

Mimosa Healthcare (No 9) Limited

Longlands Care Home

Inspection report

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Date of inspection visit: 15 and 16 October 2014
Date of publication: 15/12/2014

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?	Requires Improvement	
Is the service well-led?	Good	

Overall summary

We inspected Longlands Care Home on 15 and 16 October 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Longlands Care Home is a residential care home providing personal care for up to 43 people and / or people living with a dementia. At the time of the inspection there were 40 people who used the service. Accommodation is provided over two floors and includes communal lounge and dining areas. Externally there are garden areas and a car park.

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

Summary of findings

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We found that people were encouraged and supported to take responsible risks. People were encouraged and enabled to take control of their lives.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff were kind and respectful. Staff were aware of how to respect people's privacy and dignity. It was evident staff knew people who they supported and cared for well. People and relatives told us that they were happy with the care and service provided. People told us that they were able to make their own choices and decisions and that staff respected these.

The registered manager and staff had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. This meant that people were safeguarded and their human rights respected.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People told us that they liked the food provided.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information and set out how each person should be supported to ensure their needs were met. We found that risk assessments were insufficiently detailed. They did not contain individual person specific actions to reduce or prevent the highlighted risk. This meant that safety actions to keep people safe were not documented and people could come to harm.

We saw that people were involved in a wide range of activities. We saw that staff engaged and interacted positively with people. We saw that people were encouraged and supported to take part in activities.

Appropriate systems were in place for the management of complaints. People and relatives told us that the registered manager was approachable. People we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff at the service enabled and supported people to take responsible risks. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

There were sufficient staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management of medicines so that people received them safely.

People told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice.

Good



Is the service effective?

This service was effective.

People told us they were provided with a choice of healthy food and drink which helped to ensure that their nutritional needs were met. People told us that they liked the food provided.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff who worked at the service had completed induction, training and received support. Staff were extremely knowledgeable about the care that people received.

Good



Is the service caring?

The service was caring.

People and relatives told us they were supported by caring and compassionate staff. People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after.

Good



Summary of findings

We observed interactions between staff and people who used the service. We saw that staff were kind and respectful to people when they were supporting them. Staff knew how to respect people's privacy and dignity.

Is the service responsive?

The service was responsive.

People's care and support needs had been assessed before the service began. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plans. However risk assessments were insufficiently detailed which meant that safety measures were not documented and people could come to harm.

We saw people were involved in a wide range of activities. We saw people were encouraged and supported to take part in activities. Activities were arranged both on an individual and group basis.

The people and relatives we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Requires Improvement



Is the service well-led?

The service was well led.

Staff meetings took place frequently and good practice was regularly shared. The registered manager undertook various audits such as health and safety, environment, medication and infection control.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified.

Good



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

We inspected Longland Care Home on 15 and 16 October 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of an adult social care inspector and an expert by experience who had experience of residential care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the home. The provider completed a provider information return (PIR) which we received prior to the inspection. 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. After the inspection we contacted the local authority and Healthwatch to find out their views of the service.

During the inspection we spoke with 14 people who used the service and two relatives. We also spoke with the registered manager, the operations director, the deputy manager, the cook, the activity co-ordinator, a senior care assistant, the maintenance person and with two care assistants.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not verbally communicate with us. We observed how people were supported at lunch time and during activities. We looked at six people's care records, nine recruitment files, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms (with their permission), bathrooms, communal areas and the garden.

Is the service safe?

Our findings

We asked people who used the service if they felt safe, one person said, “The staff are very respectful towards me. The staff never seem to be in a rush they always have time to help. I feel really safe here.” Another person said, “I feel so safe, you only have to move in bed and they are there.” A relative we spoke with said, “I am really happy. He / she is really safe here I cannot fault anything at all. Everyone is great and they treat her / him really well.”

During the inspection we spoke with nine members of staff. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the senior staff and registered manager would respond appropriately to any concerns. The registered manager said abuse was discussed with staff on a regular basis during staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training at induction and on an annual basis. We looked at the home’s training chart and saw that 82% of staff had received safeguarding training in the last 12 months. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy that had been reviewed in July 2014. One staff member we spoke with said, “The staff are encouraged to whistleblow, there are posters on the walls and in the staff room.”

The management team had worked with other individuals and the local authority to safeguard and protect the welfare of people who used the service. The home has had three safeguarding incidents within the last 12 months. Safeguarding incidents had been reported by either the home or by another agency. Incidents had been investigated and appropriate action taken.

The registered manager told us that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a monthly basis to make sure that they were within safe limits. We saw that some water temperature recordings were too cool. We were told that there had been a problem with the boiler. We saw that the plumber had been called in on the day of the

inspection to address the problem of the water temperatures. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and emergency lighting. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises

The six care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, skin integrity, falls, nutrition and hydration and self administration of medication. We were told how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. The risk assessments and care plans we looked at had been reviewed and updated regularly. One staff member we spoke with confirmed how they monitored people’s different needs by using risk tools in care plans. We were given the example of a person who initially administered their own medicines. Staff with careful monitoring highlighted that medicines were not being taken as prescribed. To support the person to be independent but to also ensure safety, medicines were packaged differently in an attempt to make it easier for the person who used the service. Staff continued with regular monitoring, however observed that the person was unable to manage. Staff then contacted the persons’ GP and started to take over administering their medicines to ensure that the person received their medicines safely. This meant that staff supported people to take responsible risks but also carried out monitoring to ensure the safety of the person.

The registered manager told us that they had an effective recruitment and selection process to make sure the service employed staff who were fit, suitable and had the appropriate skills and knowledge to work with people and / or people living with dementia. Staff we spoke with during the inspection confirmed this to be the case. During the inspection we looked at the records of nine staff to check that the home’s recruitment procedure was effective

Is the service safe?

and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started work at the home. References had been obtained and, where possible, one of which was from the last employer.

Through our observations and discussions with people, relatives and staff members, we found there were enough staff with the right experience or training to meet the needs of the people who used the service. One person we spoke with said, "I never have to wait long before someone comes to help." Another person said, "Day or night they are there to help you when needed."

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment.

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

Senior care staff were responsible for the administration of medicines to people who used the service. We spoke with people about their medicines who said that they got their medicines when they needed them and the staff were very helpful. We saw that people got their medicines at times when it suited them. On the day of the inspection we saw that one person had decided to sleep in until 10:45am this person was given their medicines at a different time to other people. All medicines were stored securely.

Medicines that were liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

We looked at the administration of high risk medicines for thinning the blood for one person and found that this was well managed.

We asked what information was available to support staff handling medicines to be given 'as required'. On the first day of the inspection we were told that this guidance was not available. However, on day two of the inspection we saw that guidance had been developed for each person who was prescribed medicines as required. We found that written guidance was kept with the medicine administration record to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room and refrigerator temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

Since the last inspection the service had changed the pharmacist supplier and introduced a new system for the administration of medicines. At the time of the inspection the registered manager was in the process of updating the medication policy to reflect such changes.

Is the service effective?

Our findings

We spoke with people who used the service and relatives who told us they had confidence in the staff's abilities to provide good care. One person told us, how staff were quick to spot when they became unwell and take the appropriate action. Another person said, "The staff know exactly what I need help with."

We saw that people held suitable qualifications and experience to enable them to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role and told us their training was up to date. We looked at the induction records of nine staff. We saw that all staff had commenced or completed the induction. Although staff we spoke with confirmed they had undertaken induction, three of the nine induction records were not signed off as completed. This was pointed out to the registered manager at the time of the inspection who said that she would take action to ensure that all induction records were completed.

The registered manager showed us a training chart which detailed training that staff had undertaken during the course of the year. We saw that staff had received training in health and safety, infection control, moving and handling, dignity, safeguarding, falls awareness, dementia, mental capacity, equality and diversity and fire safety. We saw that the registered manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. We saw that ten of the senior staff had received first aid training. The deputy manager told us that they were in the process of identifying first aid training for all other staff. During the inspection we looked at the training charts of nine staff and compared this against their individual training records. We found that training documented on the training matrix matched up to certificates on file.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. The registered manager told us that they and other senior staff worked, supported and carried out supervision with all staff on a regular basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. During the inspection we looked at supervision

records and spoke with staff and it became apparent that the registered manager and senior staff misunderstood what was needed for staff supervision. Records showed very little evidence of formal meetings on an individual basis. This was pointed out to the registered manager and deputy manager at the time of the inspection who told us that they would take immediate action to address this. We saw records which confirmed that all staff had received an annual appraisal. One staff member we spoke with said, "This is a good place to work. I feel well supported you can talk to the manager about anything." Another staff member said, "In this environment you need good team work and we have it here."

The registered manager told us that she received supervision on a monthly basis when the operations director visited, however she didn't think that this had been documented.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the MCA.

At the time of the inspection, nobody who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity or was deprived of their liberty. Staff we spoke with had a good understanding of DoLS.

We spoke with the cook and looked at the home's menu plan. The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as a sandwich, soup or salad. The registered manager and cook were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more

Is the service effective?

nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

The registered manager told us that they have a nutrition champion. They told us they regularly met with representatives of other care homes, the local authority and other professionals to discuss nutrition, how illness affects nutrition, special diets and numerous other topics relating to this.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance. One person said, "The food is pretty good we are all well fed." Another person said, "The food is lovely I've put weight on so that's great."

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. We saw that one person asked for a cup of coffee on four occasions and that this was brought to them very timely by staff. We saw that some people had jugs of juice or water in their bedrooms and that there were jugs of juice and glasses in lounge areas for people who used the service. We saw that this

juice was offered to people throughout the day. One person said, "I'm not a good sleeper and I often wake during the night. I am always asked if I would like a hot drink and I always have a jug of water in my room. It's like magic it always seems full." This meant people were supported to maintain their hydration.

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, "I had my feet done the other week." Another person said, "The doctor comes whenever I need him." People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options.

We looked at the care records for six people and could see that detailed records were maintained of consultations with healthcare professionals, such as the GP, district nurse, consultants and dietician.

Is the service caring?

Our findings

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. People said, "This is not a residential home it's a family home. I have my own family but I would be lost without the staff in here", "I've had enough of living on my own it's a bonus living in here. The staff are wonderful", "The staff are caring but some are better than others", "The young staff keep me young."

At the time of the inspection there were 40 people who used the service. During our visit we reviewed the care records of six people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be.

During the inspection we sat in the communal lounge area so that we could see both staff and people who used the service. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. When one person who used the service became distressed with where they were sat, staff were quick to comfort them and help them to sit elsewhere. This person responded by smiling at staff. We saw that staff were considerate and thoughtful when transferring people by using a hoist. We saw that staff clearly explained what they were doing and what the person should expect. We saw that staff provided gentle encouragement to one person with limited understanding and communication to go into the dining room to have their tea. This person decided that they did not want to go to the dining room so their tea was brought to them to eat. This helped to ensure their wellbeing.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their preferences, likes and dislikes.

We saw staff treated people with dignity and respect. When staff asked people if they needed to go to the toilet they were quiet and discreet. Staff were attentive and interacted well with people. We observed that staff were polite and knocked on people's bedroom doors before

entering. One staff member we spoke with said, "When I'm looking after people I always treat them as I would like to be treated myself. I encourage each person to do as much as they can for themselves but I make sure I give as much support as is required and we never rush."

There were many occasions during the day where staff and people who used the service engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner. We saw that staff always got down to the person's level to ensure that eye contact was made. This demonstrated that people were treated with dignity and respect.

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted, had a key. Some people had personalised their rooms and brought items of furniture, ornaments and pictures from home. We noted that bedrooms did not have a lockable draw to store items of a personal nature. We asked people if they would like a lockable draw. Two of the fourteen people we spoke with said that they would. This was pointed out to the registered manager at the time of the inspection to consider what action needed to be taken. In some bedrooms we found that incontinence pads were stored on the top of wardrobes for everyone to see, this compromised people's dignity. This was pointed out to the registered manager who said that she would take action to address this. We saw that door signs were used when people were receiving personal care. This prevented other staff and visitors from entering the room.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. Staff told us how they ensured privacy when supporting people with personal hygiene. People who used the service told us that their privacy and dignity was maintained. One person said, "If I want to talk in private I go down to my room." Another person told us that whilst they had a bath staff always made sure that they were covered up with towels to preserve their dignity.

The home had a dignity champion. The role of the dignity champion was to act as a role model to treat others with respect and to stand up and challenge any disrespectful behaviour. We saw that a person who used the service had written a poem on forgotten manners and that this had been displayed on a notice board for everyone to read.

Is the service caring?

This meant that the management team was committed to delivering a service that had compassion and respect for people. One person who used the service said, "If you are nice with them people are always nice with you."

We were told by people and staff that they were encouraged and able to express their views and were involved in making decisions about their care and support.

They were able to say how they wanted to spend their day and what care and support they needed. During the course of the day we saw that staff always gave people choice. We saw staff regularly checked on those people who spent time in their rooms. People were able to eat, have drinks, rest on their bed and join in activities of their choice when they wanted to.

Is the service responsive?

Our findings

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. People said, "This is not a residential home it's a family home. I have my own family but I would be lost without the staff in here", "I've had enough of living on my own it's a bonus living in here. The staff are wonderful", "The staff are caring but some are better than others", "The young staff keep me young."

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entering. One staff member we spoke with said, "When I'm looking after people I always treat them as I would like to be treated myself. I encourage each person to do as much as they can for themselves but I make sure I give as much support as is required and we never rush."

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Is the service well-led?

Our findings

People who used the service and staff that we spoke with during the inspection spoke very highly of the registered manager. They told us that they thought the home was well led. One person said, "If I have anything on my mind I can just say it." A staff member we spoke with said, "She is so approachable. She regularly comes on the floor to help us out."

The home had a clear management structure in place led by a registered manager who was very familiar with the service. The registered manager had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care.

The registered manager showed and told us about their values which were clearly communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. The registered manager told us, "My door is always open until I go home on a night. We are open and encourage people to come to us. If we don't know what is happening then we can't deal with it. If staff don't whistleblow they are effectively condoning it." They went on to say, "We keep morale up by giving good and constructive feedback and praise. We found this to be the case when we went into the staff room. We saw a notice from the registered manager praising staff for the hard work they had put in for updating care plans, however they still pointed out further improvements that were needed."

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. On both inspection days we saw that the registered manager worked and helped staff when providing personal care. One of the staff we spoke with said, "I have worked here for four years. I have received lots of help and encouragement whilst working here. I love my job and if I had any problems I could talk to the manager." Another staff member said, "We can always get hold of the manager or deputy manager out of hours in the event of a problem." We spoke with one staff member who told us that they had raised a concern with the manager they went onto say, "She was quick to react and take action." They told us that the registered manager was approachable, supportive and they felt listened to.

We asked the local authority for their views on the service they said, "We don't appear to have many issues with the home and they always engage in Care Home Forums and any other initiatives that we are driving forward. You always know that they are going to turn up or respond to any issues. They always act on or seek advice where needed."

We found that the registered manager had a good understanding of the principles of good quality assurance. The registered manager recognised best practice and developed the service to improve outcomes for people.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us that a satisfaction survey was used to gather feedback. We looked at the results of a survey undertaken in December 2013. The results of the survey confirmed that people were happy with the care and service that they received. We saw that an action plan had been developed for those areas requiring some improvement.

The registered manager told us that people who used the service met with staff on a regular basis (usually 3 monthly) to share their views and ensure that the service was run in their best interests. We saw records of meetings in February and May 2014. We saw that staff and people had talked about the laundry, activities, the home environment and food provided. The registered manager told us that she had realised that a new meeting was overdue and was going to arrange another meeting as a matter of importance.

We saw records to confirm that regular meetings took place with staff at all levels. We saw that care staff meeting took place on 8 October 2014 and a senior care staff meeting on 9 October 2014. We were told that local clinical governance meetings were undertaken on a three monthly basis and health and safety meetings on a six monthly basis.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received most of these notifications but not all. It was pointed out to the registered manager on the first day of the inspection that we had not been receiving notifications of death. When we arrived at the home on the second day of the inspection we saw that notice had been displayed in the main office to remind staff to send such notifications.

Is the service well-led?

We saw that regular checks and audits were carried out on the environment, hoists, bedrails and equipment to ensure that it was safe.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. This system helped to ensure that any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The registered manager told us of various audits and checks that were carried out on medication systems, the

environment, health and safety and infection control. We saw records of audits undertaken. Records were audited as were events. This helped to ensure that the home was run in the best interests of people who used the service.

The Registered manager told us senior management carried out unannounced visits to the home on a monthly basis to monitor the quality of the service provided, however records were not always made on these visits. We were shown a record of a visit which had taken place on 31 July 2014. The registered manager said that she would speak with the operations director and ensure that records were kept of each visit.