North Ferriby Nursing Home

# North Ferriby Nursing Home

## Inspection report

High Street
North Ferriby
Humberside
HU14 3JZ

Tel: 01482634782
Website: www.northferribynursinghome.co.uk

Date of inspection visit:
17 January 2017

Date of publication:
15 March 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 17 January 2017 and was unannounced. The inspection was to check that the registered provider was now meeting legal requirements we had identified at the last inspection on 29 October 2015. We asked the registered provider to take action to improve: safe care and treatment; and nutritional and hydration needs.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from February 2016. We found these improvements were sufficient to meet the requirements of Regulation 12 and 14. This meant the service had met the breaches of regulation imposed at the previous inspection.

North Ferriby Nursing Home is located in the village of North Ferriby, in the East Riding of Yorkshire. The service provides accommodation, nursing care and residential care for 38 people over the age of 18 who may have a physical disability, a condition related to old age or who are living with dementia. At the time of our inspection there were 31 people using the service.

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

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and that there were enough staff to meet people's needs. Staff had been employed following appropriate recruitment and selection processes. People received their medicines on time and as prescribed by their GP.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision, appraisals and staff meetings.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding adults' procedures.

Staff had been employed following robust recruitment and selection processes. Sufficient staff were employed to meet the needs of people who used the service.

Medicines were administered safely by staff and the arrangements for ordering, storage, administration and recording were robust.

### Is the service effective?

Good

The service was effective.

Staff received relevant training and supervision to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People reported the food was good. They said they had a choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People told us that care was good and they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good

The service was caring.

The people who used the service had a good relationship with the staff who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by the staff and this was confirmed by the people who we spoke with.

The people who used the service were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

## Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. The staff were knowledgeable about each person's support needs, their interests and preferences in order to provide a personalised service.

The people who used the service were able to make choices and decisions about their lives. This helped them to be in control and to be as independent as possible.

The people who used the service were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

## Is the service well-led?

Good

The service was well-led.

The registered manager made themselves available to people and staff. People who used the service said they could chat to the registered manager and their views were listened to.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

# North Ferriby Nursing Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

This inspection took place on 17 January 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to older people and people living with dementia.

Before the inspection we spoke with the local authority safeguarding and commissioning teams to gain their views of the service. We reviewed all of the information we held about the service, including notifications, inspection reports and actions plans sent to us by the registered provider which outlined the actions they would take regarding the breaches identified at the previous inspection. The registered provider submitted a Provider Information Return (PIR) in December 2016 within the given timescales for return. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people who used the service, two relatives and one visiting health and social care professional. We spoke with the registered manager, deputy manager, the registered provider and four members of staff.

We looked at three people's care records, including their initial assessments, care plans, reviews, risk assessments and Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We also looked at a selection of documentation pertaining to the management and running of the service.

This included quality assurance information, audits, stakeholder surveys, recruitment information for four members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

Good

# Is the service safe?

## Our findings

At the last inspection carried out in October 2015 we found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to safe management of medicines. We found the recording and administration of medicines was not being managed appropriately in the service.

At this inspection on 17 January 2017 we found that sufficient improvement had taken place and that the breach had been met.

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered by the staff, recorded correctly and disposed of appropriately. The qualified nursing staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files. We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs).

We asked people who used the service if they received their medicines when they were due. Two people spoke positively about this and told us, "I get my tablets mostly in a morning and one at night and I ask for paracetamol and get it on time" and "More or less on time, to within five minutes." We saw that the nurses were patient and understanding when administering medicines. For example, at 12:25pm we observed a nurse bring tablets to one person who used the service; the nurse explained what the tablets were for and encouraged the person to take them with a drink.

The medication room keys were held by the nurse in charge of the shift. Controlled drugs (CDs) were regularly assessed and stocks recorded accurately. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. Medicines that required storage at a low temperature were kept in a medicine fridge and the temperature of the fridge and the medicine room were checked daily and recorded to monitor that medicine was stored at the correct temperature.

The nurse was able to tell us about how they returned unused and unwanted medicines to the pharmacy supplier. There was a return medicines book in place and a cupboard for returns medicines, which were picked up by the pharmacy on a regular basis.

We asked people who used the service if they felt safe, if the staff assisting them had the right skills and if they felt the premises were safe and secure. All the responses we received were positive. Comments included, "Room is safe and staff are always around. I have my call button to call staff" and "I feel safe knowing this room is mine. The staff are fine."

Relatives who spoke with us were also positive about safety in the service. They told us, "Staff are so caring, I am a pharmacist and I visit over 30 care homes and I have my mum here which says it all, my Aunty lived here and I know the place very well", "[Name of relative] couldn't get out if they wanted to as there are locks

on the outside doors (keeps them safe)" and "Staff are here to help [Name of relative], and they have a personal alarm which alerts staff if they stand up."

The corridors and hallways on the ground floor were busy with staff, visitors and people moving around with walking frames. However, we saw that staff supported people to move around and assisted them in a safe manner. Staff understood the importance of safe practice and one member of staff told us, "We have locks on doors with codes to make sure callers cannot just walk into the service. There are call buttons in rooms so people can let us know if they need assistance and we can summon extra staff if needed. We keep floors cleared of obstacles to reduce the risk of people falling." Staff also told us, "We ensure we know where people are and that they are safe, make sure policies and procedures are followed and use any medications correctly" and "We observe people and put bed rails on their beds, if needed."

Discussion with the staff revealed there were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond to and minimise the risks. This helped to keep people safe, but also ensured they were able to make choices about aspects of their lives.
The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. However, they had not completed an analysis of these to identify any trends or problems within the service. See the Well-led section of the report for more information on this.

The registered provider had policies and procedures in place to guide staff in safeguarding adults. The registered manager had completed safeguarding training and checks of three staff files and the training plan indicated that the staff had completed safeguarding training during the last year and this was refreshed on an annual basis. The members of staff on duty were able to clearly describe how they would escalate concerns, both internally through their organisation or externally should they identify possible abuse. They told us they would have no problems raising any concerns if they felt there was need to and would feel supported, and it would be dealt with correctly by the management team. All the staff who spoke with us said, "The registered manager is approachable." The provider information return (PIR) told us that safeguarding concerns were reviewed through staff supervisions and meetings.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included alarm systems for fire safety, nurse call system, portable electrical items, the lift and hoists, electrical wiring and the gas system. Clear records were maintained of daily, weekly, monthly and annual health and safety checks carried out by the staff, maintenance team and nominated contractors. These environmental checks helped to ensure the safety of people who used the service.

We saw that the fire risk assessment for the service was up to date and reviewed yearly. The people using the service each had a personal emergency evacuation plan (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. We looked at the registered provider's policies and procedures and found that they had a business continuity plan in

place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. It had been reviewed in the last year. These safety measures meant the risk of harm for people and staff was monitored and reduced as much as possible.

We looked at the recruitment files of four members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them. The registered manager carried out regular checks with the Nursing and Midwifery Council to ensure that the nurses employed by the service had active registrations to practice.

Discussion with the registered manager indicated that at the time of our inspection there was one full-time qualified nurse vacancy. The existing nurses were covering the shifts until recruitment was completed. Each of the shifts during the day and night had one qualified nurse on duty at all times. Staff spoke with us about staffing levels in the service and said, "Normal days are fine. We have a good team, but there is the occasional shortage when we have to cover for sickness."

We asked people who used the service and relatives if they were satisfied with the numbers of staff on duty. Comments we received included, "I have only used the call button three times in two years. There is no waiting, but I don't need the staff much" and "I think so, hard to judge; day is fine, but odd nights there is a 15 minute wait (for call button) but I wouldn't complain." Relatives told us, "Yes, no concerns" and "Shortfall of staff at weekends, but if you want someone you can find them. I visit every day and there is never a problem."

We looked at the rota sheets for the four weeks leading up to our inspection. These indicated which staff were on duty and in what capacity and the staff we met on the inspection matched those on the rota sheet. The rotas showed us there were sufficient staff on duty during the day and at night, with sufficient skill mix to meet people's assessed needs.

Good

# Is the service effective?

## Our findings

At the last inspection carried out in October 2015 we found there was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to nutrition and hydration needs. We found that although people had access to sufficient meals and drinks, people said there was a lack of quality and choice of foods. The dining experience and how people were supported with their nutrition and hydration needs was not always appropriate and information about nutritional and hydration needs was poorly recorded.

At this inspection on 17 January 2017 we found that sufficient improvement had taken place and that the breach had been met.

Staff regularly monitored food and drink intake to ensure people who used the service received enough nutrients in the day. Staff regularly consulted with people on what type of food they preferred and ensured foods were available to meet peoples' diverse needs and specialist diets.

The kitchen staff had a file with people's names and dietary requirements/ likes and dislikes recorded within it. The cook told us they took instructions from the nurses for anyone with specialised dietary requirements, particularly those with diabetes. They added that they gave people with diabetes less sugary foods and used artificial sweeteners in their cooking. People who used the service were asked at lunch time what they wanted to eat and were given a choice between two main courses. If these options were not liked then the cook provided an alternative meal. The kitchen was open day and night and if a person wanted something to eat during the night this was available. The service did not use any picture menus. The staff said that none of the people who used the service required this. However, if there was a need for this in the future then they would be used.

People were weighed on a regular basis and if any weight loss was identified, we saw that appropriate action was taken. Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing/eating problems.

We observed the lunch time meal from 12.20pm until 13.15 and noted that there were 10 people in the dining room and a further two people eating in the hallway (by choice) with three staff members present to offer assistance. Other people chose to eat in their bedrooms. We saw drinks were offered, water or juice, and given to all. Clothes protectors were offered to people and given out as requested. Menus were on the tables.

People who used the service gave positive feedback to us when we asked them about the meals provided each day. People told us, "I only have a few teeth and they mince the meal for me. The chef comes up and asks what I want" and "Good choice, I am a diabetic and it is controlled by pills." We asked the person with diabetes about the puddings and they told us, "I normally have fruit and ice cream." Other people said, "The food is excellent and cooked nicely" and "Choice of porridge, cereal or toast for breakfast, lunch is soup and

either fish, chicken or meat and lots of vegetables. Tea-time is usually 5pm-ish and it can be something like egg and chips or a jacket potato."

Staff assisted people from their wheelchair to the dining table and back again at the end of the meal. There were always two staff, and the mobilising was done correctly and was unhurried. We saw that staff members were chatting to people and knew their names. They spoke about families and interests that people had. The lunch time meal was three courses with soup, a main meal and dessert being served. We saw staff sat next to people assisting them with eating and drinking where needed. This was done in a pleasant and calm way involving plenty of chat and encouragement. The food looked appetising and hot. One person said they did not like the meal they were offered so the second option of the day was brought to them. This was eaten and enjoyed by the individual. People were asked if they had finished before their plates were removed.

People who used the service said their health needs were being met, both in terms of regular medication but also access to GP services and support for hospital visits. One person told us, "If I need a doctor it goes on a list, I saw one last Friday. The nurse here does my blood sugar level" and "Chiropodist is due at the end of February." A visitor said, "The doctor has been out a few times to see my relative and the chiropodist came two weeks ago." We saw evidence that individuals had input from their GP's, district nurses, chiropodists, opticians and dentists. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required).

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 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. Records showed that five people who used the service had a DoLS in place around restricting their freedom of movement.

We asked people who used the service if they were consulted with about their care and if staff asked them for consent before carrying out care tasks? People told us, "I think the staff just get on with it and I am okay with this" and "I know what is going on and the staff do ask." We asked visitors if they had any involvement with capacity or best interests with regard to their relatives. They said, "I have Power of Attorney" and "I have everything like this in hand."

The registered manager and the staff who spoke with us all said restraint was not used in the service. Staff told us, "MCA ensures people are kept safe; for example, when someone wants to go out, but they are not allowed without an escort", "It is about giving people choices and encouraging them to make safe choices" and "If a person has capacity and wants to go out we check with the nurse in charge" adding that it was all about keeping people safe.

We looked at induction and training records for four members of staff. The induction programme for new staff included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of

employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training deemed by the registered provider as both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed staff participated in additional training including topics such as Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity.

People who used the service told us that staff had the right skills to do their jobs. One person told us, "Everyone knows their job and knows what they are doing".

We looked at four staff supervision records, which showed that care staff were being supervised by the qualified nursing staff. The staff we spoke with were positive about their supervisions saying, "I have regular supervision, I find it useful and I generally receive positive feedback", "I've not worked here long, but I have had an initial supervision" and "I have supervision every three months. It's a two way conversation and I find they are constructive." Staff appraisals were being completed during January 2017. This showed that the management team were monitoring and reviewing staff practice and performance.

People who used the service lived in a spacious and homely environment that had been designed to accommodate the use of moving and handling equipment in the bedrooms and communal spaces. The environment and fabric of the facility was clean and housekeeping staff were available. Furnishings and decorating were to a good standard and individual bedrooms were personalised to people's taste. There was a range of communal spaces for people to use. These included a spacious lounge, dining room and a communal conservatory which led onto a secure courtyard area.

Good

# Is the service caring?

## Our findings

We received very positive feedback about care staff and their support for people. Comments we received from relatives and people using the service included, "I think the staff care. They are very busy, but they are all nice" and "It is not a job you can do if you don't care. I am very satisfied with it all."

The staff we spoke with were all long serving and knew the people in their care well. There was evidence of care staff knowing people's personal tastes but we saw they also checked with people for confirmation. Care plans included information about a person's previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

People said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The staffs' approach was professional, but friendly and caring. Staff spoke with people in a polite and respectful way, showed an interest in what people wanted to say to them, called them by their preferred name, knocked on people's doors before entering and ensured they had privacy whilst they carried out their personal care. One person who used the service said, "I get letters and cards unopened, they knock three times on doors before entering" and "They always close the doors when I use the commode and keep me covered."

Visitors told us there was a good level of communication between themselves and staff and that they had been involved in the development of their relative's care plans. They told us, "I have on-going input to [Name's] care - any changes are discussed with me and their medications are reviewed regularly" and "I am not sure about [Name's] care plans, but they talk to me about their care." One visitor said, "They tell me if my relative has had a bad night."

People were satisfied with the level of communication they had with the staff. Comments included, "They talk to me when they are in my room, I understand as I am quite with it" and "I feel well informed about my care and they get on with it". One person said, "They chat when they bring my drinks and medications. We get a newsletter and it tells you anything specific."

People told us they were able to have a shower or bath whenever they wished to have one. This was confirmed by the staff who said, "Most people have a bath or a shower every other day by choice." We were given the most recent records to look at during our inspection. We saw that people were being assisted to get up, washed and dressed at their own pace. People were well presented and dressed appropriately for the weather. One visitor told us their only concern about the service was a very minor one and was in relation to the laundry service. However, they stressed to us that their relative using the service was always

well presented and said, "The staff really care, oh yes they do – you can tell."

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. Staff also supported people to maintain relationships with family, friends and other people in the community.

Information was provided, including in accessible formats, to help people understand the care available to them. There was a notice board with information on it that included leaflets about Health watch, opticians, chiropodist visits, Care Aware, stroke matters and the mobile library. Information was also available on the Alzheimer's helpline, dementia care, the services' philosophy of care and a complaints procedure notice.

Good

# Is the service responsive?

## Our findings

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. In discussions with staff they told us they had handovers at each shift change. They used this time to discuss the people who used the service and any concerns that had been raised. These meetings helped staff to receive up to date information about people. There were information sheets (patient passports) for use when people were admitted to hospital to provide staff with important details about health needs such as mobility and personal care.

A needs assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and care plans were in place to make sure people stayed safe and well.

We saw that people and families were invited to yearly reviews of their care plans and those who spoke with us were unanimous in the view that things were okay in the service and staff did change their care practices to match circumstances such as deteriorating health or mobility.

People's care plans had been rewritten and updated since the last inspection (29 October 2015). The registered manager had introduced consent forms for care and treatment and for photographs, which had been signed by individuals using the service or their families. The care plans were now focused on the wishes and needs of each individual and had been signed to say these had been read and agreed by each person or their representative. People told us, "The staff come and chat to me about my care" and "If I want to change things then I can." We saw that changes to care were recorded in the care files.

There were two activity co-ordinators in the service who from Monday to Friday spent about one hour each morning and two hours each afternoon doing social activities with people who used the service. There was a monthly newsletter which included a calendar of events. Two different singers were booked to entertain people in the service every fortnight. The hairdresser came in to the service on a Thursday and Friday morning. One activity co-ordinator told us they tried to focus on reminiscing activities for people living with dementia, either with music or songs and quizzes. The activity person also organised flower arrangement classes. There was an activity board up with weekly activities listed. There was 'Exercise Class' in the morning and 'Crafts' in the afternoon.

We asked visitors about the activities taking place in the service and if their relatives joined in. They told us, "There is a quiz, exercise classes and a lady comes every afternoon and reads stories" and "[Name of relative] does armchair exercises; they used to do a quiz, and the staff put the snooker programme on the television for them to watch when it is on." At 11.45am we observed the activity co-ordinator holding an exercise class with seven people (movement to music), all were clearly enjoying the activity and one visitor joined in. At 14.35 the activity co-ordinator was with five people and they were doing crafts, they were chatting with individuals and asking them questions. At 15.35 there were a further three people participating

(eight in total).

A Christian chaplain regularly visited the care home to carry out services. People who used the service spoke to us about activities and spiritual needs. They told us, "I stay in my own room by choice, the vicar comes here the first Sunday in the month and visits me in my room" and "The local vicar comes around and I chat with him, I do crosswords and watch television."

People told us their family and friends were made welcome in the service. They said, "The staff ask my visitors if they want a drink and they can visit anytime. I have a telephone in my room, I have a computer and I Skype - my grandson was in Australia and he was crystal clear on my screen" and "Yes, my wife visits every day and can come anytime."

Relatives told us they knew how to make a complaint. One relative told us that they had never had to raise a complaint, but could speak to the registered manager whenever they needed to as they were always available.

We saw that there was a copy of the registered provider's complaints policy and procedure on display. People who spoke with us were confident about discussing any issues or problems they may have with the staff and registered manager. We saw that the registered manager had investigated four minor complaints in the last year, and no further action had been required.

Good

# Is the service well-led?

## Our findings

The registered provider and registered manager had made improvements to the service since our last inspection in October 2015. We saw that two breaches of regulation had been met and they were working on meeting the recommendations within the last report. Safe medicine practices were being followed and ensured people received their medicines on time and these were administered safely. The dining experience for people was a social event that offered people a choice of food in a calm and relaxing environment. Care files had been updated and reviewed and a new format for care plans was in place, which meant staff had access to person-centred information about people who used the service.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and there was an open door policy as far as they were concerned.

We sent the registered provider a provider information return (PIR) that required completion and return to CQC by December 2016. This was completed and returned within the given timescales. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

There was a registered manager in post who was supported by a deputy manager and qualified nursing staff. The majority of people who spoke with us were able to tell us the name of the registered manager and were confident about raising any issues with them. One person told us, "Both the registered manager and the deputy manager are really nice individuals." People told us they felt the service was well run and they were happy there.

We saw that the registered manager monitored and analysed risks within the service and reported on these to the registered provider. Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The registered manager carried out monthly audits of the systems and practices to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in January 2017 and covered areas such as reportable incidents, complaints, staffing, safeguarding and health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We also saw that internal audits on infection control, medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified.

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was usually analysed by the registered provider and where necessary action was taken to make changes or improvements to the service. The last questionnaire was sent out to people and relatives in 2016, but the number of people who returned the survey was poor. The registered manager said they were looking at different ways in which to obtain

feedback from individuals. People and visitors who spoke with us were not sure they had completed any surveys, but said they could always speak with the registered manager or staff if they had any concerns or queries.

We were shown copies of the last meeting minutes for the staff, which took place in January 2017 and for the resident meeting which took place in December 2016. One member of staff said, "We had a staff meeting last week. These are a two way discussion and we can talk about anything. The manager is approachable." Other staff spoke about the leadership and management of the service saying, "I get on well with the managers and I feel supported; they are approachable" and "I have been here a long time and have no qualms. I wouldn't have stayed so long if I wasn't happy with the managers or the service."

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.