North West Care Limited

Lakeland View Care Centre

Inspection report

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Ratings

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

Overall summary

The inspection visit at Lakeland View took place on 11 December 2015 and was unannounced.

Lakeland View Care Centre is situated on the outskirts of Morecambe. It is an old building adapted for use as a nursing home, with a number of lounge areas and outside decking. Accommodation is provided on two floors. There are 29 single and two twin bedrooms; two bedrooms have en suite facilities.

Lakeland View Care Centre can accommodate up to 33 people who require nursing or personal care. There was 32 people living at Lakeland View Care Centre at the time of our inspection. People who lived in Lakeland View were older people who lived with dementia, mental health needs, a physical disability or a sensory impairment.

There was 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

At the last inspection on 23 July 2014 we found there was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because there was a lack of support and lack of choice for people at mealtimes. The provider sent us an action plan outlining the action they had taken, which they stated would be completed by 01 May 2015.

During this inspection, we found the registered manager had met the requirements of the regulations. People were happy with the variety and choice of meals available. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

We found people who lived at the care centre and were living with dementia were supported to be as independent as possible. At lunch time we observed staff encouraged people to eat their meal independently. Mealtimes were relaxed unhurried and sociable.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and took necessary action as required. Staff had received safeguarding training and showed they understood their responsibilities to report any unsafe care or abusive practices.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working in the care centre. This was confirmed from discussions with staff.

The environment was clean and hygienic when we visited. No offensive odours were noted on the day of the inspection.

We found staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. Staffing levels were determined by the number of people being supported and their individual needs.

We found medication procedures in place were safe. Staff responsible for the administration of medicines had received regular training to ensure they maintained their competency and skills. Medicines were safely kept and appropriate arrangements for storing were in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People's representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Interactions we observed demonstrated people were satisfied with the service they received. The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people in their care.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included audits, clinical governance meetings and questionnaires which were issued to people to encourage feedback about the service they had received. The relatives and friends we spoke with during our inspection visit told us they were happy with the service. Quality audits had been used and reviewed at the time of our inspection. The registered manager did have oversight of the service provided.

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 had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of the assessments in place to reduce potential harm to people.

There were enough staff available to safely meet people's needs, wants and wishes. Recruitment procedures the service had in place were safe.

Medicine protocols were safe and people received their medicines correctly in accordance with their care plan.

Good

Is the service effective?
The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect and were responded to promptly when support was required.

Staff spoke with people with appropriate familiarity in a warm, genuine way.

People were looked after by a staff team who were person-centred in their approach and were kind.

Good

Is the service responsive?
The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

People were encouraged to participate in a variety of activities that were available daily.

People's concerns and complaints were listened to and responded to accordingly.

Good

Is the service well-led?
The service was well led.

The registered manager had in place clear lines of responsibility and accountability.

Good

Summary of findings

The registered manager had a visible presence within the service. People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There were a range of quality audits, policies and procedures in place.

People had the opportunity to give feedback on the care and support delivered.

Lakeland View Care Centre

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 carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had experience of dementia care.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

On the day of our inspection we found it difficult to gain verbal feedback from people living at Lakeland View. People were living with advanced stage dementia and or complex needs. We used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the care centre and how people responded to support. We observed how people were supported during meal times and during individual tasks and activities.

We spoke with five relatives during our inspection. We also spoke with the three members of the management team. In addition, we spoke with seven members of staff. We spoke with one visiting health professional on the day of the inspection.

We looked at four people's care records and the medication records of four people. We also reviewed five staff files including recruitment, supervision and training records. In addition to this we looked at records for the maintenance of facilities and equipment people used. We also looked at further records relating to the management of the service, including quality audits, in order to ensure quality monitoring systems were in place.

Good

Is the service safe?

Our findings

On the day of our inspection we found it difficult to gain verbal feedback from people living at Lakeland View. People were living with advanced stage dementia and or complex needs. However during our inspection several of their friends and relatives visited and shared their views with us.

When asking how people were protected or if people felt safe, one relative told us, "[The staff] are always observing – just a little thing and they're there. They defuse things so things don't happen." Another relative stated, "There's never a room without somebody there. You don't see anything escalate because they are there." For example one person became aggressive towards a member of the inspection team. Staff were instantly present to calm the person and diffuse the situation. A member of the management team requested we complete an incident form relating to the incident. We were told it would be included in the monthly audit of incidents. The audit reviewed incidents and looked for patterns in behaviour and detailed any outcomes. This showed the provider had a framework in place which monitored and assessed risks and incidents to keep people safe.

We noted the safeguarding policy and procedures were on display on the door at the entrance to the service. There were procedures in place to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we reviewed showed staff had received related information to underpin their knowledge and understanding. When asked about safeguarding people from abuse one staff member told us, "People are safe here." When asked what they would do if they had any concerns they responded, "I would report any concerns to the manager or the owner." They also commented they knew about the whistleblowing policy and would contact the Care Quality Commission (CQC) should that be necessary.

Where safeguarding concerns had been raised, we saw the registered manager had taken appropriate action. They liaised with the local authority and CQC to ensure the safety and welfare of people involved. Documentation had been put in place for staff to note any behavioural changes. Work routines had been changed to protect people based on information gathered. For example an additional staff member had been placed on the evening shift. This was in response to information gathered which showed the need to increase staffing levels to combat heightened levels of agitation at tea times and onwards. This showed the provider had reviewed the situation and put plans in place to minimise the risk to people from receiving unsafe care.

There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people who lived at the home continued to be supported safely under urgent circumstances, such as the outbreak of a fire. Premises and equipment were managed to keep people safe.

During the inspection, we undertook a tour of the home, including bedrooms, the laundry room, bathrooms, the kitchen and communal areas of the home. We found these areas were clean and tidy. Moving and handling equipment including hoists and wheelchairs had been serviced to ensure people could be supported safely. We saw a reminder sign for staff that stated footplates must be used on wheelchairs. It also said staff must not use a wheelchair without a footplate stating it could result in disciplinary proceedings should this occur. This showed the provider had protected people against poor practice and unsafe use of equipment.

During our inspection we checked the water temperature in eight bedrooms, two bathrooms and two toilets, all were thermostatically controlled. Taps maintained water at a safe temperature and minimised the risk of scalding.

Window restrictors were present and operational in the eight bedrooms, two bathrooms and two toilets we checked. Window restrictors were fitted to limit window openings in order to protect vulnerable people from falling.

Accidents and incidents were recorded and staff had knowledge of who was at high risk of having an accident or incident. We noted people who were at risk of falling during the nights had sensor mats and/or sensory beams in their bedrooms. This alerted staff when they had got out of bed and required support which minimised the risk of injury. We were told by a member of the management team staff got together at the end of their shift to review any incidents that had occurred. This was to analyse the information and prevent the incident reoccurring.

Good

Is the service safe?

A recruitment and induction process was in place that ensured staff recruited had the relevant skills to support people who lived at the care centre. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at five staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees.

Staffing levels were sufficient to ensure people's requirements were met in a timely manner. Staff on duty were placed in either group one or group two. Their deployment of the two groups was organised by the team leaders. We were told by a member of the management team this ensured everyone knew their role and their responsibilities. During our inspection we noted the state of constant alert demonstrated by staff was an important element in protecting people. For example relatives we spoke with were pleased with the care offered and recognised how well staff dealt with complex behaviours. One relative stated, "Staff are around all the time and on the look out."

We observed the provider gave additional support during the day. This minimised risk because they were knowledgeable of people's requirements and able to support and guide staff to meet them. We found call bells were positioned in bedrooms close to hand so people could summon help when they needed to. Throughout our inspection we tested and observed the system and found staff responded to the call bells in a timely manner.

During the inspection we observed medicines administration and could determine this was carried out safely. The medicines were locked in a secured cabinet in a locked room when unattended. The nurse administered people's medicines by concentrating on one person at a time. We checked how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines. There was a clear audit trail of medicines received and administered. This showed the medicines were managed safely. Related medicine documents we looked at were clear, comprehensive and fully completed following national guidance on record keeping. Regarding the administration of eye drops**,** we found the following note to nurses, 'Please do not store eye drops in the fridges. They are painful to resident's eyes.' This showed the provider had sought to prevent any avoidable harm to people being supported.

Good

Is the service effective?

Our findings

We spoke with staff members, looked at the training matrix and individual training records. The staff members we spoke with said they received induction training on their appointment. They told us the training they received was provided at a good level and relevant to the work undertaken. One staff member said, "There was quite a lot of training." The provider told us training to gain a vocational qualification was mandatory for all staff. This showed the provider had ensured staff received training appropriate to their role. Records looked at confirmed training was given to staff up to level 5 in the Qualifications and Credit Framework (QCF) where appropriate. The QCF is nationally recognised guidance for staff related to health and social care.

Staff had received further training in safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Trained staff responsible for administering people's medicines had been observed administering medicines to ensure they were effective and competent in their role. Relatives we spoke with told us they found the staff very professional in the way they supported people and felt they were suitably trained. Regarding the knowledge and skills of the staff team one relative stated, "You don't see anything escalate because they [the staff] are there. Another relative said, "They diffuse things so things don't happen."

Staff we spoke with told us they had regular supervision meetings and regular monthly staff meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs role and responsibilities. Regarding supervision a staff member said, "We get quite a lot of supervisions." Records confirmed staff had the opportunity to reflect on their strengths, achievements and future/ ongoing training needs.

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 2005. 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 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The registered manager was aware of the changes in DoLS practices and had policies and procedures regarding the MCA 2005 and DoLS. Discussion with the provider confirmed they understood when and how to submit a DoLS application. When we undertook this inspection 32 people were subject to DoLS. Family members had been made aware of the restrictions in place and the registered manager had also supplied easy read information from the Alzheimers Society to support their understanding.

Two people being supported at Lakeland View Care Centre had an Independent Mental Capacity Advocate (IMCA) who visited regularly. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. This included making decisions about where they live and about serious medical treatment options. Appropriate procedures had been followed and CQC had been informed about the applications as part of their regulatory duty.

Breakfast was staggered throughout the morning depending upon the time people chose to rise. The chef was aware of food preferences and which people were on special diets or required pureed or soft foods. On discussing the food being offered the chef said, "We like as much as we can to be homemade." They further commented, "I don't eat it at home so I don't expect others to eat frozen foods." They had theme days such as Italian days but said, "We can't go too extravagant as people like traditional foods." We were also told about 'resident of the day'. This person got to choose any meal they wanted that evening which was prepared for them. On the day of our inspection the 'resident of the day' had chosen scrambled eggs and asparagus. The chef stated when asked about preparing individual meals for people, "That's what we are here for." They also commented should anyone else like the look of the 'resident of the day's' meal they too can have it, "It's just as easy cooking for two or three as it is for one."

Good

Is the service effective?

One member of staff commented about the chef, "He is superb; he has pride in his work." This showed the chef sought to prepare food that met people's diet and nutritional requirements.

At lunch time we carried out our observations in two dining rooms. We noted the menu contained a choice of meals for people. We saw the written menu was on display in the dining areas for the meals of the day. There were no pictures of the food but staff showed both dishes to those who did not understand the choice on offer.

We saw lunch was a relaxed and social experience despite supporting people with complex needs. People who required assistance with their meal were offered encouragement and supported effectively. For example one person was distressed stating they wanted to go home and they did not want any lunch. Staff effectively diffused the situation by kneeling beside the person, making eye contact and listening. This resulted in the person smiling, laughing and independently eating a large portion of sausage and mash. The staff did not rush people allowing people sufficient time to eat and enjoy their meal. During lunch drinks were provided and offers of additional drinks and meals were made where appropriate. For example one person had requested the sausage which they ate then asked for the second option of fish. The staff member went to see if there was any fish left and returned with the additional meal which pleased the person being supported.

People were supported effectively by staff to receive a balanced diet whilst managing any dietary concerns. For example one person requested a second dessert and after checking with a nurse what their blood sugar levels had been that morning agreed. One person was overheard telling a staff member the food was, "Brilliant." And the pudding was, "Bloody lovely." The supporting of people with their meals was organised and well managed with staff having good relevant knowledge and communicated clearly with each other.

Drinks were offered throughout the day, teas, coffees and juice drinks were available with meals and in between times. We observed staff encouraging people to drink fluids during the day. This showed people were supported to meet their nutritional needs to prevent the risk of malnutrition and dehydration. We found the kitchen clean and hygienic. Cleaning schedules were in place to ensure people were protected against the risks of poor food safety.

Staff had documented involvement from several healthcare agencies to manage health and behavioural needs. We observed this was done in an effective and timely manner. On the day of our inspection we noted one person who had very recently been discharged from hospital was agitated and distressed. We observed during our inspection the provider sought to calm the person providing one to one support and used therapeutic touch techniques. They contacted a local behavioural management team who visited that afternoon. All information was documented immediately in the person's care plan. The records were informative and staff had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Good

Is the service caring?

Our findings

People who lived at the home, relatives and visiting health professionals told us staff were caring, kind and respectful. One relative told us "The staff have been very patient. No one is not caring. They have gone out of their way to be as caring as possible." Another relative stated, "It's definitely orientated towards caring. They are always observing. Just a little thing and they are there."

As part of our SOFI observation process, we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff sitting down and having conversations with people and responding to any requests for assistance promptly. For example we observed a person was sat at a table alone. A staff member asked why they were sat alone and said they would come back soon and keep them company, which they did. The person clearly enjoyed the company and told the member of staff they had enjoyed talking to them and, "They were the best company."

Staff walked with people at their pace and when communicating got down to their level and used eye contact. They spent time actively listening and responding to people's questions. We observed one person being transferred by staff from a chair to a wheelchair using a hoist. The two staff members talked through what was happening, went at a sedate pace and gave the person lots of eye contact. We saw there were cuddly toys and dolls about the care centre which people valued and took comfort from.

We observed staff were respectful towards people. We noted people's dignity and privacy were maintained throughout our inspection. Staff always referred to people by their first names and knew about their backgrounds and interests. For example we observed how one staff member addressed a person as "sir" along with an accompanying handshake. The person enjoyed this form of address and staff indicated an understanding of his culture. Staff we spoke with were able to describe how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering. We observed the white board in the office had a confidentiality screen. This protected people's personal information and respected a person's right to privacy.

Care records we checked were personalised around the individual's requirements, holding detail of valuable personal information. For example personalised information included one person liked a lamp with a low light in their room. Another person did not like their name being shortened whilst a third example described how a person liked seeds on top of their cereal in a morning. During our inspection we observed the person being addressed by their full name as requested. In the kitchen we noted a container that had seeds in. A note on the container identified them as belonging to [This person] and were to accompany their cereal. There was a list in the kitchen of everyone's birthday. On their birthday the chef baked a four tier birthday cake and people celebrated the occasion. We were told, "When you are a certain age every birthday is special."

We were told staff offered choices to people regarding how their personal care needs were met. Staff told us people were encouraged to maintain their independence where possible. This showed a flexible personalised approach which respected the person. The registered manager completed 'walk arounds' around the care centre to observe staff and to check standards were maintained.

We spoke with the management team about access to advocacy services should people require their guidance and support. We noted information regarding advocacy services was advertised within the care centre. The manager had information details that could be provided to people and their families if this was required. Two members of the management team had attended a training course on advocacy services. This ensured information was available on additional support outside of the service to act on people's behalf if needed.

Family and friends we spoke with said they were made to feel welcome. During our inspection over ten family and friends visited. They commented they were offered drinks on arrival and there was no restriction on the number of visitors. For example one person had visitors from the local church and several people had come at the same time. The provider told us visitors were very important to people and should be supported. For example following lengthy power cuts in the local area, relatives were contacted to see if they were safe and offered the opportunity to visit and have a hot meal. This showed the provider had developed strong caring relationships with the relatives of people they supported.

Good

Is the service caring?

When we asked about end of life care a staff member told us, “I think we are good at it, whatever people need they get.” They further commented**,** “It might sound strange but we make sure they have a nice death.” A member of the management team stated regarding end of life care, “It is a very important part of the care we deliver. We make sure nobody dies alone.” We saw evidence conversations had taken place with people who lived at the home and family members about their end of life wishes. There was a do not attempt cardiopulmonary resuscitation (DNACPR) register in place which ensured end of life wishes were valid and current. This highlighted the provider had recognised end of life decisions should be part of a person’s care plan and had respected their decisions.

Good

Is the service responsive?

Our findings

To ensure they delivered responsive personalised care the provider assessed each person's needs before they came to live at Lakeland View Care Centre. This ensured the placement would meet their needs and staff would have the skills to keep them safe. For example one relative was impressed by the way staff were willing and able to help people improve saying, "When she came here she had to be taken to the toilet, now she goes herself with a frame. She gets up to go for a walk unprompted."

Due to the complex nature of people being supported we observed staff had to support and frequently respond to diffuse potentially aggressive situations. They spoke calmly with people, gave eye contact, listened and responded appropriately. They used distraction techniques and offered a cup of tea or coffee. Staff guided people away from the situation to calm down and relax. This showed staff were experienced, trained and responsive to the changing mood and needs of people in their care. We were told by the provider, staff focussed on the individual in front of them and recognised what a person's life was like. For example one person had been in the military and one staff member told us they made a conscious effort to use military language to make them feel comfortable such as referring to their room as their 'billet.' One relative told us about the personalised support their relative received, "My relative has really bucked up, the last couple of months have seen a massive improvement. They [staff] are very attentive and they have responded. When she first came here they didn't want to live. There has been a one hundred and eighty degree turnaround aided largely due to staff efforts."

People received personalised care that was responsive and specific to an individual or individuals. For example we observed one person was very distressed during our inspection. We noted the provider spoke with staff and offered direction in how to deliver the support required at that time. The provider organised one to one support and changed from offering structured meals to a 'little and often approach'. This showed the provider was flexible in their approach and responded to a person's heightened level of anxiety. A second example of personalised support was Lakeland View Care Centre had a smoking room. This was a communal room provided by the provider and designated and clearly marked as a smoking room. At the time of our inspection only two people smoked who lived at the care centre. However the provider stated regardless of the number of people who smoked people's views and wishes would be supported and respected.

Where people could not be involved we found families had been involved in the care planning process. One relative said, "They [the management team] talk to me monthly about what is happening." A second relative stated, "We discuss the care plan. They [the management team] tell us everything even if she sneezes." When asked about people being able to be involved in their own care a relative told us, "They bend over backwards to enable [my relative] to make choices within her own best interests." We found records contained information about the person's likes and dislikes and were comprehensive. The care plans were up to date and kept under review to guide staff to the support and care people required.

There were two activity co-ordinators employed at Lakeland View Care Centre. They were responsible for organising a wide range of activities for people. There was a variety of activities which were tailored to individuals and to groups. There was a sensory room; a sensory room is used as therapy using special lighting music and objects for people with limited communication. There was regular karaoke sessions, fingernail painting sessions and trips out. The timetable was flexible depending on people's interest on the day. The activities co-ordinator told us, "Sometimes it is just about sitting and talking to someone. Sometimes it is just holding hands." This showed staff were flexible, listened to people and were responsive in their approach. We observed after lunch a musical area was set up in the dining room to allow one person and others if they wished to join in to tap and bang instruments. We then observed one person was supported to iron and fold napkins and tea towels using a replica. This activity was presented in a positive way and the person was happy and content during the task as this was their preferred activity.

We saw a monthly activity report which showed what activities had taken place and who had participated. We noted information related to activities was transferred into each person's care plan. The day before our inspection had been the Christmas party for people and their relatives. There were photographs of this on a laptop computer. The

Good

Is the service responsive?

photographs were shown to people and time was taken discussing individual pictures. This gave a lot of pleasure to people who enjoyed seeing pictures of themselves in funny hats and glasses**,** singing and dancing.

An up-to-date complaints policy was on public display in several areas. Relatives and friends we spoke with stated they would not have any reservations in making a complaint. Staff were able to describe how they would deal with a complaint. We saw documented evidence of two complaints which had been documented investigated resolved and had an outcome noted. This showed the provider had systems in place to manage complaints. They listened to people's concerns and acted on the complaint.

During our inspection we observed a telephone call take place in which staff discussed the transfer of a person from a residential home to the care centre. We were told a visit had taken place by a member of the management team to meet the person. We were told care plans, likes, dislikes and risk management strategies had also been discussed during the visit. This showed a co-ordinated planned approach to support the person who was moving homes. This enabled a person's preferences and support needs to be met during the transition.

Good

Is the service well-led?

Our findings

The provider demonstrated good management and leadership. There was a clear line of management responsibility, from the providers through to the management team and staff. Relatives and staff felt the management team were supportive and approachable. People told us the atmosphere was relaxed and homely around the premises. One visiting health professional told us they felt it was a good service by the atmosphere. We observed staff were not rushing around and saw the owners supporting staff in their role. The management team were experienced, knowledgeable and familiar with the needs of people they supported. The registered manager had delegated specific tasks and responsibilities to the deputy manager and team leaders. This showed an effective use of team skills and the opportunity for development within the management team. These tasks included leading meetings and undertaking supervision. The staff we spoke with were aware of the individual responsibilities of members of the management team.

Comments received about the registered manager's leadership and the management team were positive. Eight staff members we spoke with said they were happy with the leadership arrangements in place at the care centre. One member of staff said, "Management are good, you can always talk to them. They have respect for the staff." A second staff member commented, "Everyone is treated the same, I get good management support."

One relative was very clear about who they would talk to if they had concerns, they said, "[The provider] because they told me to." This showed the owner had clear links with, and promoted feedback from**,** relatives. A second relative told us they were happy with the way things were run as it meant staff were less likely to move on. They added, "A lot of the staff have been here the five years [my relative] has been here so they know them."

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection prevention, reviewing care plan records and medication procedures. Any issues found were discussed within clinical governance meetings.

We saw written records of monthly clinical governance meetings. Within the meeting the management team reviewed audit and incident information related to the previous month. The management team told us they looked for patterns in behaviour and to see if the service delivered needed to be reorganised. The management team ensured all incidents had an outcome and monitored. They ensured relatives, the local authority and the Care Quality Commission (CQC) had been informed where appropriate. This showed the provider was aware of their responsibilities to notify relatives and other agencies of any in a timely manner.

The registered manager organised and chaired meetings for the full staff team. Staff told us they had a staff meeting every second month. We were told by one member of staff meetings could happen sooner if required. They said, "At the end of a shift we could have a five or ten minute shift team meeting. This looked at any incidents that have happened on that shift so it doesn't happen again." The staff we spoke with told us they could express their views about the service in a structured manner. We looked at the minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed.

Two relatives we spoke with commented they always attended the relatives meetings which occurred every two months. A third relative whose family member had lived at the care centre for five years stated they always attended relatives meeting and commented, "They are useful. I feel I can give my perspective to new relatives. The activities co-ordinator and a nurse are always there. The right people are there."

We found the registered manager had sought the views of people who lived at the centre and their relatives about the care. The response to the surveys had been poor but had been documented The registered manager had sought advice on various ways to gain a greater response to the surveys sent out. They had recently created their own easy read questionnaire in an attempt to receive a larger response on the quality of the service. This showed the provider wanted to gain greater feedback from friends and relatives to improve the delivery of care.

There was a culture of openness in the care centre to enable staff to suggest new ideas. For example there was a memo supporting staff to come forward with suggestions. Within the memo it stated, 'We can always resolve complaints, but can't help if you are too afraid, too

Good

Is the service well-led?

embarrassed or think nothing can be done. We want to make our care perfect. By telling us what you think and where you think things are not working you are helping us.' The memo was visible throughout the care centre and showed the registered manager supported staff to question current practices.