The staff know what they are doing and treat (family member) well. Some staff changes have occurred but it has not impacted unfavourably upon the services provided, they all know what they are doing", "We have noted that the home use agency staff at times. They tend to use the same people so they get to know the residents. We have no concerns" and "It would be nice if they could have more staff on duty but we know that is unrealistic. The staff work very hard and we know they provide the necessary care and support at all times".

We saw robust recruitment and selection processes were in place. We looked at the files for three staff and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had also been obtained. As part of the recruitment process the provider told us they used value based recruitment techniques, a clearly defined culture statement and staff competency assessments. We saw that essential skills for staff included good interpersonal skills, team player, open and direct communication skills, accountability and cooperation. These skills were assessed by way of tests and verification of previous training and qualification certificates.

We saw a staff rota for October 2016 and this showed that there was a mix of nursing and care staff on duty in each unit twenty four hours a day. The staff we spoke with told us they received their staff rota in plenty of time and were always informed of any changes in advance. The rota showed that there were a minimum of 4 staff on duty on each unit between the hours of 8.00am and 8.00pm with an additional staff member on duty between the hours of 8.00am and 2.00pm. 3 staff were on night duty on each unit. Two leisure and wellness co-ordinators were employed to cover all activities seven days a week, one between Sunday and Thursday 9.00am until 5.00pm and one between Tuesday to Saturday 8.30am until 4.30pm. All staff spoken with told us that they were very busy but able to carry out their duties without difficulty.

Detailed policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding adults and this was regularly updated, so that they were kept up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected.

All the staff we spoke with had a good understanding of the correct reporting procedure. The staff we spoke

with said that this had helped them to develop their underpinning knowledge of abuse. Staff were able to tell us about the provider's whistleblowing policy and how to use it and they were confident that any reports of abuse would be acted upon appropriately. Staff were aware of their responsibilities; they were able to describe to us the different types of abuse and what might indicate that abuse was taking place. We saw records which showed us that staff were trained in safeguarding as part of their essential training and that there was a detailed safeguarding policy in place which guided staff on any action that needed to be taken. The manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

People told us that they received support to take their medicines and they received the medicines when they needed them. Staff told us and records showed that a full risk assessment was carried out when people were admitted to the service to check if people were able to self- medicate. Systems were in place that ensured staff consistently managed medicines in a safe way. Only staff who had received medicines training were allowed to support people with their medicines. Records confirmed that designated staff had received up to date medicines training which gave them the knowledge and skills to ensure they administered people's medicines safely. Records showed that competency checks and medicines audits were carried out each week. We looked at medicine administration records (MAR) and noted that a small number of staff signatures were missing from the records. However we saw that other recording in place identified that the medication had been administered. A staff member who was responsible for the administration of medicines told us that on occasions when they were administering medicines they were approached for assistance by other staff or people who lived in the home. They told us as a consequence they sometimes did not add their signature to the records. We spoke with the registered manager who immediately completed a full audit of the overall medication management in the home and we saw it was compliant with the medication policies within the home. However we saw the registered manager responded to the staff comments and provided 'red aprons' to be worn when staff were administering medicines. These aprons identify that the staff member must not be approached when dispensing medicines.

We found the environment safe and secure at the time of our visit. Environmental risk assessments and fire safety records for the premises were in place to support people's safety. The fire alarm records showed regular testing of alarm and emergency lighting systems were in place and certificates confirmed that routine servicing and inspection of equipment was being carried out. Plans for responding to any emergencies or untoward events were in place to reduce the risks to people.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to take action to reduce the risk of any further occurrences.

We saw records that showed that personal risk assessments were in place which were regularly reviewed. Staff told us they were involved in managing and mitigating risks and identifying maintenance and safety improvements.

The home had a robust programme for cleaning and infection control and records showed that daily audits were carried out to ensure the risk of infection control was minimised.

Good

Is the service effective?

Our findings

People told us that the services provided were effective. Comments included "The staff are wonderful I am lucky to be here I am much better now since I came here ", "I am lucky to have found this place, I have improved so much since I have been here" and "My life has changed for the better, I am able to do things I could never do before".

Relatives told us that the home provided quality care to enhance people's well- being. Comments included, "What a wonderful place this is. My (relative) came here as we had been told it was almost the end of her life. (Name) has improved so much and is enjoying life again. This is due to the attentive care staff and their effective interventions".

We saw that staff had received all the mandatory training for their role. We saw that all staff had also received training in dementia awareness and challenging behaviour. Staff told us that they were supported to develop as individuals and as a team to achieve the aims of the service. Staff told us they had a clear development pathway that included reflection and planning for future training. This showed that the provider planned ahead to develop and motivate staff.

We saw staff were encouraged to undertake continuous personal development. Records showed that all mandatory training was either planned or up to date. The staff induction had been revised in line with the Care Certificate and records showed that newly appointed staff were provided with structured induction and were not allowed to work unsupervised until they had undergone a formal competency check and felt confident in their role.

We saw that staff had a clear job description which identified what was expected of them. They told us that they were provided with one to one supervisions and performance reviews to identify strengths and weaknesses and to address any areas of concern. Regular supervision and competency checks were undertaken by the manager to ensure that staff maintained a high standard of care delivery.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

Six of the people who currently used the service were subject to a DoLS as they all had been assessed as lacking the capacity to consent to their care and support. We saw that a further 30 DoLS applications had been submitted to the relevant authority. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation and identified what procedure would need to be followed if

there was a service user who lacked the mental capacity to maintain their own safety.

When people needed support to make specific decisions, we saw that 'best interest' meetings were held which involved all the relevant people and representatives in the person's life.

Staff had been trained to ensure consent had been obtained from people in respect of all aspects of daily life to include the use of non-verbal methods such as pictures. Staff told us they understood verbal and non-verbal consent and when people were unable to give consent because they lacked capacity to do so.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been competed appropriately, were original documents and were clearly noted on the care file.

We found people's health and social care needs were met by a range of professionals to include care and support staff, GPs, district nurses, physiotherapists, occupational therapists, social workers, dentists, opticians, catering staff and domestic workers. This meant that an effective team were available to facilitate people's health and well-being. Feedback from health and social care professionals was most positive about the knowledge and commitment of the staff and the effectiveness of the service. They said that staff always responded to people's needs and supported people well. This meant that people were supported to maintain optimum health and receive appropriate on-going health care services.

We found people's nutritional needs were met. The assessment on admission identified whether people had any issues which would affect their nutritional intake. For example, whether there were concerns with loss of appetite, swallowing difficulties and whether any special diet was required. Information about people's dietary needs were passed to the chef. We looked at menus and spoke to the staff on duty. We saw a four week rolling menu plan was in operation in the home which offered people a choice of menu and was reviewed periodically. The menus were varied and choices were always available. Staff were able to demonstrate knowledge of people's dietary needs and identified people who needed special diets or swallowing difficulties. Staff told us they checked each day to see what choice people wanted for their meals at lunch and tea time and provided alternatives if required. The menus were detailed and provided in large format outside each dining room with a smaller menu on each table.

Separate dining rooms were provided in each of the three units in the home. We observed the lunchtime experience in two of the dining rooms and noted the relaxed and social atmosphere. We noted that staff spoke with people during the meal to make sure they were enjoying the food. People told us the food was good, plentiful with lots of choice. Staff told us that people could choose to eat their meals in the dining room or their bedrooms or go out with family and friends. People told us the meals were wonderful, well cooked, well presented and most appetising since the new chef had been employed. People's relatives reiterated these comments and one person said "the food always looks good and sometimes when I visit I eat a meal with (name) and we both thoroughly enjoy it".

People's weights were monitored on admission and at regular intervals during their stay at the service. People who had experienced sustained weight loss or were at risk of malnutrition and dehydration were placed on a food and fluid intake monitoring charts.

The building had wheelchair access. There was a range of communal rooms inside the building and bedroom areas were equipped to suit the needs of each individual who resided at the service. One person told us that their room was "very spacious, very well furnished, very comfortable and a wonderful place to

live".

The environment was one of calm and comfort with a high standard of fabric and furnishings. People's rooms were personalised with memorabilia and personal possessions which assisted them to look homely. Personal aids were readily available to assist people to mobilise independently and to ensure their comfort.

Good

Is the service caring?

Our findings

People who lived in the home told us that staff were "Lovely, caring, kind".

Relatives said they felt the staff really cared about the people who lived at Prestbury House. Comments included "This is a very warm, friendly and homely place", "All the staff are approachable and caring", "Staff make sure people are properly cared for", "The manager has made a lot of difference since she came in May this year. She has improved the staffing so staff can now provide a lot more care and support. I am very impressed with the way the staff care for (name). "All the staff clearly care for the residents treating them with dignity and respect even when faced with challenging behaviour".

We saw that staff were attentive and caring. Although staff were busy all the time they responded to individual requests with good manners and patience. We saw that people enjoyed conversations and jokes with staff. Staff told us that they obtained information from people who lived in the home about their social history as well as likes and dislikes in order to speak with them about topics they enjoyed. The registered manager gave an example of the caring attitude she required from staff. She said "Our value based recruitment procedures ensure that the staff have the caring qualities that reflect the homes approach and culture".

People told us that staff treated them with dignity and promoted their privacy. One person said "Staff are gentle and considerate. They never shout to each other, they always include me in their conversations, they talk to me not about me". People told us that staff always made sure that people were 'well put together'. One person said "Staff know I like to look me best and make sure I do", "They make sure I look ok and pick out my clothes with me, they really care about me, I know that". A relative said "(name) always looks clean and well cared for. She cannot really know what she wants to wear or what her hair looks like but staff make sure she is always looking good".

We saw that staff ensured that people were able to express their views and feelings, either on a one to one basis or in a group so that they knew and understood things from their perspective.

The registered manager told us that staff recruitment focused on peoples attributes such as kind caring and compassionate. She told us and records showed that a probationary period under supervision supported this process. She said that this ensured people living in the home were supported by people who really cared about them.

Staff told us that they were encouraged to spend as much time as possible with the people who lived in the home and not to be task orientated. We saw that staff knocked on bedroom doors and waited to be invited in. We observed staff calling people by their preferred name, on occasions it was a nick name the person had chosen and we saw interactions which showed that staff and people who lived in the home were most comfortable with each other and had mutual respect.

We looked at a copy of the homes newsletter which was regularly provided to the people who lived in the

home and their relatives. People told us that the newsletter was an excellent way to share information and keep people fully up to date with current events.

We saw that where appropriate people had an advocate. An advocate is someone who can help people to access information and services, explore choices and options, promote rights and speak about issues that matter to the individual. Staff spoken with demonstrated full understanding of the role of an advocate. They told us that this encouraged people to remain autonomous. They said people had used an advocate in the past and records showed this had occurred. It demonstrated that staff were proactive in supporting people so that their views and opinions were constantly heard.

At the time of our inspection end of life care plans were in place for some people who lived in the home. Staff showed us the processes and resources available to individuals who required this specialist care. There were regular assessment and reviews by nursing and medical staff and individual care plans which would outline the end of life preferences of the person and their family. Staff had completed training so that people were provided with appropriate end of life care. We saw that care plans identified individual wishes and staff worked collectively with the GPs and district nurses to ensure these wishes were carried out. One person told us that their relative had been assessed by health care professionals as requiring end of life care. However they told us that due to the quality care and support provided by the staff of Prestbury House this person no longer required this care and was 'better than we ever would have expected'.

Comments from visiting health and social care professionals were very positive about the caring atmosphere within the home. Comments included "Staff provide a supportive and caring environment".

Good

Is the service responsive?

Our findings

People who lived in the home and their relatives told us that they felt that staff provided the right amount of care, support and stimulation to meet individual needs. Comments included "I am happy with the care and support I get. Staff provide me with the right amount of help, when I need more I get it", "It is wonderful here I have not been this happy for a long time" and "The activities here are outstanding. The last place I stayed in did nothing to provide stimulation. How different it is here, we are provided with all sorts of social activity. I just love being here and joining in all of the fun".

Relatives told us "There are more staff on duty now that the new manager is here. This enables them to provide good quality care and also lots of activity. This is so important as it gets people joining in, making friends and stimulating the mind" and "We are very pleased with the services provided. The atmosphere is always good, staff are always visible and available to assist and we are very grateful to everyone for making (name) happy".

The staff used an admission checklist to make sure that admissions were coordinated, individualised and focused on the current needs of the person. We saw that staff shared important information with other professionals about people when they were being admitted to the home or transferred to hospital to make sure their care was coordinated.

Staff worked with people who lived in the home and people's relatives to establish effective methods of communication so that individuals could be involved wherever possible in their care and treatment. Each person had a plan that was personal to them. These plans were used to guide staff on how to involve people in their care and provide the care they need. For example if a person who lived with dementia could not verbally communicate, other communication methods were used. These included verbal and non- verbal methods to include pictorial methods. These communication aids were based on professional guidance. The plans were also used to guide staff on how to involve each person with their care plan and provide the care and support they needed and requested. All of the plans we looked at held sufficient detail to enable the person reading it to provide care appropriate to the wishes, choices and capabilities of each individual. However some files held details which were no longer relevant to current care and support needs due to people's changing needs. We noted that the registered manager had addressed this issue and had developed guidance on care planning for staff to follow to include updating people's personal profile and archiving relevant documentation. We noted that all care plans were now in the process of review to ensure they held up to date, need to know information which was easily accessible.

The plans were reviewed regularly so staff knew what changes, if any, had been made, especially when the GP or visiting professional had visited. Staff used recognised tools for people at risk of: pressure sores developing, risk of falls, nutritional status etc. Assessment tools were completed on a regular basis by staff to help provide the most appropriate updated guidance and care for each person living at Prestbury House. People told us that their care plans accurately reflected the care they wanted to receive such as when to have a bath, what level of personal care they requested and what activity they wanted to take part in.

People who lived in the home and their relatives told us they were involved in discussions about the care provided. We saw that people or their representatives had signed the care plan. Relatives of people who lived in the home told us that they were always consulted about the care and support provided either by face to face discussions or telephone communication. They said that they also were provided with regular summary reports updating them on people's well -being and care provision. Relatives told us they were welcomed into the home and encouraged to visit their loved ones. Comments included "I feel very much a part of this home; I am treated as well as the people who live here. It's a pleasure to visit".

Care records we looked at included information about significant others, nutrition, communication, person care, mental health, emotional support and end of life wishes. In addition there was a section which identified the wishes, choices and goals people wanted to achieve.

We saw that the leisure and wellness coordinators had recently implemented a questionnaire which was completed by people who lived in the home or their relatives as to what they wished they could do in the future. We saw that the staff worked hard to make some of these became a reality such as a person who had never been on an aircraft in their life had a deep desire to do so. Staff arranged a visit to the Concord simulator and the person was able to 'fly whilst sitting in the Queen Mothers seat'. Other people wished to ride on a fairground carousel, visit a football match, go to the gym, use an iPad and we saw that all these wishes had come true.

Discussions with the leisure and wellness coordinators evidenced their passion to provide stimulation for all the people who lived at Prestbury House. They had arranged most varied activities to suit the individual choices and capabilities of the people who lived in the home details of which were provided via a monthly activity newsletter. These included trips to local places of interest, lunch at various pubs and cafes, communion church, movie shows, book clubs, art therapy with the stroke association, singalongs, pat dog visit and lots of visiting entertainment. We saw the activity programme offered several different options, morning and afternoon, seven days a week. People who lived in the home and their relatives told us there was never a dull moment. Comments included "I am so happy here; we get all sorts of things to do. We choose what we want to take part in. I went on a trip to Trentham gardens yesterday, it was wonderful" and "I am so pleased that (relative) is here. The activities are really fabulous. We don't have to worry about (name) now that we know she does more here than she ever did at home. Each person has their own file with details of what activities they have done each day and there are photographs in them as well so we can see how much they are enjoying life. Great place". The leisure and wellbeing coordinators told us they were very much supported by the registered manager who herself was passionate about people having an excellent life quality and ensured that the staff had the time and resources to provide activities and interests every day.

We saw that a complaints policy was available; a copy of which was on display in the reception area of the home and included timescales for investigation and proving a response. Contact details for the service provider and the Care Quality Commission were also included in the document. We viewed the complaints file and noted that complaints received had been dealt with as per the homes policy.

We asked people if they knew about the complaints policy and they told us they did. One person said "I complained about the food, the menu did not give too much choice and the portions were little. They looked into it right away and the food is great now". Other people told us that the new manager was always around and asked them if everything was alright. They said they felt at ease with her and could tell her if there was anything they did not like. However all people spoken with, including relatives, told us the home had much improved in the past six months and they had no complaints whatsoever.

Good

Is the service well-led?

Our findings

We asked people who used the service what they thought about the way the home was run. They told us it was a happy home where everyone knew what they were doing. Comments included; "The staff know what they are doing and do it well", "The new manager is great, she has made a lot of difference to this home" and "Oh its fine here. We all get on well and everything runs smoothly".

Comments from relatives included; "The home is well run. I think it has improved greatly recently. We have seen quite a lot of new staff, the manager is always around and we get information via a newsletter about things that are happening in the home. It's a good place now" and "We are happy with everything, we have seen the manager here at times we would not expect, like evenings and weekend. That shows she cares about the home and the people who live here".

The registered manager was available throughout our inspection and was able to provide documentation and information about all aspects of the home.

Staff told us that there was now a much greater feeling of stability. They said that the registered manager had identified that she had a wealth of knowledge and experience in home management and they had seen most positive improvements in the home since she had been there. They said the open door policy had enhanced the working relationships within the home and the no blame culture had promoted a sharing of learning to enable staff to get things right.

Staff said they were provided with a supervision matrix so they knew who was responsible for their supervisions and appraisal. They said that daily stand up meetings were held and regular staff meetings were in place to enable people to discuss the care and support provided and to share information about any other issues regarding the running of the home. Staff told us that there was a positive culture within the home which was actively promoted by 'what went well' at handovers and debriefing.

We observed and were told that the registered manager was very approachable and people who lived in the home, their relatives and staff members were able to approach and speak with her at any time.

The provider had developed a policy on quality assurance and we saw that there was a system of routine checks and audits in place for a range of areas to enable the registered manager to monitor the operation of the service and to identify and act upon any areas of concern. We saw records that showed the audit programme included checks on all aspects of care, safe management of medicines, health and safety and food safety. Actions plans were sent to the Regional Manager and a weekly report sent to the Operations Director showing how the home was running.

We saw that a monthly report was also produced to show the results of nutritional audits, falls, tissue viability, complaints etc.

We noted that the Regional Director also visited the home monthly and completed a whole home audit

twice yearly.

Records showed that the registered manager undertook 'out of hours' visits; for example we saw visits had been made on Sundays and early and late evenings.

We saw questionnaires had been sent to seek the views of a proportion of people using the service and their representatives throughout the year. We noted that a summary and action plan was drawn up to ensure that any feedback had been used to develop the service.

The registered manager had ensured that all notifications of significant events that had occurred at the home had been sent to The Care Quality Commission. This meant that the registered manager was aware of and had complied with the legal obligations attached to this role.

A statement of purpose and service user guide had also been developed and were accessible to people who used the service and their representatives.