Jasmine Healthcare Limited

Avenue House Nursing and Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 5 October 2016 and was unannounced.

Avenue House Nursing and Care Home provides a service for up to 45 older people, who may have a range of care needs, including dementia. There were 42 people using the service on the day of the inspection.

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.

Systems were in place to ensure people's daily medicines were managed in a safe way however, these had not been followed adequately on the day of the inspection. We found medication that had been missed, not given and one that had run out. The registered manager took immediate steps to address all of this and make people safe.

The provider had carried out appropriate checks on new staff to make sure they were suitable to work at the service. However, the checks for agency staff were not as robust. Although checks had been carried out by the supplying agency, there was no evidence to show that the provider had ensured these were satisfactory and agency staff were safe to work at the service.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service. Staff were confident about reporting any concerns they might have.

Processes were in place to manage identifiable risks within the service and ensure people did not have their freedom unnecessarily restricted.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs. Agency staff were being used to fill staff vacancies, but recruitment was underway and new staff had been appointed.

Staff had received training to carry out their roles, including support to complete nationally recognised induction and health and social care qualifications.

Systems were in place to ensure the service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support. In general these processes were understood by staff and followed correctly.

People had a choice of food and they had enough to eat and drink. Assistance was provided to those who

needed help with eating and drinking, in a discreet and helpful manner.

The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

We saw that people were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care and support.

People's social needs were provided for and they were given opportunities to participate in meaningful activities.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to. People were confident in raising concerns if they needed to do so.

There was a registered manager in post who provided effective leadership at the service, and promoted a positive culture that was open and transparent. People and staff felt the registered manager was approachable and fair.

Systems were also in place to monitor the quality of the service provided and drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Systems were in place to ensure people's daily medicines were managed in a safe way. However these had not been followed adequately on the day of the inspection.

The provider carried out checks on new staff to make sure they were suitable to work at the service. However, the checks for agency staff were not as robust.

Staff understood how to protect people from avoidable harm and abuse.

Risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective

We found that people received care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

Systems were in place to ensure the service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support. However, these were not always followed correctly.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Is the service caring?

Good

The service was caring

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive

People received personalised care that was appropriate to meet their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

Good

The service was well led

A registered manager was in post.

There was effective leadership in place and we found that the service promoted a positive culture that was person centred, inclusive and empowering.

There were systems in place to support the service to deliver good quality care.

Avenue House Nursing and Care Home

Detailed findings

Background to this inspection

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

The inspection was unannounced and was carried out on 5 October 2016 by two inspectors.

Before the inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

In addition, we asked for feedback from the local authority and clinical commissioning group; who have a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences. We spoke with six people living in the home and observed the care being provided to a number of other people during key points of the day, including breakfast, lunch time and when medication was being administered. We also spoke with the registered manager, two deputy managers, an agency nurse, two care staff and the cook.

We then looked at care records for four people, as well as other records relating to the running of the service. These included staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed in a safe way. We observed medication being administered to people at breakfast time. One person had been given some of their morning medication by a night member of staff however; some had been left in the packaging. One of these tablets had also been signed for in error, because it had not actually been given. This meant there was a risk that the person would not receive all their medication as prescribed. These errors were however picked up by the member of staff administering medication to people at breakfast time, and following a stock check and a call to the person's GP, these medications were later administered.

Another person had not been given a tablet that should have been given to them on an empty stomach. Once again, this was picked up by the member of staff administering medication to people at breakfast time. However by this time it was too late for the person to take the tablet because they had already eaten. Staff confirmed that they had discussed this with the person's GP on discovery of the omission, and it had been agreed that the person could miss the tablet for one day.

Another person had run out of a particular medication two days before the inspection. We could see that staff had ordered more medication, but it became clear when speaking with staff that current stock monitoring processes were not adequate. Staff explained that sufficient medication was delivered to cover a 28 day cycle, and once this ran out, more medication would be delivered. However, this person's medication had been changed part way through the 28 day cycle and staff had not taken this into account in terms of planning ahead and ordering in sufficient quantities to last until the end of the existing 28 day cycle. The registered manager confirmed after the inspection that a new prescription had been picked up the same day, and that more robust stock checks would be carried out for interim prescriptions.

Individual medication profiles were in place which provided clear information for staff in terms of the purpose of each medication prescribed for people. The profiles also contained a photograph of each person, which provided an additional safeguard in terms of staff being able to match the right person to their medication, and minimise the risk of them giving the wrong medication to someone. We did see two profiles however that did not contain a photograph. This was a concern because the home was using agency staff at times to administer medication. Agency staff may not always be as familiar with the service and the people living there, as permanent staff.

The breakfast medication round went on past 11:00 am, due to the errors found and there being only one member of staff administering medication. We were concerned that there was a risk that people would receive their lunch time medication too soon after their morning medication.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, the registered manager took appropriate steps to address the concerns found; to safeguard people in the future and ensure they had their medication as prescribed.

People we spoke with confirmed that as a rule they received their medication as prescribed. One person told us: "I have my tablets on time." Another person added: "They make sure I get my tablets when I need them." We noted the nurse administering medication took their time to check the medication administration records (MAR), to ensure they were giving people the right medication. They did not rush people and took the time to explain the purpose of the medication they were administering to people and how best to take it. The nurse demonstrated a good awareness of safe processes in terms of medication storage and administration. They were also clear about what to do in the event of an error, including seeking advice from a relevant health professional.

We saw that medication was stored securely, with appropriate facilities available for controlled drugs and temperature sensitive medication. Clear records were being maintained to record when medication was administered to people. The member of staff we observed also used a simple safety check system; to minimise the risk of someone being forgotten.

The registered manager described the processes in place to ensure that safe recruitment practices were being followed; to confirm new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. However, we found that safe recruitment processes were not always followed for agency workers. We reviewed some agency staff checks that had been carried out by the supplying agency. We found information of concern on one agency member's records, which had potentially placed people living in the home at risk. It was clear that the registered manager had not known about this, and there was nothing on record to confirm that the provider had satisfied themselves, when the staff member had first started working at the home, that they were safe to do so. The registered manager took immediate steps to find out more about the concerns, and confirmed shortly after the inspection that the member of staff was not a risk to people. However, we noted from the information supplied that this decision had been determined by the supplying agency, rather than the registered provider.

This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at a sample of recruitment records for permanent staff and found legally required checks had been undertaken. Nursing qualifications had been checked for the registered nurses and the registered manager had maintained a record of when the nurse's PIN (evidence of individual registration with the Nursing and Midwifery Council) numbers were due to expire.

Everyone we spoke with confirmed that they felt safe living at the service. One person said: "I feel quite safe here." Another person told us: "I always feel safe, they look after me."

Staff told us they had been trained to recognise signs of potential abuse, and understood their responsibilities in regard to keeping people safe. They were very clear that if they witnessed abuse they would report it straight away to a senior member of staff. They also knew how to report concerns outside of the service in the event of a senior member of staff not being around.

We saw that information was on display which contained clear information about whistleblowing procedures and safeguarding, including who to contact in the event of suspected abuse. Records we looked at confirmed that staff had received training in safeguarding and that the home followed locally agreed safeguarding protocols.

Staff spoke to us about how risks associated with people's care were managed; to ensure their safety and protect them. They described the processes used to manage identifiable risks to individuals. We noted that different staff relayed the same information in terms of risk management strategies; demonstrating that agreed methods had been put in place to respond to identified risks in a consistent way.

We saw that people had appropriate equipment in place, where required, such as mattresses and cushions designed to minimise the risk of developing a pressure ulcer. We also observed staff on a number of occasions supporting people to transfer using hoists, a standing hoist and frames. They demonstrated safe techniques and provided people with encouragement and reassurance where needed. For example, one staff member was overheard saying: "Don't be frightened, relax, you are in a safe place, try and relax." The person was seen to respond positively to this approach. We also found that staff worked hard to ensure that people remained safe, ensuring that areas were free from obstacles before manual handling was attempted.

Risk management plans were in place to promote and protect people's safety. Individual risk assessments were updated on a monthly basis; to take account of any changes with people's needs and ensure staff provided care which took account of identified risks. Risk assessments we looked at covered areas such as choking, moving and handling, continence, nutrition, falls and skin integrity. These corresponded with further guidance in people's care plans, to support staff in minimising potential areas of risk in a consistent way. For example, one person had experienced recurrent falls because of an unsteady gait. We saw that action had been taken to ensure the person had a sensor mat in place and they were being monitored on an hourly basis, to promote their safety.

The registered manager described the systems in place to ensure the premises and equipment was managed in a way that ensured the safety of people, staff and visitors. We saw that comprehensive checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis. We checked equipment that might be used to monitor people's health or in an emergency, such as the first aid box, a suction machine and blood pressure machine. We found these had been maintained appropriately and were ready for use.

People had individual Personal Emergency Evacuation Plans (PEEPs) in place, to guide staff as to the safest manner to evacuate them from the service in the event of an emergency. A 'grab bag' was also in place; to assist staff in such an event. The registered manager confirmed there was not yet a written business continuity plan for the service; to support staff in the event of an emergency. However, she showed us that she had drafted an emergency plan for the home, which had been sent to the provider for approval. This showed that arrangements were in place to respond to any emergencies or untoward events.

People told us there were sufficient numbers of staff to keep them safe and meet their needs. One person told us: "I think there is enough staff here; I see a lot of them rushing about doing what they need to." Care staff were also content with staffing levels in the home. They told us that six care staff were planned for each day with additional support from a senior care member of staff and a registered nurse. Rotas we looked at confirmed this and we saw that extra support was provided on the day from the registered manager, two deputy managers, two laundry assistants, two housekeepers, two cooks, maintenance personnel and an external activity provider. The registered manager told us that she had divided the home into three areas and organised staff into three teams on each shift.

She added that if staffing levels fell below planned levels due to unforeseen circumstances, then she would endeavour to find cover within the permanent staff team, but would arrange for agency staff to cover if this was not possible. She also told us that non care staff supported care staff with tasks such as assisting people

with eating, which helped the care staff to provide people with appropriate care and support in a timely way. We observed this happening at lunch time.

Staff told us there was a current shortage of trained nurses at the home, but recruitment was underway. The registered manager confirmed that new nurses had been appointed and were due to start on completion of satisfactory recruitment checks. In the interim she told us she tried to ensure consistency for people by requesting the same agency workers. We saw this was the case on the rotas we looked at. We also spoke with an agency member of staff who confirmed they had worked at the service on a weekly basis over the last couple of months.

We observed that staff were a constant presence in the communal areas, but they were also monitoring those people who remained in their rooms, so that care could be delivered when it was needed. When instant support could not be given, staff responded positively and provided an explanation for the delay and ensured they returned as quickly as possible. We noted that people had call bells within their reach and that these were answered swiftly.

The registered manager showed us a dependency tool, which she used to calculate the staffing levels required on a monthly basis. We saw that this had been completed recently. This meant that systems were in place to ensure sufficient numbers of suitable staff to keep people safe and meet their needs.

Good

Is the service effective?

Our findings

Staff talked to us about the training and support they received to help them in their roles, and to meet people's assessed needs, preferences and choices. They told us they received the right training to do their jobs. When asked about how they supported people on a day to day basis, we noted that they were particularly sensitive to the needs of people living with dementia and demonstrated a good understanding of the daily challenges that they might face.

The registered manager talked to us about the home's approach to staff training. She told us five staff were in the process of completing the Care Certificate (a nationally recognised induction programme). Records we looked supported this. We also saw that new staff completed an in house programme of training. A training matrix had been developed which enabled the registered manager to review staff training and see when updates / refresher training was due. This confirmed that staff had received training that was relevant to their roles such as safeguarding, dementia awareness, manual handling, pressure care, nutrition, continence, medication, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We noted that non-care staff had completed some of this training too; providing them with important knowledge and an understanding of the needs of people they were coming into close contact with on a daily basis. Additional records showed the training completed, and competency checks, for regular agency members of staff working at the home.

Staff told us that staff meetings were being held to enable the registered manager to meet with them as a group, and to discuss good practice and potential areas for staff development. Recent minutes showed areas such as housekeeping, dignity and respect, staff conduct, and monitoring charts had been discussed. Records also showed that staff had received individual supervision; providing them with additional support in carrying out their roles and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that systems were in place to assess peoples' capacity and appropriate DoLS applications had been completed by the registered manager.

Where people had DNARCPRs (Do Not Attempt Cardiopulmonary Resuscitation) in place, these had been completed in the appropriate manner and denoted whether the decision was indefinite or required a review. These were in a prominent place in people's care records to ensure that staff were aware of them, and there

was evidence of people's involvement in making these decisions. Where the process required support from an MCA assessment, we found that this was in place.

Our observations confirmed that staff routinely obtained people's consent before assisting them with personal care or supporting them to transfer. For example, we heard staff asking: "Can I help you to move?" or "Can I just move you round please?" They were very clear when we spoke with them that if someone refused care from them, they would respect this and arrange for another member of staff to try instead. This demonstrated that staff had developed a positive approach to dealing with potentially difficult situations, whilst ensuring people's rights were protected.

The home had three shared bedrooms, which were all in use on the day of the inspection. We saw some clear information about the arrangements for sharing a room contained within information that had been developed for prospective service users, and we were shown evidence that this had been discussed with people or their relatives prior to them moving in. Although there was no indication that people who were currently sharing rooms were not happy do so, the registered manager confirmed there was no written evidence to support the fact they had consented to sharing these rooms. Shortly after the inspection she showed us a new sharing 'agreement' which she had drawn up; to demonstrate people's consent to sharing a room, and told us this would be completed in future.

People told us they had enough to eat and drink and that they enjoyed the food provided at the home. One person told us: "The food is always very nice." Another person added: "This is really nice, a good way to start the day." This was in reference to an egg and bacon sandwich they had been given for breakfast.

It was evident that staff had a good awareness of people's individual dietary requirements. The cook told us: "The staff tell me about people's dietary needs and if they need their food fortifying. I have a list so we all know exactly who needs what. Any changes are easily dealt with. People have a couple of choices each day but if they need or want anything else we will get it for them." We saw written information about people's dietary needs in the kitchen; to support catering staff in providing appropriate food and drink for people.

At lunch time we noted that dining tables were laid appropriately; providing a visual clue for people living with dementia that it was time to eat. A four weekly menu had been developed which provided people with a choice of food, but people were also supported to make visual choices through 'show plates'. Staff explained that people living with dementia often found it difficult to make choices in advance, so by showing everyone the options available, people were enabled to make their choice by pointing to the meal they wanted.

The meals we saw looked and smelt appetising. We observed that people were supported in an appropriate manner, with staff sitting by their side and engaging meaningfully, where help was needed to eat. We reviewed information in people's care plans and risk assessments and found that dietetic intervention and SALT (speech and language therapy) input had been sought when required. We saw that people were provided with the correct diets, for example, diabetic diets and chopped / pureed food options; to support swallowing and minimise the risk of choking. We also observed people requesting, and being provided with, snacks throughout the day. Hot and cold drinks were also regularly offered, or at peoples' request.

People were supported to maintain good health and have access to relevant healthcare services. Staff we spoke with were very clear about the importance of monitoring people's health needs and seeking additional support and advice from relevant external professionals as required. They told us they felt well supported by external healthcare professionals, who they called upon when they required more specialist support.

One person was concerned about their health, and reported this to a staff member. We heard the staff member provide appropriate reassurance to the person that they would be seen by the GP that day. We also heard this information being passed over to the deputy manager, who was preparing for the GP's visit.

Records showed that people were seen by relevant healthcare professionals, such as the GP, dietician and continence service, when they needed to, and that action was taken to update records with any required advice or treatment as needed.

Good

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion; they felt that staff cared for them and about what happened to them. One person told us: "Well they get me what I need and help me. They are all right." Another person added: "I know who the staff are by their footsteps. Yes they look after me quite well, talk me through things and help me, come when I need them." Other people smiled when we asked if they were happy at the service, indicating that they were happy with the care they received from staff.

We saw some recent written feedback from relatives that echoed these comments. One relative had written: 'We truly felt that mum was treated as you would help your own family and the kindness and dignity you gave and the care was exemplary.' Another relative had written: 'Thank you for your care, compassion and support.'

We observed many positive interactions between staff and people using the service throughout the inspection. All of the staff demonstrated a good understanding of the needs of the people they were supporting, and their approach was meaningful and personalised. For example, a member of staff told us: "It's lovely to see them enjoying themselves." This was said during a musical activity session that was provided on the day.

Throughout the inspection we overheard friendly conversations and lots of laughter. Staff engaged people in meaningful conversations about their preferences, family members and issues that were taking place in the wider world, outside of the service. They were reassuring and responsive to people when they became distressed; we observed them holding hands, using touch for reassurance and comfort and getting down to each person's level when communicating with them. One person struggled to understand what a member of staff was saying to them, and the staff member was observed to cheerfully repeat what they had said several times in a calm and patient manner.

People confirmed they felt involved in making decisions about their care. One person said: "I get choices about a lot of things, what to eat, what to wear. I have no worries about anything like that." Staff were seen offering choices and options in respect of where people wanted to sit, what they wanted to eat and drink, activities they undertook and the music they listened to.

People were supported to maintain important relationships with those close to them. Staff told us that visitors were welcomed without restriction, and information that had been developed for prospective users of the service confirmed this. We saw there were a variety of areas throughout the home where people could go to have some quiet time, or privacy to meet with friends and family if they wished to do so. We saw that bedrooms were personalised with people's personal possessions, to enhance their stay at the service.

People's privacy and dignity was respected and upheld. For example, we observed staff knocking on people's doors before entering, and ensuring doors were closed before the delivery of personal care. Conversations took place discreetly, and staff worked to maintain people's confidentiality. Staff supported people to change their clothing when this was dirty following meals, and ensured their hair was neat and

tidy; taking a pride in their appearance on their behalf. They paid attention to the finer details, such as commenting on people's hair or nails; giving out compliments such as: "Look at you! You look lovely." They also encouraged people in a respectful and supportive way. For example: "Good man, well done!"

Good

Is the service responsive?

Our findings

People told us they received care that was responsive to their needs. One person told us: "They always ask me if they can help me." Staff told us that before people used the service, they were asked for information about their needs. This information was then used to develop a care plan that reflected how each person wanted to receive their care and support. We reviewed care records and found that people, and their relatives, where appropriate, had been asked to contribute to an assessment of their needs, before moving into the service.

Care plans contained clear information for staff regarding the care and support needed to meet individual people's needs. Where people had needs that required additional or more complex input, for example oxygen therapy or catheter care, we found that care plans were robust and contained sufficient information to guide staff as to the appropriate care needed for that person. Plans we looked at had also been evaluated on a regular basis; to ensure the care and support being provided to people was still appropriate for them. Additional records and monitoring charts were being maintained to demonstrate the care provided to people on a daily basis. These showed that people were provided with care in accordance with their care plans, including regular interactions such as mattress checks and turns; to minimise the risk of people developing a pressure ulcer, or food and fluid intake; to reduce the risk of malnutrition.

We saw that people's needs were routinely assessed; to ensure the care and support being provided was still appropriate for them and that their needs had not changed. Care records contained evidence of people's involvement in the review process; with their preferences and routines clearly recorded such as carer gender and any cultural or religious requirements which impacted upon their care. This showed that the service recognised the diverse needs of the people using the service in relation to disability, gender, ethnicity, faith or sexual orientation.

We spent time observing how care and support was provided to people living at the service at various points during the day. People were encouraged to make their own choices and decisions, as far as possible. Staff were observed to be supportive whilst encouraging people to be as independent as possible. For example, by enabling them to eat without assistance, through the use of adaptive eating aids. Staff we spoke with were very clear in terms of balancing identified risks to people, but at the same time ensuring their independence and control was not restricted unnecessarily. For example, one person had recently choked on their dinner. The registered manager explained that prior to the incident the person had not required any assistance with eating. Therefore a decision had been made to support them by cutting up some components of their meal and to provide discreet supervision, rather than impose a soft / pureed diet on the person at this stage.

We spoke with people about their social interests. One person told us: "I do enjoy the activities when they have them." The registered manager told us that the home's activity coordinator had recently left, but they were in the process of recruiting to this post. In the interim she explained that activities were being organised in a variety of ways including an external activity provider, an activity coordinator from another service run by the same provider, and staff working at this service. Staff confirmed this when we spoke with

them. One staff member told us: "Music is a good therapy for people, they love it and it seems to bring them out of themselves." We observed a music session which took place on the morning of our inspection and saw that many people were engaged positively. The session supported people to reminisce about their past lives, to talk about the music being played and link this in with other old time aspects that they could remember. We noted that this activity was received really well, with people seen clapping their hands and singing along with huge smiles on their faces. We also saw that there was an activity schedule on display, which included a range of other activities planned for the week, such as arts and craft and board games.

Information had been developed for people outlining the process they should follow if they had any concerns with the service provided. People we spoke with were aware of the complaints procedure and who they could raise concerns with. One person told us: "I have no complaints at all."

The registered manager showed us that a record of concerns, complaints and compliments was being maintained. We noted from this that feedback was taken seriously, and updated to record any actions taken in response. This showed that people were listened to and lessons learnt from their experiences, concerns and complaints; in order to improve the service.

Good

Is the service well-led?

Our findings

The registered manager told us there were opportunities for people and relatives to be involved in developing the service, which included completing satisfaction surveys and attending meetings. We saw minutes from a recent 'residents' meeting which showed that areas such as home improvements, activities, food quality and choice, complaints and housekeeping were discussed. We saw that useful information has also been displayed around the home about safeguarding arrangements, activities, complaints and staff working at the home. Clear information had also been developed for prospective users of the service, setting out what they could expect from the service.

The registered manager showed us that quarterly newsletters had previously been sent out to update relatives about life at the home and important dates, such as social events and meetings. She told us the newsletters had tailed off in the last six months, due to the lack of an activity coordinator for the home, but said she hoped these would begin again once a new coordinator was appointed. We saw that information was shared with staff through notices, training and meetings. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people.

The service demonstrated good management and leadership. People knew who the registered manager was and staff told us they felt well supported. The registered manager told us she was supported by two deputy managers including one whose role was clinical lead for the home; providing support and oversight of the clinical aspects of the service. We observed that the registered manager spoke with people to find out how they were and was also involved in their support and wellbeing. We saw that the she knew people's names and interacted with them on a personal level, making them feel at ease and sharing a laugh and a joke. We noted that people recognised the registered manager, who took time to provide thoughtful touches, such as getting people a blanket when they said they were cold.

Staff told us they were happy working at the service and that the registered manager was approachable and fair. One member of staff provided a specific example of how the registered manager had supported them in their role. They spoke enthusiastically about working at the service. We noted overall that there was a relaxed, comfortable and happy atmosphere within the home. Staff we spoke with were clear about their roles and responsibilities across the service. They made positive comments about the open culture at the service and confirmed they were supported to question practice. They told us clearly that they knew how to whistle blow and raise concerns, if required.

We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly. Staff appeared relaxed speaking with us and we also found the management team to be open and knowledgeable about the service - they responded positively to our findings and feedback. The registered manager confirmed she felt well supported by the provider, and that appropriate resources were available to drive improvement in the home.

Systems were in place to ensure legally notifiable incidents were reported to us, the CQC in a timely way. Our records showed that this was happening as required. We also found evidence that findings from incidents

that had occurred had been used to make positive changes; in order to improve levels of safety and drive quality within the service. It was clear from speaking with staff that these incidents had been discussed with them, which showed that the service had taken the opportunity to improve practices and for lessons to be learnt.

The registered manager talked to us about the quality monitoring systems in place to check the quality of service provided. She showed us that satisfaction surveys were sent out annually to people, relatives, staff and other professionals; to gain their feedback on how well the service was doing, and to see if there were areas that could be improved. We saw the results of a recent satisfaction surveys which highlighted positive feedback in areas such as food and nutrition, staff training and the management of the home. Where improvements had been identified in other areas, we noted that corresponding action plans had been put in place, which were checked by the provider, to ensure completion.

Other audits were taking place on a regular basis, on behalf of the provider. These covered areas such as care records, staff files, daily charts, medication and the premises. We looked at a sample of provider level audits and noted there to be a good overview of the service, with high expectations in terms of quality service provision. This demonstrated that there were arrangements in place to monitor the quality of service provided to people, in order to drive continuous improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medication was not always managed in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not sufficiently robust enough to ensure agency staff were safe to work at the service.