Caring Homes (TFP) Group Ltd

Cotman House

Inspection report

Garfield Road
Felixstowe
Suffolk
IP11 7PU

Tel: 01394672084
Website: www.caringhomes.org

Date of inspection visit:
23 May 2017

Date of publication:
30 June 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Cotman House provides accommodation and personal care for up to 62 older people, some living with dementia.

There were 55 people living in the service, six of these were living with dementia, when we inspected on 23 May 2017. This was an unannounced inspection.

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

There were arrangements in place to ensure people's medicines were stored and administered safely. However, the systems in place for the recording of the administration of creams were not robust. The service had identified this and were in the process of addressing it.

We identified that there was potential risk to people in relation to the French windows in some bedrooms. The registered manager assured us that this would be considered and addressed.

There were systems in place to guide staff to minimise the risks of people being abused. People's care records included risk assessments provided guidance to staff on how risks to people were minimised, these included risk assessments related to people's mobility and pressure ulcers developing.

Staff were available when people needed assistance, care and support. The recruitment of staff was done to make sure that they were suitable to work in the service and people were safe. Staff were trained and supported to meet the needs of the people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner. People and/or their representatives were involved in making decisions about their care and support.

People were provided with personalised care and support which was planned to meet their needs. People were provided with the opportunity to participate in activities which interested them. A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner

and used to improve the service.

There was an open and empowering culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were provided with their medicines when they needed them and in a safe manner. However, improvements identified for the recording of creams had been identified by the service but had not yet been implemented.

Improvements were needed in how the service assessed the safety of the French windows in some bedrooms.

There were systems in place to minimise risks of abuse to people.

Staff were available to provide assistance to people when needed. The systems for the safe recruitment of staff were robust.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their individual needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Cotman House

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.

This unannounced inspection took place on 23 May 2017 and was undertaken by two inspectors 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.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 15 people who used the service and six relatives. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to six people's care. We spoke with the registered manager, the regional manager, the clinical manager and seven members of staff, including the deputy manager, senior care, care, domestic, administration and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Windows had window restrictors which reduced the risks of people being able to open them wide and fall out of them. However, some bedrooms had French windows which were not restricted. There was a glass and metal barrier outside of these windows which was approximately four feet high. We spoke with the registered manager and the deputy manager about the potential risks to people, because they could climb over the barrier and fall. The registered manager told us that they discussed this with the regional manager and were now considering ways to reduce the risks, but they had considered this when assessing people who wanted to move into these bedrooms.

We reviewed the care records of one person who was prescribed with anticoagulant (blood thinner) medicines. There was no care plan or risk assessment in place to guide staff on the potential risks to the person associated with these medicines. We also checked another person's care records who was prescribed with anticoagulant medicines and found that they did have a care plan in place but this had not been reviewed/updated since 2015. Therefore we were not assured that staff were provided with the most up to date guidance to minimise the risks to people who were prescribed anticoagulant medicines. The day after our inspection visit, the registered manager wrote to us and told us that they had updated these records and sent us evidence to show this had been addressed. This meant that the service had acted promptly to address this potential risk to people.

We reviewed the records for the administration of medicines in the form of creams and lotions of four people who used the service. None of these were completed in line with the prescribed guidance, for example to be administered twice a day. Therefore we could not be assured that people were receiving these medicines as prescribed. However, the clinical manager told us that they had identified this shortfall as part of their checks the day before our inspection and had plans in place to adapt the systems in place to minimise the risks of the records not being completed to evidence that people had received these medicines. This minimised the risks identified, however, this had not yet been actioned and fully addressed at the time of our inspection. Audits were in place to ensure that any discrepancies were identified and addressed.

We saw that the other medicines which were stored in secure trolleys, were managed safely and were provided to people in a polite and safe manner by staff. One staff member who was responsible for administering medicines told us that they had been provided with training to do so safely and that they had also been observed to check that they were managing the medicines safely. During our inspection we saw another staff member receiving training from a colleague in administering medicines.

The medicines administration records (MAR) for these medicines were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. Where people were prescribed with medicines to be administered when required (PRN) there were protocols in place to advise the staff when these medicines should be considered for administration. This minimised the risks of inappropriate administration of these medicines.

MAR included guidance for staff about how each person preferred to take their medicines. For example, one person's records stated, "I like to take my medication out of the medication pot independently. I take my medication with either juice or water."

People told us that they were satisfied with the arrangements for their medicines administration. When we were looking at the medicines administration records (MAR), one person asked us, "What have you got there?" When we told them what we were looking at and why they said, "You won't find any problems with that, they [staff] are very good."

People told us that they were safe living in the service. One person's relative said, "My [relative] has been kept safe since they moved here; they weren't safe at home anymore." Another relative commented, "I've been able to breathe out… I was on edge all the time before my [relative] came here."

We saw letters and cards which had been sent to the service thanking them for the care and support provided. One relative had written, "It was very reassuring and comforting to know [person] was safe and so well looked after." Another stated, "Gave me the reassurance that my [person] was in safe hands."

One person said, "I feel very safe," and, "I am usually alright, but I had a fall last night, first time it has happened. It has never happened before." They told us that they were not injured. We spoke with the registered manager about this and they confirmed that the person did not usually have an issue with falling, however, they had arranged for this person to have a pendant alarm to give the person peace of mind that they could call staff if they needed to. Another person told us that they had a fall and they had been to hospital for observation and X-rays. They had complained of being in pain on the day of our inspection and we saw that the service had called in a health professional who visited them to check on their wellbeing. The person showed us their pendant alarm and pressure mat. Pressure mats alert staff if a person, who had mobility problems, attempts to stand, this allows staff to attend to the person and make sure that the person mobilises safely and reduces the risks of falls. They demonstrated how the pressure mat worked by tapping their foot on it, a member of staff attended within two minutes. Where people were at risk of falls records showed that there were systems in place to minimise the risks and assess trends and patterns. This showed that there were systems in place designed to reduce the risks to people who were at risk of falls.

The registered manager told us that key pads had been put onto the entrance to stairs. This was to reduce the risks of falls for people who were at risk, for example those who used walking frames to mobilise. The registered manager told us people that were able to use the stairs were provided with the key pad code so they could use them if they chose to. We did see people using the stairs, which confirmed what we had been told. There was a passenger lift in place for people to use.

Where safeguarding concerns had been raised, the service had taken action going forward to reduce the risks of similar incidents happening. For example, following a person's fall improvements had been made by ensuring people had their pressure mats with them in the communal areas. A staff member told us that the service held monthly falls group meetings where people were at risk of falls were discussed and ways of reducing risks were considered and planned. We saw staff ensuring people's safety. For example, when mobilising around the service and when supporting people with mobility equipment.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, falls and pressure ulcers. Where symptoms had been identified by staff that people were at risk of their skin breaking down, they took action by notifying community nurses who provided treatment. The risk assessments were regularly reviewed and updated. This meant that the staff were provided with information about how they should minimise the

risks to people.

Risks to people injuring themselves or others were limited because equipment, including electrical, hoists, the passenger lift and the fire safety had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. People's records included guidance for staff on how people would be supported to evacuate the service if required. The service had a business continuity plan which guided staff of actions to take if there was an emergency such as evacuation of the building.

Staff had received training in safeguarding adults from abuse. They understood their roles and responsibilities and the provider's policies and procedures regarding safeguarding and how they could raise safeguarding concerns to the local authority, who are responsible for investigating concerns of abuse. This meant that there were systems in place intended to protect people from abuse.

People told us that there was enough staff available to meet their needs. One person said, "I think there are plenty [staff]. I don't have to wait when I need anything." One relative commented, "[Person] is very happy here, there always seems to be plenty of staff about and they look after [person] very well." We saw that staff were attentive to people's needs and requests for assistance were attended to promptly.

The registered manager told us about how the service was staffed. Our observations and records confirmed this. The registered manager told us how the staffing levels were calculated by using a dependency staffing tool. This identified the number of staff required to meet the needs of the people using the service. In addition to the care staff, there were domestic and catering staff. There were also hostesses who had the responsibility of serving people with drinks and food to ensure that the care staff were freed up to support people with their personal care needs.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person's relative commented that their relative's condition was deteriorating and that the staff had the skills to support the person. We saw that staff had the skills to assist people to mobilise effectively, using equipment. People were kept informed of the actions that staff were taking and this was done safely.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. A member of the domestic team told us that they received the same training as care staff, except for the training in assisting people to mobilise. One staff member told us that the staff team were required to update all of their training when the service had been purchased by the current provider. They said that there was a regional training manager who provided face to face training, such as safeguarding, nutrition and hydration and living in my world dementia training, as well as the e learning training provided. Staff working in the service had completed train the trainer in moving and handling which allowed this training to be provided in house. Another staff member said, "I have had more training here… [than in previous work]." They said that they had received training in dementia and were confident that they could support people effectively.

Records identified the training that staff had completed and where renewal of their training was to be completed. This included training in safeguarding, fire safety, food hygiene, infection control and moving and handling. The service also maintained records which identified the percentage of staff who had been trained and calculations of the hours required for staff to complete training. This showed that there was a monitoring system of training achieved in place and plans to ensure that all staff were trained to an equal standard.

New staff were provided with the opportunity to complete the care certificate during their induction. This is a set of assessed standards that the staff member needed to be aware of and be competent in when they started working in care. This showed that the service had kept updated with changes in the requirements of staff development to provide a good quality service to people.

Staff told us that they were supported in their role. Records showed that staff were provided with one to one supervision and appraisal meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. One staff member told us that at each supervision they discussed different topics to check that they understood the requirements of their role, the provider's policies and procedures and that their training had been effective. This included subjects such as safeguarding and fire safety.

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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. They told us how they had made applications to ensure that any restrictions were lawful and these were kept under review to ensure they were up to date. This was confirmed in records. The registered manager gave an example of how they had made an urgent DoLS referral to ensure that a person was safe. They also told us about how best interest meetings would be held if people lacked capacity to make their own decisions. Staff were provided with training in MCA and DoLS and their understanding was also checked at supervision.

People told us that the staff asked for their consent before providing any care. This was confirmed in our observations. We saw staff asking for people's permission and agreement before they were assisted, for example to transfer using mobility equipment. Two people we spoke with told us that they were able to go out with family and friends and that their freedom was not restricted. People's care records showed that consent had been sought by the service to take photographs and to support the people they worked with and people has signed their care plan to evidence that they had seen the care plans and agreed the contents.

Where people lacked the capacity to make their own decisions, this was identified in their records, and included the arrangements of the support they may need in decision making. This included relevant people, such as their relatives or GP being involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. One person said that the chef listened to what they wanted to eat and had provided their choices, for example a side salad with their meals. They commented, "They are very good like that, do listen and make arrangements for me to have what I have requested." Another person commented, "I get plenty to eat. If I want to I can ask for maybe an omelette. Anytime I'm hungry I can get a sandwich." During lunch where people required assistance this was provided by staff in a caring and patient manner. We saw that, where required, people had specialised equipment to ensure that they could maintain their independence.

We saw letters and cards which had been sent to the service thanking them for the care and support provided. One relative had written, "[Person] did certainly enjoy the food." One person had written, "It is the care and great meals that have helped me to be well enough to go home."

People were provided with choices of hot drinks throughout the day. There were also cold drinks available for people in the communal areas. This meant that there were drinks available for people to reduce the risks of dehydration.

Staff had a good understanding of people's dietary needs and abilities. A member of the catering staff we spoke with was knowledgeable about people's specific dietary requirements and how they were supported to maintain a healthy diet. They understood the different consistencies of food, for example if people required a softer diet. They told us that there were no people currently who were at risk of choking and softer diets were provided, for example if people could not chew food well. They showed us a softer diet which had been prepared for a person. It looked attractive on the plate and had been shaped to reflect what the food was. For example the softer carrots had been made to look like whole baby carrots.

People's records showed that their dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support was sought from health professionals, including a dietician and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake. A member of the catering team told us about the fortified foods and drinks they provided for people who were at risk of losing weight. One person's relative commented how their relative had been losing weight and confirmed that support had been provided by health professionals, the service were monitoring the person's food intake and they were now gaining weight.

A member of the catering staff showed us records which confirmed that the kitchen was regularly cleaned and temperature checks were routinely undertaken. Staff were provided with training in food hygiene and the service had achieved the highest rating for cleanliness in the kitchen and food preparation. The registered manager told us that some staff had attended training in dysphagia, a difficulty in swallowing, at another of the provider's services.

People's health needs were met and where they required the support of healthcare professionals, this was provided. A staff member told us how they had an agreement with the local GP surgery and a practitioner visited/contacted the service weekly. This enabled any concerns about people to be discussed and visits people needed regarding their health were completed. They said that whilst one GP surgery was identified as a link for the service and for people to be registered at that practice. People's choices were respected, such as when they preferred to stay with the GP they had prior to moving into the service.

Records showed that people were supported to maintain good health, had access to healthcare services and receive ongoing healthcare support. This included mental health and physical health professionals. Where guidance had been provided, this was detailed in people's care records to ensure they received a consistent service which met their assessed needs to maintain good health.

Good

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person said, "Staff are very good, they are all pleasant enough." Another person commented, "Yes, they [staff] are friendly. They make you feel as if there isn't anything they wouldn't do for you." Another told us, "They [staff] are lovely, very friendly."

Relatives were complimentary about how staff treated their family members. One relative said, "The staff here are so friendly and cannot do enough for the people who live here. They are really kind, friendly and helpful." Another relative told us that, "We were made to feel welcome and comfortable when my [relative] moved here." Other comments from relatives about staff included, "They are all such nice people," and, "Always easy to talk to."

We saw letters and cards which had been sent to the service thanking them for the care and support provided. One relative had written, "You were all so kind and friendly and being there helped [person] to recover." Another thanked the staff for, "Taking the time to listen and the support given not just to my [person] but me as well." Other comments in these cards and letters included, "The care provided to my [person] was always given with dignity and privacy and at an exceptional standard," and, one talked about the, "Compassion shown from your night staff."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff communicated with people in a caring and respectful manner. They communicated in an effective way by making eye contact with people and listening to what people said.

Staff respected people's privacy by knocking on bedroom doors before entering. People's privacy was further respected by staff who communicated with people discretely, for example when they had asked for assistance to use the toilet.

Staff talked about people in a caring and respectful way. They knew people well and understood people's specific needs, how they were met.

Staff listened to what people said and their views were taken into account when their care was planned and reviewed. In addition the service had a resident of the day system where people were visited by the service's staff team, such as the catering staff and asked for their views and wishes. A member of the catering staff told us that where people had specific choices of what they wanted to eat, this was provided. For example the chef had obtained piccalilli for a person who requested it. People's care plans were also reviewed and updated in line with their preferences.

People's independence was encouraged and respected. One person told us that they were independent and, "Needs help from staff to dress," which was provided. People's care records identified the areas of their care that they could attend to independently and the areas that they required help from staff.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person described the care they received as, "Awesome." We spoke with a group of people and told them what we were doing in the service. One person pointed to our book and said, "Just write down there are no grizzles from me." One person's relative commented, "I have no worry about the care my [relative] gets." Another relative told us that the family, "Knows [person] is well cared for, and they do a very good job… I just want you know that we couldn't be happier with the home."

Letters and cards had been sent to the service thanking them for the care and support provided. One relative had written, "We are grateful for all the wonderful care and attention [provided to the person]." Another relative stated, "Your care for [person] was marvellous."

Relatives told us that they had been provided with the information they needed during the assessment process before their family member moved into the service. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. Care plans were detailed enough for staff to understand how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent, such as in choosing their own clothes.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with information about how to meet people's specific needs and conditions, such as diabetes. This included the warning signs that staff should be aware of when the person may be becoming ill associated with their condition and how they should be supported. One person's care records included information about Parkinson's disease, however their records may benefit from providing more detailed information about how the condition affected the person. The day after our inspection visit the registered manager sent us the person's reviewed records which included this information.

Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. One relative said, "I am asked my opinion about the care and support my relative receives and I take part in a review of the service provided." This was also undertaken using the resident of the day system. However, we were advised by the registered manager and staff that one person's wellbeing had deteriorated three days before our inspection visit and they required being cared for in bed. We saw a staff member advise a colleague that they had been checking this person throughout the day and that their mouth care needs had been met. We looked at their care records and they did not reflect the changes in the person's needs and how they were to be met. We spoke with a staff member who told us that they had planned to update the care records on the day of our inspection, which was done. They also told us that the staff had been updated in the changes in the person's needs in handover meetings and discussions. We reviewed the person's daily records which identified the care they had been provided with to meet their changing needs. People's daily records included information about what care and support had been provided and the person's wellbeing, including how they had spent their day and if their mood had changed

during the day.

A staff member told us that they felt that the care plans were of good quality and provided the information needed to meet people's needs.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "The activities people are pretty good, they always put something on, lots of things to do. I never get bored." Another person told us that they joined in with the group activities, "You have to be sociable don't you?" One person's relative commented, "My [relative] doesn't get about much and mainly stays in their bedroom, but [they are] checked often and gets a fuss made of them as [staff] pass [their] room. The staff are so kind, talk kindly to [them] and encourage them to take part in things."

There were activities staff working in the service, this provided people with the opportunity of participating in activities to reduce the risks of boredom. During our inspection we saw people participating in Oomph [our organisation makes people happy], an exercise activity. The registered manager told us that the activities staff had attended training in this. People exercised to music and used pom-poms to shake and keep their upper body moving. There was lots of laughter and chatter whilst this was being provided and it caused some discussion where people used the pom-poms to do semaphore and talked about what they remembered for what sign meant which word/letter. The registered manager told us that this activity had been provided weekly but due to its popularity it was provided more often.

There was an activities programme displayed in the service which included flower arranging, painting stones, bingo, exercise, armchair travel to Paris, quiz, art and a film. There were photographs in the service which showed people participating in activities. These included a coffee morning to raise money for a charity, a cream tea with pupils from a local academy, a visit to a local farm and a visit from an organisation which bring animals into the service. There were also photographs of where people had participated in cultural festivals and traditional activities. For example Easter bonnet making and a Grand National race using horses made in the service.

The registered manager told us that they used the mini bus from another service once a week, which allowed people to go out on day trips in the community. There was a gardening group on Monday; the registered manager told us that people had done some planting the day before our inspection. They had topics and people made items that related to these and they were around the service. The registered manager told us that one week the topic was leprechauns and there were, "Leprechauns everywhere." The activities room, which was also the cinema, held lots of items that could be used for activities and there were several arts and crafts displays done by people displayed in the room, in addition there were some also in the entrance hall of the service.

The registered manager showed us the fresh flowers in the service. They said that they were purchased on Sunday from the local market and people then arranged them for display in the service. This was confirmed by a person we spoke with who told us that they enjoyed arranging the flowers.

People told us that they could have visitors when they wanted them. We saw people entertaining their visitors, which confirmed what we had been told. This reduced the risks of isolation.

People had the opportunity to express their views about the service in meetings and quality assurance questionnaires. In addition there was a comments book in the communal lounge, which could be used by people and visitors to the service. Where comments had been made there was a note to show that it had been addressed. For example, one comment made stated that there was no hand gel at the desk in the

entrance, this had been provided.

People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and a dealt with properly. When asked if they had needed to complain to the service, one relative said, "I have never needed to, if something is worrying [my relative] I speak to staff or the manager and things get done." One person told us that, "I have no complaints; they are good people and treat me well."

Complaint and compliment records were kept. Those we looked at showed that there had been two complaints in the past year, which had been investigated and the outcome and action taken had been recorded. Explanations and apologies had been given where needed, which showed that people could be confident that their complaints would be dealt with and action would be taken to improve the service offered to people. The registered manager told us how they and the regional manager had met with a complainant regarding their concerns. Complaints were reviewed by the provider to ensure they were dealt with in a timely manner, effectively and they were checked for emerging patterns so that action could be taken to find the reason behind the problem and put things right. The number of compliments that had been received outnumbered the complaints and included one family member praising the work the service had done in keeping their relative comfortable and well cared for in the last stages of their life. They said that this gave them a lot of comfort.

Good

Is the service well-led?

Our findings

There was an open culture in the service. People and their relatives told us that they thought that the service was well-led. One person said, "The [staff] are kind and are always there if I need them, they never worry and go out of their way to help me." One person's relative commented, "The management is very good, we have no problems or concerns to speak of." We were told that the registered manager was friendly and was available if people wanted to speak with them. They felt they could approach the registered manager if they had any problems, and that they would listen to their concerns. The registered manager was seen around the service and would stop to say hello and ask how people were. The registered manager was knowledgeable about the people in the service and they told us that, when they spent time around the service, they kept their eyes open and monitored staff and the delivery of care closely.

People were involved in developing the service and were provided with the opportunity to share their views. This included satisfaction questionnaires and meetings. Meetings for people using the service were held on a monthly basis, with relatives being invited to these meetings every third month. These gave people the opportunity to voice their views of the service and to make suggestions on how the service could improve. One relative said, "There are resident's meetings where we can join in and comment." Another relative told us, "I think they listen to us. My [relative] wanted something different on the menu and it was done." Meeting minutes showed where topics were followed up within different meetings. For example, people had said that they found it annoying when the staff used the back stairs at night because the gate banged, which disturbed their sleep. During a care staff meeting this was raised and staff were asked not to use that staircase at night, or if they had to, close the gate carefully behind them. This showed that people's comments were valued and used to improve the service.

Staff told us that they felt supported and listened to and that the service was well-led. Staff we spoke with understood their roles and responsibilities in providing good quality and safe care to people. They were positive about the culture of the service and told us that they felt they could approach the registered manager if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regular staff meetings across all levels, senior staff, care staff and housekeeping for example. This enabled staff to exchange ideas and be offered direction by the registered manager. One staff member said, "I feel as if I could speak freely at the team meetings and during supervision." Another commented, "I really like it here. They are very supportive and very keen that we get the training we need and want. Management's door is always open." The clinical manager told us that there were systems in place for staff to make suggestions on how the service could improve.

The service's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls, infection control and care records. Incidents and accidents were checked and reviewed by the management team and there were records which identified where actions had been taken to minimise future risks, such as referring to health professionals. Where further actions were required or follow up checks completed, this was added by the registered manager. For example, further checks on a person and reviewing moving and handling plans. Where people were at risk of falls their care plans included a falls booklet in which trends and patterns could

be identified so the risks of future incidents could be minimised.

A staff member showed us the electronic clinical management trending (CMT) tool which was used to update relevant information about people living in the service such as falls and pressure ulcers. The clinical manager told us that the CMT could be accessed remotely by senior management in the service. This information could be analysed and patterns and trends identified. The clinical manager told us that if they identified issues in the service, for example several falls occurring, they could target their work and provide support to the service to identify trends and actions to reduce the risks. There was also a system on which staff information was recorded including sickness and training. This enabled management to analyse any issues that may arise and address them. For example patterns in sickness.

The registered manager and management team understood their roles and responsibilities in providing good care to people. The manager was supported by the regional director and the organisation, which carried out a programme of quality assurance audits. Records showed that the regional director visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.