Solway House Limited

Solway House

Inspection report

Solway Terrace
Maryport
Cumbria
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Date of inspection visit:
17 February 2017
21 February 2017

Date of publication:
24 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 was an unannounced inspection that took place on 17 February 2017 and we returned on 21 February 2017 to give feedback and look at some of the documents we had not seen on the first day of inspection.

Solway House is an older property situated in a residential part of Maryport. The home is near to all the amenities of the town and has views of the harbour and the Solway. The home has been suitably adapted and extended to provide a home for up to 18 older adults and for people living with dementia or other mental health disorders. Accommodation is in single rooms and there are suitable shared areas. The home has a pleasant garden for residents use.

The registered manager for Solway House had retired in October 2016 and the provider had appointed a new manager who was beginning the process of registration. 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. The registered provider was very much in evidence in the home and had been managing the service during this interim period. She was helped in this task by an assistant manager who knew the service and the people living there very well. The registered provider also had another assistant manager who was supporting the systems building in the home.

We last inspected in October 2015 when we rated the service as requires improvement. We had judged that the location was in breach of regulations related to safe care and treatment, safeguarding, good governance, staffing, fit and proper persons employed and person centred care. The provider had also not always informed us of incidents in the home. We received an action plan from the provider shortly after the report was published and we judged that suitable action was being taken. You can see what action we told the provider to take at the back of the full version of the previous report which can be found by going to http://www.cqc.org.uk/location/1-109788014.

At this inspection we judged that all of the breaches had been met. We saw that the registered provider had put in time and resources to deal with the previous issues.

The registered provider and her team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and could talk to us about how they would identify any issues and how they would report them appropriately. Risk assessments and risk management plans had been improved on and these now supported people well. Good arrangements were now in place to ensure that new members of staff had been suitably vetted and that they were the right kind of people to work with vulnerable adults. Any accidents or incidents had been reported to the Care Quality Commission (CQC) and suitable action taken to lessen the risk of further issues.

The home had increased the staffing levels after the last inspection and the provider and her management

team were keeping rosters under review as people's dependency changed. Staff were suitably inducted, trained and developed to give the best support possible.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary. The team made sure that strong medicines and any sedation were kept under review with the local GPs.

The provider and her team were aware of their responsibilities under the Mental Capacity Act 2005 if they judged that people were deprived of their liberty for their own safety. Most people in the home were able to leave the building when they wished and had flexible lifestyle choices. People told us that their consent was sought for any interaction, where possible.

People in the home were more than happy with the food provided. The provider had been cooking for some weeks and a new member of the team was being sought. People told us that despite the lack of a cook the provider and her team still gave them "good home cooking". The kitchen had good stocks of high quality food in place. When staff were concerned about nutrition they called on health professionals and put a nutritional plan in place.

Solway House was an older property which people told us was a relaxed and homely place to live. There were nice touches around the home that made the environment comfortable for people living there. There had been on-going redecoration in the home and things like floor covering and furniture had been replaced as necessary. The provider had replaced windows in the house and was doing some work on fire safety and other areas to ensure the house remained a safe place to live and work in.

People who lived in the home and their relatives told us that the staff were extremely caring. We observed kind, patient and suitable care being provided. Staff knew people and their families very well. They made sure that confidentiality, privacy and dignity were maintained. People were encouraged to be as independent as possible. Staff had been trained in end of life care and we saw evidence to show that this kind of care had been done to good effect for many years.

Risk assessments and care plans had been developed and now provided detailed and relevant guidance for staff in the home. People in the service were aware of their care plans and were able to influence the content. The management team had ensured the plans reflected the person centred care that was being delivered.

We learned that the home had regular entertainers, activities and parties. Staff took people out locally and on trips within Cumbria. The team encouraged people to follow their hobbies and some people went out to art classes.

There had been no formal complaints received and people told us they felt able to complain and voice their opinions. The complaints procedure had recently been updated to good effect.

The management team checked on the quality of care and services on a regular basis. They had decided to create their own custom made system using guidance from a number of sources. We saw a list of quality assurance checks that were done which met with the aims and objectives of the service.

Recording was of a good standard with further improvements being planned. Records were easy to access and stored correctly. The provider had followed the relevant legislation about notifying CQC, the local authority and other bodies when there were accidents or other incidents in the service.

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.

Staff had a good understanding of how to protect people from harm and abuse.

There were enough staff employed to ensure people were as safe as possible.

Medicines were suitably managed.

Is the service effective?

Good

The service was effective.

Staff were suitably inducted, trained and supervised to allow for them to develop in their roles.

The staff team understood their responsibilities when they thought that a person was being deprived of their liberty.

People told us that they were really well fed in the house and we saw good attention paid to nutrition and hydration.

Is the service caring?

Good

The service was caring.

We observed positive and sensitive staff approaches.

People told us that they were always treated with dignity and respect.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

The team had developed and improved assessments and care plans so that they were much more person centred.

People told us they were happy with the hobbies, outings and entertainments on offer.

There had been no formal complaints because people told us that any issues were dealt with promptly.

Is the service well-led?

Good

The service was well-led.

The service had a new manager with a suitable care background who was applying to be registered with CQC.

People told us that the provider had created an open and transparent culture in the home which the staff team followed.

The management team had created their own quality assurance system that allowed them to work on continuous improvement.

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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 first day of this inspection took place on 17 February 2017 and was unannounced. We then visited again on 21 February and this visit was announced.

On 17 February 2017 an adult social care inspector was accompanied by 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. Both members of the team were experienced in the care of older adults and people living with dementia.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the provider for completion. The PIR 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. This was completed in some detail and we asked for further updates on this information when we visited the service.

We also spoke with representatives of the adult social care team, the local authority commissioners and with health professionals about the delivery of care and services. We had also received two comments from members of the public.

We walked around all areas of the home including the kitchen, laundry and communal areas. We looked at arrangements for food and fire safety. We checked on infection control around the home. We were also invited into bedrooms. The expert-by-experience shared a meal with people who lived in the home.

Over the two days we met with all sixteen people in residence in the home. We met with people in groups and also spoke with them privately in their own rooms. We also met ten relatives, friends and other visitors. We spoke with seven members of staff, the assistant manager, the new manager and the provider. We met three visiting health care professionals.

We read six care files in depth and we checked on the associated daily notes. We looked at other care plans and daily records to verify what was said to us by staff and people in the home. We reviewed the records for the management of medicines. We looked at records kept in the kitchen and we looked at the fire log book. We read some of the policies and procedures of the home and we reviewed the quality monitoring systems in place in the home.

Good

Is the service safe?

Our findings

We judged how safe people felt in the home by talking to them and to their relatives. People told us, "I feel very safe here and not frightened to speak up if I need to...we all do. The staff always listen if any of us are worried."

The relatives we spoke with said they felt that there was nothing abusive going on in the home. One person said, "This is the best home I have ever been in and I visit other places. It's a real home not an institution. The girls are lovely and I have never seen anything to bother us as a family." When the inspection started we met a relative who said, "I often come in early and at different times of the day and I have never heard or seen anything that would give me a cause to concern."

Staff told us that they, and the people in the home, were part of one community and that abusive care wouldn't be tolerated. One team member said, "I couldn't stand the idea of anyone being hurt, I don't think that would happen here, we know everyone too well, but I would know what to do if it did."

When we inspected on 12 October 2015 we judged that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risk management did not protect people from avoidable harm and sometimes there were insufficient staff on duty.

At this inspection we saw evidence of good general risk assessments and risk management in place. The provider had an emergency plan and suitable arrangements in place to deal with any emergencies. Accidents and incidents were recorded, investigated and dealt with as soon as possible. Action was taken to reduce the risk of further problems. The provider was careful to inform us of any accidents. There was a falls management plan in place for the home. We looked at one particular incident in depth and judged that the team had done all they could to lessen risk and prevent harm.

We observed staff supporting people to use standing frames, wheelchairs and walking aids appropriately. Wheelchairs had footrests and lap straps, which the staff used. Pressure relieving cushions were used where needed and we learned from staff and a visiting community nurse that staff had a good understanding of moving and positioning people to prevent accidents or skin damage. People in bed, or who could not get out of a chair unaided, had a call bell to hand. We noted that staff responded promptly when the bell was used.

We also looked at rosters and saw that the provider had increased staffing levels after our last inspection. We noted that there was always an extra member of staff on duty to cover key times of the day. This meant that when people needed support to get up or go to bed there was someone else on duty. This had helped reduce risk at these busy times. We also noted that the management team were very much 'on the floor' delivering care and giving people support.

We judged that this breach had been met and the service was now compliant with this regulation.

We had also judged at the last inspection that the home was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because suitable checks on staff fitness had not been taken up. We looked at recruitment in the service since October 2015.This service had a low turnover of staff but some recruitment had taken place and was on-going. We saw that robust checks were now made on new staff to ensure that they were suitable to work with vulnerable people. References were taken up, fitness checked on and checks made to ensure the candidate did not have a criminal record nor had been dismissed from another care service. The organisation had suitable policies and procedures covering matters of competency and discipline but these had not been used for many years. We judged that the service was no longer in breach of Regulation 19.

We checked on the medicines kept on behalf of people in the home. These were ordered, stored, administered and disposed of appropriately. Staff received training and checks on their competence. The dispensing pharmacy visited annually and audited the management of medicines. People in the home had their medicines reviewed on a regular basis by the GP or by a consultant. Where people needed 'as required' or over the counter medicines these were now written up into a care plan.

We spoke to staff about their understanding of safeguarding vulnerable people from harm and abuse. The managers and staff we spoke with understood their responsibilities and were aware of how to report any potential problems. They had details of how to contact the local safeguarding team and had asked their advice when they were concerned. Staff had received safeguarding training, with more planned, and were given opportunities to discuss any concerns in staff meetings or in supervision. We had evidence to show that the management team were trained to report any allegations or concerns in an appropriate manner. The provider told us that there had been no safeguarding issues in the home since before the last inspection.

The home was clean, odour free and orderly in all areas when we visited. Staff told us they had suitable personal protective equipment available for their use. The home had supplies of cleaning materials and staff understood how to manage cross infection. The provider had suitable policies and procedures in place and a new member of the team was going to take the lead in infection control matters, as this had been previously done by the registered manager. The provider was aware of some changes needed in toilets and bathrooms but all surfaces were well maintained to ensure they were impervious to infected liquids. Upgrades of bathrooms and toilets was at the planning stage.

Good

Is the service effective?

Our findings

The people we spoke to were keen to tell us how effective they felt the home to be. People told us that they thought the staff were, "Well trained...know what they are doing." We also learned that people judged the staff to, "Get on well together...they work as a team and we know them and they know us."

People said they had, "Really nice food...good home cooked meals." They said, "The food is beautiful", "The food is very good" and one person said, "Good food and there is plenty of it and you can always have a drink whenever you want".

People also told us that they had good health care support. One person told us, "I see the nurse, usually just when I need to", and another person said, "We have a good GP and they send for him if needed".

We also had evidence to show that people were not deprived of their liberty unless there was a risk to their health and wellbeing. One person said "I go out to into town or off to Silloth and it's fine as long as I tell them, which is marvellous I think." We also heard two people saying, "We're off to art class in town...back later" and another person saying, "I am off now, I'll be back later" before going for a walk.

When we inspected the home in October 2015 we determined that there was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because some staff had been observed not following good moving and handling techniques and other staff did not follow infection control protocols. At this visit in February 2017 both the inspector and the expert by experience observed a number of different moving and handling manoeuvres. These were done correctly and with patience. People told us afterwards that they felt safe and comfortable. We also noted that staff followed good infection control practices. Staff had received training in both these areas and we had evidence to show that staff were now working appropriately. We judged that the previous breach had been met.

At the previous inspection in October 2015 we judged the service to be in breach of Regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the principles of the Mental Capacity Act 2005 Code of Practice had not been consistently followed when assessing an individual's ability to make a particular decision or when placing restrictions on their liberty.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found that the authorisations were in place, where necessary. The management team were aware of their responsibilities and the staff had a good working knowledge of the principles of the MCA.

We observed people being offered a range of options and choices. Staff asked for consent before interacting with individuals. We saw that the management team had sought advice and guidance from the local authority and from health care practitioners, including members of the mental health team where people were living with dementia or other mental health issues. Where appropriate people's capacity had been assessed by health care practitioners. Social workers had been involved in best interest meetings and support given by a specialist team who advise homes on caring for people living with dementia. Deprivation of Liberty authorities had been granted and a further application completed.

We asked people about consent and they told us that they felt that their individual rights were honoured and consent always asked for. This was also recorded in people's files. Very few people lacked capacity to consent to care interventions and we saw that staff asked permission and people could tell staff their preferences. People also told us that their personal needs and preferences were written in their care plans.

People told us that the food in the home was of a very high standard. We observed breakfast and lunch being served. Our expert by experience sat with people in the dining area and found the food to be plentiful, fresh and well prepared. The home was without a cook but the provider and some of the staff had ensured that people continued to get the home cooked food that they were used to. The expert by experience paid careful attention to how people were supported to have enjoyable meal times and to take suitable hydration and nutrition. We noted that people had a choice and that it was normal practice to have a glass of wine or beer with the main meal. Lunch was a sociable meal and people interacted well. Where people needed assistance this was done discreetly. Some people, who needed a lot of support, had their meal before the others so that staff could give them full attention.

We checked on nutritional plans and found that these were part of the general care planning in the home. There were suitable details in place about food preference and ways to tempt people who had small appetites. We noted that people were weighed regularly. Where people were finding it hard to eat enough the staff fortified their food with butter, cream or other high calorie ingredients. Advice was sought from health care professionals like dieticians and specialists on swallowing problems. Staff understood how to support people who needed a soft diet due to swallowing problems.

People in the home told us that they saw their own GP or community nurse when necessary. We met a community nurse who told us she felt people received good care and staff were able to deliver relevant health care tasks. We learned from talking with people, staff and professional visitors and checking notes that people had received care and support from dentists, chiropodists, opticians, occupational therapists and dieticians where needed. People told us they were supported to go out to health care and health prevention appointments. Staff kept families informed of care and treatment, where appropriate. A team of dementia care nurse specialists visited on a regular basis and we met two of these professionals on the second day who were assisting the new manager to write some contingency plans in case people's mental health went into decline. People saw specialists and consultants if necessary.

Solway House is a period property that retains much of its original character. It is situated on the top of the hill which looks down onto Maryport harbour and is near to all the amenities of the town. People told us they enjoyed looking out on the view over the harbour and the sea. They also said that they enjoyed a walk along the front in good weather. The garden was specially designed to be safe and easy to access. There were raised beds so people could be involved in gardening.

Only one room was ever used for two people and this was only if two people wanted to share. At the time of our visit all bedrooms were single occupancy. All of the rooms had a toilet and wash basin ensuite. Some newer rooms also had shower facilities. Bedrooms were personalised and reflected the preferences of the occupant. Some people enjoyed spending a lot of time in their rooms following their hobbies or watching TV or listening to music.

We noted that almost everyone spent some time in the shared areas. Several people liked to sit in the conservatory that ran the width of the building. People also enjoyed having meals together and we learned that the staff respected people's need for solitude but also encouraged them to use the shared areas.

We learned that windows had been replaced around the building and that the hallway, shared lounges, some bedrooms and other areas had been updated since our last visit. Décor was fresh and pleasant, flooring had been replaced and new furniture purchased. The home had suitable equipment in place to help people with restricted mobility. Refurbishment was on-going and people in the home were asked their views on improvements.

We noted that toilets and bathrooms looked a little tired and needed some upgrades. The provider told us that improvements might need some building work and that careful consideration was being taken about how and when to improve these areas. In the meantime these facilities were kept clean and well decorated to allow the areas to be as pleasant as possible and to meet with good hygiene requirements.

The home was clean, fresh and orderly and staff took pride in keeping the environment nice for people in the home. People told us that they felt very much 'at home' in Solway House and visiting relatives were also very relaxed in the house. One person told us that the home was, "Just like any other house...just a bit bigger but its not like an institution."

Good

Is the service caring?

Our findings

We measured this outcome by spending time with people who lived in the home, talking with them and observing the way staff approached them, cared for them and helped them to retain as much independence as possible. We had positive responses to 'How caring are the staff team?' People in the home, their visitors and visiting professionals were all quick to tell us that they judged the staff team to be "very caring". These are some of the comments we received.

People told us, "It's lovely, a real home away from home this", "The girls are lovely, you couldn't fault them they are always so kind", "The girls are lovely to us, they could not be kinder" and "I am very comfortable, they look after me very well, I never want to move from here because the staff are lovely". One person summed up how they felt by saying, "You couldn't ask for better, it's a home away from home with a capital H".

Visitors told us, "My relative is really well looked after here...we are really happy with the care," and "Our [relative] is well looked after here, we cannot fault it, they have done a brilliant job with them...they could not have been kinder." People also told us that, "Our visitors can come when they want, not at mealtimes really but any other time."

Feedback from the local social work team included details of the care delivered to a particular person. They told us about the progress of the person and said, "My client is smiling again; has known some of the other residents for many years; and talks highly of the care staff. Solway House comes across as being a bit old fashioned in some ways, but it seems to be a warm, friendly home …and the residents looked 'engaged' with what was going on around them. The staff show empathy towards the residents and to the families when they are finding things difficult."

We noted that everyone in the home was well groomed and dressed in clean, smart, matching clothes. Women wore jewellery, makeup and had their hair done. Men were helped or encouraged to shave and to dress well. People told us that they were able to choose the way they dressed and were encouraged to retain their personal style. One person said "The staff turn us out nice don't they, we are all helped to make the most of ourselves."

Staff treated people with respect and spoke politely to them. We learned that staff were often local and that they had known the people in residence over many years. People told us that the home was like a "family...we all know each other...". Care delivery was discreet so that privacy and dignity would be maintained. Staff addressed people by their preferred name, knocked on doors and asked permission before any intervention. We judged that the provider acted as a role model for staff. We noted that when she arrived people greeted her warmly and that some people wanted a hug and a chat with her. This was done in a natural and respectful way.

We heard staff using humour in a friendly and respectful way. There was a lot of laughter in the house during our visits and people were very much involved in the day to day life of the home and its staff. No one was

treated in a patronising way and there were often references to people's strengths and past life. People told us that they were treated as individuals and given the respect that their age and place in the local community afforded. We found the care staff's attitude to be positive and life affirming.

Several people routinely went out alone and attended local events, activities and classes. Some people just went for local walks or went into town. Staff said that they weighed up the risks almost every day and tried to advise people about any potential risks. Care plans guided staff on how to balance individual rights and risks. We saw that many people managed to do things for themselves, despite the changes brought about by ill health or the ageing process. People told us they could spend time alone and that their wishes were respected.

The registered provider told us that there was a high level of family involvement but that the first person to consult was the person themselves. The management team had ensured they checked on whether family or friends had been given legal rights to represent the individual. Many of the people in the home wanted their family members to act on their behalf and we noted they were involved in decision making, where appropriate. Advocacy could be accessed if necessary but was not a routine occurrence. We learned that a staff member was helping a person with a social services survey. The staff member had patiently read each question, described what the question was asking, presented the alternative answers without bias and recorded the answers.

Local health care professionals told us that the staff team worked well with them to ensure people at the end of life had good quality care. We saw that end of life assessments had been completed and people's wishes recorded. We also saw some cards and letters expressing gratitude for, "The good care given to [my relative] at the end...and during their stay." We had evidence to show that good end of life care was in place. Some staff had completed advanced training in this and we saw that they ensured that their colleagues followed good practice guidelines at this stage in people's lives. We heard a discussion about supporting someone in the home rather than a hospital setting and the new manager and the provider were assessing the person's needs during our visit. The provider told us that they tried their best to allow people to spend their last days, "With staff who know them and their families and who can care for everyone at this time."

Good

Is the service responsive?

Our findings

People told us that they were happy with the way they were cared for and supported. People were aware of the care planning process and could talk about how staff had assessed their needs. One person told us, "I have everything about my care written down, I don't want fancy care and stuff, so I have it all written out so they know what I want and more importantly what I don't want."

People told us they were happy with the entertainments and activities on offer. One person said, "I go to art class and I put up my pictures for people to see. We play board games...one lady she is 97 and she beats us all at scrabble." We learned that, "There are things to do if you want, but you please yourself" and "You see people go by that you know, it's nice that I can still live locally."

When we inspected in October 2015 we judged the home to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because care and support had not been personalised to meet people's individual, changing needs.

At this visit we looked at a range of care files. We found that these had been rewritten and that there were good assessments of needs and preferences in place. Staff looked at dependency, needs and strengths. Where changes were noted the staff discussed these with the person, their relatives and other professionals, as appropriate. Assessment of things like mobility and nutrition were regularly completed and action taken. We saw that the care plans now were written in a person centred way with lots of details about likes and dislikes, preferences and support needs.

We read daily notes and these too were personalised and gave a good picture of people's health, well-being and care needs. Staff told us that they discussed these at the start of every shift. We saw that even small changes had been recorded and suggested changes put into care plans. We spoke with staff and discovered that they were good at observing subtle changes in people and that they tried to support people when change happened. They called on specialists for advice when major changes occurred.

We spoke to people who told us they could spend their time very much as they wished. People went into town unaccompanied if they wished, spent time on their own as they wanted and were encouraged to be as independent as possible. Staff were discreet when they helped people and this allowed them to be as independent as possible. We spoke with people who had complex needs but still managed to do things for themselves and who could assert their needs and preferences.

People told us that they enjoyed the regular parties and entertainments on offer and that they liked the fact that local people, "Just pop in for a chat." Several people had mobile phones or landlines in their rooms so that they could keep in touch with families and friends or make their own appointments. People had their own TV's and radios in their rooms so could choose their own entertainments. People pursued their hobbies of painting, artwork, knitting and sewing. A new reminiscence group about 'Old Maryport' was being set up. People read or played board games. We learned that there were plenty of things going on and people said, "You don't get bored here." Staff told us they took people out on the sea front or into town and that there

were regular trips out further afield during the summer or at Christmas time. Local church visitors came into the home and people could go out to church if they wished.

No one during the inspection had any complaints. The provider had a complaints procedure that had recently been updated and the new manager planned to distribute this again to people in the home, their relatives and other visitors. People felt that any concerns they had were always dealt with quickly so that the problem didn't escalate. There had been no complaints about the home made to CQC or to the local authority.

Good

Is the service well-led?

Our findings

People told us they were happy with the way the home was managed. One person told us, "[The registered provider] is here all the time and she fills in for staff, listens to us and still manages to make sure everything runs smoothly...we are all really pleased about the new manager. We don't worry about how things are managed. I would hate to live somewhere where things are disorganised." The registered provider was very much a 'hands on' presence in the home. One person said, "[The registered provider] has had to work really hard since the manager and the cooks retired ...but we haven't been effected at all...in fact things have been just as good or better with her at the helm. Our new manager will be good too and she has lots of support."

When we last inspected the service was in breach of Regulation 17: Good governance because systems to monitor quality were not working effectively. We judged that the breach had now been met and the service was compliant. We saw that in the interim period the management team and the staff had looked at the ways they ensured that quality was being monitored. The provider had considered buying a quality assurance system but had realised that they already had some systems in place. The management team had created an annual quality monitoring plan where different aspects of the home were reviewed at specific times. For example they checked care plans at least monthly or when there were changes needed; medication was checked daily and monthly and food and fire safety checked daily, weekly and monthly. The team had become much better at recording when they had made the checks and in recording any gaps or lapses in quality. They consulted with people and their families both formally and informally. They spoke with people, sent questionnaires and had meetings.

We also noted that certain tasks had been delegated to different staff. Care and support staff had roles in monitoring the quality of things like infection control, fire and food safety and in care delivery. Staff development was much more focussed and staff told us that they felt they continued to be supported to develop in their roles. We judged that this had all resulted in improvements that were driven by the people in the home.

When we last inspected in October 2015 we found the home to be in breach of Regulation18 of the Care Quality Commission (Registration) Regulations 2009. The provider had failed to notify us of matters of concern and this was a breach of the provider's registration. This was dealt with outside of the inspection process. At this visit in February 2017 we noted that this had improved and the breach had been met. The team now made sure they always informed the Care Quality Commission and the local authority of any incidents in the home.

We look at a wide range of records and found them to be of a good standard. They were suitably detailed and up to date. We saw that records had been developed since our last visit and that they now met the needs of people in the home. We had evidence to show that the entire staff team had played a part in recording and records management.

The registered provider owns the home and the location was her sole business. She worked in the service every day and knew the staff, people in the home, their families and the management systems really well.

She had stepped into the catering and management roles in the months before the inspection in order to ensure that the home continued to run smoothly. The provider had suitable training and qualifications to lead the service and to turn her hand to any task. The home had always had a registered manager and a thoughtful recruitment process had been used when the previous manager had retired.The provider had appointed an enthusiastic and suitably trained member of the team as her new manager. People in the home and the staff we met were very happy with this. The new manager was completing her induction in the role and was ready to apply to the Care Quality Commission to become the registered manager.

The provider, the new manager, an assistant manager and a part time assistant manager made up the management team. The provider was eager to update the home, remain compliant with legislation and develop the positives in the home. She wanted to do this without losing the family atmosphere and we judged that the plans in place and the achievements already gained had ensured this was happening. People told us that they were aware of some changes but these hadn't had an impact on them, other than in a positive way.

We had evidence on both days to show that the home was very much part of the community. There were visitors in the home who were very relaxed and who felt part of the home, the local churches visited and people went to town to shop or attend activities and entertainments. People in the home knew what was happening locally and were able to maintain and develop relationships and activities locally.