Huskards New Care Ltd

Hayes Park Nursing Home

Inspection report

2 Cropthorne Avenue
Leicester
Leicestershire
LE5 4QJ

Tel: 01162731866

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 March 2017 and was unannounced.

Hayes Park Nursing Home is a care home that provides residential and nursing care for up to 49 people. A number of people accommodated at the service have complex physical and mental health needs. Some people are living with dementia and others are receiving end of life care. At the time of our inspection there were 35 people in residence. The service is located in Leicester and accommodation is provided over three floors with a lift for access.

At the last comprehensive inspection in February 2015, the service was rated good.

At this inspection we found the service remained good.

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

People told us they felt safe using the service and that staff knew what to do if they had any concerns about their well-being. Staff were trained and knowledgeable about how to provide safe and responsive care to people.

People's care needs had been assessed and measures to manage risks were put in place. Staff ensured people were assisted to move around the premises safely and supported them with their meals. People received their medicines at the right times. Staff liaised with health care professionals where there were any concerns about people's health. The care plans for people with complex health needs were personalised and provided staff with clear information to ensure their health needs were met. Arrangements were in place to ensure people were pain free and had the support they needed towards the end of their life.

People's needs and care plans were regularly reviewed to ensure the support provided remained appropriate. Staff had a good awareness of people's needs and insight into their health conditions. People's preferences, interests, diverse and cultural needs were documented and known to staff. This meant people could be assured their care was personalised to their needs, and their cultural and lifestyle choices were respected.

Staff had undergone a robust recruitment process that ensured staff and nurses were qualified and suitable to work at the service. Staff employed were aware of people's the cultural backgrounds and had a range of language skills so they could communicate with people whose first language was not English. People told us there were enough staff employed to meet their needs. Staff received training, support and guidance through supervision and meetings in order to meet people's needs effectively. Staff had their competency

and practice checked to ensure they were safe to meet people's needs.

Staff understood the importance of seeking people's consent prior to providing care and support. Assessments to determine people's capacity to make informed decisions about their care had been undertaken. Staff promoted people's rights to make decisions about all aspects of their care and lifestyle choices.

People told us they were provided with a choice of meals that met their nutritional and cultural dietary needs. Drinks and snacks were readily available and staff supported people with their meals. People were asked for their views about the meals provided and their preferences were taken into account in menu planning.

People told us staff were kind and caring towards them. Staff knew how to support people living with dementia and recognised how people communicated and expressed themselves. People had developed positive relationships with staff and were confident that they would address any concerns or complaint they might have.

People were involved and made decisions about their care and support needs. Care plans were focused on the person and incorporated advice from health and social care professionals. People told us that the staff were responsive to their needs and requests for assistance. People's care records were organised, easily accessible and kept up to date reflective of people's wishes. That meant in the event of a medical emergency people would be assured that staff would act in line with their wishes.

People's care needs were met and their diverse, cultural, and their lifestyle choices were respected. People's relatives and visitors were made welcome. People were encouraged and supported to take part in activities that were of interest to them and celebrated important cultural and religious events to reflect the diverse community of people in residence.

People were confident in how the service was managed and the abilities of the management team to ensure the service provided was effective. People's views and opinions of their relatives and staff were sought in a number of ways including meetings and surveys.

The registered manager provided good leadership and direction, and promoted a culture of openness. The provider's governance system to monitor the quality of the service was used effectively to drive improvements to ensure people received quality care and a service that was well managed.

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 remains safe.

People's safety was protected and promoted by trained staff who knew what to do if they had concerns about their welfare. Risks assessments were in place and followed by staff to promote people's safety. People received their medicines as prescribed in a safe way. Staff were recruited safely.

Is the service effective?

Good

The service remains effective.

Staff were trained and were supported in their role to provide the care and support people required. Staff sought people's consent and were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Care plans showed people were involved in making decisions about all aspects of their care and support. People's nutrition and cultural dietary needs were met. People had access to a range of healthcare support to maintain their health.

Is the service caring?

Good

The service remains caring.

Staff had developed positive professional working relationships with people which were supportive and promoted people's wellbeing. People were involved in making decisions about their daily care needs. Staff promoted people's rights and dignity. Staff ensured people were comfortable and pain free towards the end of their lives.

Is the service responsive?

Good

The service remains responsive.

People's assessed needs were met. People were involved in the review of their care. People views including their individual preferences, and their diverse cultural needs and lifestyle choices were documented to help ensure staff had sufficient information to provide personalised care. People maintained contact with

family and friends, and participated in activities of interest to them. People knew how to complain and were confident that their concerns would be addressed.

Is the service well-led?

Good

The service remains well led.

The registered manager understood their responsibilities, kept their knowledge up to date and provided clear leadership. People, their relatives, staff and health and social care professional's views were sought. They all gave us positive feedback about the registered manager and that the service was well-led. The provider's quality assurance systems were used to monitor the quality and drive improvements effectively.

Hayes Park Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

This was a comprehensive inspection which took place on 20 March 2017 and was unannounced. The inspection team consisted of an inspector, a specialist nurse advisor and an expert by experience. A specialist nurse adviser is a person with professional expertise in care and nursing. Our specialist advisor on this occasion had nursing expertise. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience on this occasion had expertise in the care of older people and people diagnosed with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service and the notifications. A notification is information about important events and the provider is required to send us this by law. We contacted health professionals such as optician, dietician and nurse practitioners who were actively involved in the care of people who used the service.

We contacted commissioners for health and social care responsible for the funding of some people's care that use the service. Commissioners are people who find appropriate care services for people and fund the care provided. The feedback received from the local authority and health commissioners and health and social care professionals was used to plan the inspection.

We used a variety of methods to inspect the service. We spoke with six people using the service which included people whose first language was not English and six relatives to gain their views about the service. Most people who used the service were living with dementia. Therefore we used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We spoke with the registered manager, three nurses and five care staff, the activity staff and the administrator / patient contact person.

We looked at the records of six people, which included their risk assessments, care plan and the medicine records. We also looked at the recruitment records for five members of staff and the training records. We looked at some policies, procedures, complaints and records that showed how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and secure living at the home. When we asked them how staff supported them to stay safe one person said, "It's safe here, They [staff] look after us well day and night. They check at night time. I have seen no abuse." Another person whose first language was not English told us staff listened and supported them when required which made them feel safe. A relative said, "The staff are good and [person's name] gets what he needs. The nursing is good. All the staff have been good and kept him safe."

Staff were trained in safeguarding procedures as part of their induction and records showed staff received training updates annually. Staff understood their responsibilities to keep people safe, knew what to do if they had any concern and the role of external agencies. Information about the safeguarding procedure was displayed around the service and was easy for people, their relatives and staff to understand. This helped to assure people that their safety was maintained.

Staff understood how to provide safe care and reduce risks. One person told us that they felt safe being moved from the bed onto a wheelchair as a hoist was used. They told us staff always reassured them and checked they were comfortable throughout the move. They had a call bell kept within reach which they used to request assistance from staff. They felt safe and were assured that they could call for assistance as and when required.

Risk assessments were undertaken where potential risks associated with people's physical health, care needs and safety had been identified. Care plans provided staff with clear guidance as to how those risks were managed whilst promoting people's independence and choice. One person said, "I can walk with my walker now. But when I want to go upstairs then I must have a carer with me." Their care plan confirmed this and showed that this person's independence was being promoted. Another person's wound care plan detailed the type of dressing that was used and how often the dressing should be changed. Records showed that the nurses had followed the care plan and as a result the person's skin condition had improved. This showed that staff managed risks safely to maintain people's health.

Records for each person contained a personal emergency evacuation plan (PEEP). This provided clear guidance for staff and emergency services personnel should the home have to be evacuated. This information identified potential risks and how these risks were to be minimised to promote people's safety.

Staff understood their responsibility to report incidents and accidents. A record was kept when people fell, including what action staff took such as the person was checked for injuries and the medical advice sought. Records showed people had been referred to the falls clinic for advice and their risk assessment reviewed and their care plans had been amended to reflect what equipment was to be used and the number of staff required to support them. The registered manager told us this information was used to inform the staffing levels required. This showed any changes to people needs had an impact on the staffing numbers to ensure people were supported to stay safe.

Staff told us that they were trained in how to use equipment safely and carried out daily checks. For

example, someone care records confirmed that daily checks were carried out to ensure the airwave mattress used to prevent the risk of developing pressure sores was working correctly. We observed two staff used a hoist correctly and safely. They explained what they were doing and checked that the person was safe and reassured them throughout the move. Another staff member said, "[Person's name] can walk with a frame but for safety we [staff] walk with them until they are sat down". This showed people's safety was assured.

We found there was ongoing decorating and refurbishment being carried out to improve the living environment for people. People told us the service was clean and tidy. Another said, "The room is cleaned daily. Bed linen is changed regularly." A relative said, "They [staff] all seem to be doing something. The staff work very hard. The place always smells clean. This room is kept clean." Records showed regular checks were carried out on the premises and the cleanliness. Equipment had been serviced and maintained which ensured the health and safety obligations were met.

People's safety was supported by the provider's recruitment practices. Staff recruitment records showed that the relevant background checks had been completed before staff commenced work at the service. A further check was undertaken for the nurses to ensure they were registered with the appropriate professional body as to their qualifications and suitability.

We asked people whether they were enough staff to meet their needs. One person said, "Yes, there are enough [staff]. They also use agency staff. The response if I use the buzzer is 5-6 minutes. The longest has been 10 minutes." They felt the response time was acceptable as the person was supported when staff did arrive. A relative said, "There is enough staff. They turn him every two hours and move him. He can't use the buzzer. During the day I am here and they come every two hours to see he is alright." That showed people's needs were met and checks were carried out by staff in line with people's care plans and to manage risks safely.

Our observations showed there were sufficient numbers of staff on duty to provide the care and support to people. Staff were visible to people and responded to meet their needs. A staff member said, "I think there's enough of us even with [person's name] who has one to one support. I never feel I'm rushing anyone." The staff on duty reflected the staff rota. The registered manager told us that the staffing levels were reviewed regularly and took account of the number of people in residency and their needs. Agency staff were used to cover any staff absences which could not be covered by the existing staff team. That meant people could be assured there were enough staff to meet their needs safely.

People told us that they received their prescribed medicines on time. A relative said, "Nurse gives her [person on palliative care] the medicines. She gets very good care. She is receiving oromorph for her pain." Nurses wore a 'do not disturb' tabard during the administration of medicines. They administered people's medicines safely and completed the medicines records correctly. Where people refused their medicines, the action taken by the nurse was recorded. This helped to ensure people's health was monitored.

Medicines were stored securely. Records showed nurse's competency to administer medicine had been assessed. A sample of people's medicines administration records we checked had been completed accurately to confirm medicines were given as prescribed. People told us topical prescribed creams had been applied regularly. We found the documentation for the application of medicines patches was not clear. A rotation chart to help reduce the risk of skin irritation was put in place this was brought to the registered manager's attention. Regular medicine audits were undertaken to ensure medicine was stored safely and administered correctly.

Good

Is the service effective?

Our findings

People told us staff were well trained and provided the care and support they needed which had had a positive impact on their quality of life. One person said, "I know the regular staff. New staff came three months ago and they have settled down. They help me wash and dress. They do that properly." Relatives said, "Yes, I think the staff are properly trained. Usually I feed him but if I am not here he says they [staff] look after him well." And, "Staff have a good insight about dementia and communication which assures me that they understand what [person's name] wants." They told us that procedures were in place that also assured them that their family member's finances were safe.

Staff told us they had a comprehensive induction followed by further ongoing training to provide effective care. A staff member demonstrated a good insight into the needs of people living with dementia and whose behaviour challenged others. We observed staff providing people with effective care and had put their training into practice by using different strategies to reduce people's anxiety for instance. For example, a staff member gave assurance when people needed it, by showing them a book which was of interest to them. This diverted their attention and distracted them which reduced the risk of their behaviour challenging others.

The training matrix showed that staff had completed a range of topics. Those related to health, safety and wellbeing of people and training on health conditions such as dementia and had attained professional qualifications in health and social care. The registered manager told us the newly appointed staff would be required to complete their induction training and work towards attaining the 'Care Certificate'. This set of standards that would provide staff with the skills and knowledge in care.

A nurse told us that they worked closely with health care professionals such as the tissue viability nurse in order to meet people's specific healthcare needs. They had attended courses to meet such as continence care and records showed that their competency had been assessed. This helped to ensure their skills, knowledge and practice was kept up date and was effective.

Staff told us that felt supported by the registered manager. Supervisions, one to one meetings and appraisals were used to reflect on staff's work, review their practice and to develop them. Staff meetings were used to discuss the quality and the development of the service. That meant people could be confident that the development of staff would enhance people's quality of life.

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 procedure for this in care homes is called the

Deprivation of Liberty Safeguards (DoLS).

People told us that staff sought their permission before they were provided care and support they needed. One person told us that staff would explain how they would help them. An 'IMCA' (independent mental capacity advocate) supported one person who did not have a next of kin, to make decisions about their care. Records showed the person had regular visits from the 'paid person representative,' which showed the person's rights and choices could be assured.

Staff had undertaken training in MCA and DoLS and understood the importance of consent and to act in the person's best interest if they had difficult making a decision for example, as a result of illness. A staff member said, "We know what help people need but always have to ask them. Some people can't tell us so we will show them a choice like their clothes or the meals." This was an example of staff promoting and respecting people's rights and choices.

People's care records showed that the conditions on the DoLS authorisation were being met People and where appropriate their representative had been involved in decisions made about all aspects of their care and treatment. Capacity assessments completed were decision and time specific in the person's best interest. That showed the principles of the MCA were followed.

People told us they had a choice of meals provided that met their needs. One person said, "I eat ethnic food. My religious needs with food are respected." Relative's comments included, "He hasn't got many teeth so eat food like soup. He is eating very well. If he doesn't like it he gets different food." And, "[Person's name] gets pureed food. She has drinks. She is fed by staff. She is given good portions and plenty to drink." Another relative told us they were involved in their family member's care and assisted them to eat their meal. They said, "the quality and choice of food is quite good, he really enjoys it."

We saw staff offered drinks and snacks in between meals to people who were sat in the communal lounges and in their rooms. The menu choices were on a board in the dining rooms. There was a choice of European and Asian meals which included vegetarian and halal meals to meet people's dietary and cultural needs. The registered manager was developing a folder with pictures of the meals which staff could use to help people choose a meal they wanted to eat. This showed that people were supported to make day to day decisions about the food they want to eat.

The lunch time experience was relaxed. All the meals were served individually and looked nutritious. When someone asked staff to exchange their chosen meal for an alternative, which was done without delay. That showed people were served the meal of their choice. People were supported to eat independently as adapted cutlery or a spoon was provided and staff offered assistance by cutting up the food into smaller pieces.

Records showed people had nutritional care plans in place. These identified people's dietary needs and preferences, and instructed staff what action to take if people were at risk of poor nutrition or had swallowing difficulties. People were referred to healthcare professionals to ensure risks were managed. For example, people's weight was measured regularly and the food and drink intake charts were monitored to check that people had enough to eat and drink. That helped to ensure people's nutritional needs were met.

People had access to a range of health care services to meet their ongoing health needs and their care records we looked at confirmed this. One person said, "I had a problem and the doctor came out. He gave me antibiotics. The district nurse comes to cut nails. I went to hospital last Friday for eye check. I went with my wife. The staff arranged it." A relative told us their family member's ongoing healthcare needs were met.

We received positive feedback from health care professionals who regularly visited people and meet their healthcare needs. They told us that they worked closely with the registered manager and staff. They found staff understood people's needs, managed risks safely and, sought advice and followed instructions in order to maintain people's health. That meant people's health needs and wellbeing was assured.

We saw there were improvements being made to the living environment to promote people's wellbeing. We saw a mixture rooms some looked bare whilst others had been decorated and personalised to reflect the person's interests. One person said, "The room is cosy and nice. The home is easy to move around in with a [walking] stick or frame. It is good for exercise." There was improved signage around the service had helped people to find their way around. Carpets had been replaced with new vinyl flooring in the lounges, dining rooms and some corridors. The registered manager monitored the progress of the refurbishment and ensured there was no impact on the people who used the service.

Good

Is the service caring?

Our findings

We saw people had developed positive meaningful relationships with staff. People whose first language was not English were able to communicate with staff effectively. Some staff spoke people's first language and others had learnt some words and phrases so that they understood what people wanted and acted on their requests. People told us that staff were caring in their approach towards them, respectful and aware of their needs.

The PIR demonstrated that staff had received training in topics that were related to the promotion of people's dignity, equality, diversity and human rights, and person centred care. One person said, "The staff will take me where I want. Very friendly. The activities office comes and talks with me. Staff respect me." They added that staff addressed as 'uncle', which was considered to be culturally appropriate and respectful towards elders.

A relative said, "The nurses are very kind. One can speak Polish. She comes and talks with him and if he is low (in mood) she will sing to him in Polish. Staff are friendly and very welcoming." We observed this happening and the person's mood visibly changed and they sang along with the nurse. We saw a member of staff supporting someone who needed one to one support. They engaged positively and in a meaningful way with the person through conversation and doing an activity that was of interest to them. These were examples of positive caring relationship that had been developed between people who used the service and the staff.

All the conversations we heard throughout the day focused on people's rights and choices. We saw staff communicated well with people and each other in a positive way to improve people's health. Staff responded to each person's diverse cultural needs in a caring and compassionate way. For example when people became upset or anxious staff provided them with reassurance and spent time talking with them. That helped to improve people's wellbeing.

We asked staff whether the care and support provided to people had made a difference to people's quality of life. A staff member gave an example of the care and support provided to someone who had been limited to their bed when they moved to the service. The staff team encouraged and supported the person to exercise daily and assisted them to improve their ability in all aspects of their daily care needs and was now able to walk, eat and manage most of their personal hygiene needs independently.

Some people and relatives we spoke with were aware of their care plans. Records showed decisions made about their care and how their care needs would be met had been documented. One person said, "The nurse has my care plan. I discussed with her and changed how often and when I wanted to be showered." Another person told us they felt in control of their care and staff respected their wishes.

Throughout our inspection visit we heard staff asking people about the care and support they needed, which included whether they wanted support with personal care. Staff showed good insight in the needs of people and the support they required. Staff documented the care and support provided to people

throughout the day and night, which was used to monitor their health. A staff member said, "We all talk to each other and get an update on everyone at the handover meetings." They added that if they were unsure they would check people's care plans or would speak to the nurse in charge.

Care plans detailed decisions people had made with regards to their care and support needs. There was detailed information about people's health, care and social needs and clear guidance for staff to follow. For example, where some people living with dementia sometimes refused helped with their personal care needs, staff had guidance about the different strategies to encourage them to let staff assist them. Staff told us that they would try to encourage people to have personal care throughout the day so as not to cause distress. That showed that staff understood the complex needs of supporting people in a caring manner.

People and their relatives described staff to be 'highly respectful and aware of the needs of people. When we asked people how staff promoted and respected them, one person said, "If I ask for a bath or a shower, they [staff] respond. They close the door when washing me. They knock on the door before coming in." A relative said, "They [staff] treat her with dignity. When they change her clothes I am asked to go outside. I can hear them talk with her. They speak kindly; they check she is comfortable afterwards."

At lunch time we observed staff ensured people's clothes were protected from food spillages. We saw staff approached people and discreetly offered to assist them with their personal care needs. This showed people's dignity was assured.

We saw people's confidential information such as care records were kept secure within the cabinet in the lounge and in the office. Staff made sure the office doors were closed when they discussed people's care needs. For instance, when the GP called the nurse took the call in the office. That meant people could be assured their confidentiality was maintained.

We saw certificates in the staff office which confirmed that some staff had attended training to support people towards the end of life care. Staff showed good awareness and understood the importance of their role and worked closely with the health care professionals to ensure the person remained pain free and comfortable. A visitor told us that their family member had used the service and were well supported towards the end of their life. They said, "Staff were caring and compassionate. It was a difficult time and I'm glad we got the support we needed."

Some people had made an advanced decision about their care with regards to emergency treatment and resuscitation, which meant they had a DNACPR (Do Not Attempt to Cardio Pulmonary Resuscitation) in place. These were personalised, for example, it was documented that someone preferred to remain at the care home to be cared for by the staff at Hayes Park Nursing Home. That showed plans had been put into place with the involvement of the person, their relative and health care professionals. That meant people could be confident that their choices and decisions made would be acted upon when needed.

Good

Is the service responsive?

Our findings

People told us that they received the care and support that was right for them and in an environment that suited them. One person told us that they chose to use the service and knew they would be able to communicate with staff in their first language which was not English. A relative said, "It was recommended to us. When I visited I felt his needs would be met by what I saw." A relative told us that their family member's discharge from hospital was planned. The registered manager had completed an assessment of needs to ensure staff would be able to provide the care and support they needed.

People told us that staff were responsive and respected their wishes. One person said, "They [staff] ask me what I want and I tell them." Another person said, "Staff come within a few minutes if I ring the bell" and we observed this to be the case for one person who was nursed in bed. A nurse told us all the nurses understood their responsibilities to regularly check people who were nursed in bed. They made sure people were comfortable, safe and were given the support they needed.

We saw a number of instances which showed staff were vigilant and responded to people's needs, requests in order to maintain their health and wellbeing. For example, when someone dropped their glass of juice on the floor, one staff member cleaned the spillage whilst another fetched a fresh drink for the person. When a nurse recognised the person they were supporting was in pain by their facial expressions they were offered some pain relief and were supported to take it.

A relative said, "She can't ring the bell and they [staff] check every two hours and move [re-position] her and see if she needs anything." Another relative said, "She has poor hearing so they [staff] have to speak loudly in her right ear. She can sometimes understand and respond. But only simple things with her. Then staff confirm, and do what she wants." Those were examples of people's experience of responsive care and support provided by staff to meet their needs.

We looked at the activities provided at the service. The activity staff told us that they planned activities around people's interests and their choices. On person said, "I enjoy Bingo, playing darts and ball games. I listen to faith talks. I read the paper and enjoy TV. I don't enjoy gardening and painting."

People had a choice of two lounges. Some people were watching TV programmes that met their cultural needs whilst others preferred to spend time in their privacy of their room. People had their relatives visit them and some were actively involved in their care. A relative told us, "I visit daily because I want to continue to look after him. I help him eat and we chat about things." We saw some people asked to play bingo in the afternoon and it was organised. People were enjoying themselves as laughter and conversations could be heard.

Staff employed was reflective of the local community. Staff were aware of people's the cultural backgrounds and had range of language skills so they could communicate with people whose first language was not English. We observed this had had a positive impact on people who used the service and their relatives as staff were able to act on matters that were brought to their attention.

People's diverse and cultural needs were met. One person said, "The Christian church comes over once a month. We celebrate Eid for Muslims and Diwali for Hindu's. At Diwali we had a party. Everybody's birthday is celebrated. We also celebrated Valentine's Day."

We asked someone whose first language was not English if they knew what a care plan was. They told us that the care plan told staff what they could do for themselves, the help they needed and their daily routines and food and drink preferences. They pointed to a list kept in their bedroom which staff referred to. They added that a staff member had explained what was documented in their care plan which had assured them that staff had the right information to support them.

Care records showed that people were involved in the development of their care plan from the assessments of needs carried out by the registered manager. Staff we spoke with were able to describe how they responded to people's individual needs. For example, a person's care plan stated that they should be sat on a pressure relieving cushion, be encouraged to reposition, used a water base barrier care and prompt for regular toileting. A staff member confirmed the care they provided which was consistent with the care plan and the daily monitoring records we viewed confirmed that this person's needs was met in line with their care plan.

A nurse told us that hourly checks were carried out on people who were nursed in bed, or unable to use the call bell throughout the day and night. This supported what people and relatives had told us and the records we viewed. That meant people could be sure that the support they received was personalised covering all aspects of their life.

People told us that they were asked whether they were satisfied with how their needs were met. Records showed any changes to people's needs were documented. Review meetings detailed the issues raised and the outcome of discussions, for instance care plan amended. Relatives told us they were involved in the decisions made about their family member care. A relative said, "The nurse lets me know when he's not been well. He's got dementia and doesn't always understand. So if they [nurse] need to change his care plan they tell me what they will do to help him." Another relative told us, "The nurse talked with me about his needs. I always check how he is dressed and if his hair is washed then I know he is bathed." This supported the information in the PIR.

People's views about the service were sought individually and through meetings. One person told us they expressed concerns about the drink cups which had been addressed although the curries served had not improved as yet. The residents meeting minutes supported what people had told us and included other topics that were discussed such as the refurbishment plans and the planning of social events. This showed that the service listened and acted on people's views.

People told us what they would do if they had a complaint. One person said, "I would go the patient contact or the manager if I wanted to complain. I complained about the delay in washing me and now get it at 10am. I was listened to." A relative said, "I would talk to the nurses first and the manager after that."

The registered manager had an 'open door' policy and encouraged people to come and speak with them if they had any concerns or wished to talk about anything that affected them. The complaints procedure was displayed in reception area and translated in the languages spoken by people who used the service. People and their relatives we spoke with were aware of this and were confident that any concerns raised would be addressed.

The PIR stated that the service had four complaints. Records showed the complaint procedure had been

followed. The registered manager told us that they analysed the complaints to identify any patterns which could affect other people who used the service. They found all the complaints were individual issues. This showed the complaints were used to improve the overall quality of care provided.

Good

Is the service well-led?

Our findings

We found that the registered manager and staff promoted a positive and friendly culture. People spoke positively about the quality of care provided to meet their needs and felt the service was well managed. When we asked people for their views about how the service was managed one person said, "The home atmosphere is good. I make jokes with carers and residents. The activity staff involve everybody. I don't feel lonely."

A relative said, "There's stability in the staff team. The manager is always around. They are all dedicated and approachable." And, "He [registered manager] is very friendly and listens. I can talk with him any time I want. I have told other people that this home is good. I would also like to say thank you to the nurses."

We found systems were in place to ensure people's care and support needs were managed and monitored. For instance, people's needs and care plans were regularly reviewed which took account of people's views. The service had employed staff with language skills which had had a positive impact on the quality of care provided as people were able to express themselves and be understood. Records showed people, their relatives, where appropriate, the staff and health care professionals were involved to ensure people's needs were met.

There were opportunities provided for people and their relatives to comment upon the service they received. Residents meetings were held regularly. Records showed these meetings were meaningful and people expressed their views and influenced how the service was managed. For example, people were consulted as to the colour scheme for the communal areas. Relatives told us that satisfaction surveys were sent out annually to gather their views about the home, décor, food, quality of care and whether the staff were caring. A relative told us that these surveys were provided in English and other languages such as Gujarati, Hindi and Polish.

The registered manager showed us the results from the survey from 2016 which were all positive. Surveys had been sent in January 2017. Some had been returned and were being analysed by the registered manager. They told us that results would be shared with the people who used the service and their relatives along with any action plan to improve the service. That showed people's views were valued.

The registered manager understood their responsibilities to manage the service and their legal obligations. The latest CQC inspection report and rating was displayed, which is a legal requirement. This is so that people, visitors and those seeking information about the service can be informed of our judgments. They notified us of significant events that affected people's health, safety and wellbeing and detailed what action had been taken.

The registered manager understood the CQC's approach. The information recorded in the PIR and our findings during this inspection confirmed that the service was safe, effective, caring, responsive and well-led. They had kept their own knowledge up to date in relation to the regulations, meeting people's health care needs and also worked closely with the quality manager, nurses and health care professionals. This meant

people and staff could be assured that the service well managed and met the legal requirements in order to provide a quality care service.

Staff told us that the registered manager provided clear leadership, found them to be approachable and that they acted on feedback. Comments included, "Good manager" and "He [registered manager] is very approachable. I am supervised by him and he is very supportive."

Staff were clear about their roles and responsibilities, were motivated and understood what was expected of them by the registered manager and the provider. Staff told us they were supported by the registered manager in their role and received training to ensure their knowledge, skills and practice was kept up to date.

Regular meetings provided staff with opportunities to raise issues, identify solutions and also made suggestions to develop the service. The meeting minutes showed these were well attended and topics discussed related to health, safety, quality of service provided and areas where the working practices could be improved, for example, new staff would be required to complete the 'Care Certificate' that provides an induction to health and social care. Any action points identified such as training dates had been confirmed. This was an example of the registered manager taking action to ensure staff were well supported.

We found the provider had a governance system that was used effectively to monitor the service and the quality of care provided. We saw the registered manager carried out a variety of audits on people's care records, medicines management, infection control and the premises. Action plans detailed the environmental improvements being made. Those were monitored by the provider to ensure any issues identified were addressed. We looked at a sample of the provider's policies and procedures; these had been updated and provided staff with clear guidance about their role.

The registered manager told us they analysed complaints, concerns, incident and accidents to identify any trends and took action. For example, someone had been referred to the falls clinic for advice and their falls risk assessment tool (FRAT) had been updated and their medicines had been reviewed by the GP. This showed that information documented and feedback was used in a meaningful way to drive improvements.

The PIR included planned improvements the provider looked to implement over the next 12 months to further develop the service and to maintain quality of care provided. These included the refurbishment of the service, ongoing review and management of risks and to support the management and staff to access training events and conferences

Records showed the quality manager for the provider visited the service to check the quality of service provided and monitor the improvements made. We saw these visits also provided support and guidance to the registered manager who was completing the provider's manager's training programme. That helped to assure the provider that the registered manager was supported to manage the service effectively.

Prior to our inspection visit we contacted health and social care professionals, health commissioners and the local authority commissioners responsible for the care of people who used the service. They all had positive comments about the registered manager and how they had managed the service. They found the registered manager and staff were all approachable, knowledgeable about the people in their care and felt people received a quality care service at Hayes Park Nursing Home.