Chalkney House Ltd

Chalkney House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

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The inspection took place on the 7 October 2016 and was unannounced. At the last inspection on the 14 September 2015 we rated this service as requires improvement as we identified two breaches in regulations. At this inspection there were no breaches and there were some clear improvements to the service provided.

The service provides accommodation for up to 47 older people some living with dementia. At the time of our inspection there were 39 people using the service. 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.

We found a cohesive service which was well led and managed in the best interests of people using it. Risks to people's safety were managed through adequate staffing and by staff trained to deliver safe and effective care.

People received their medicines in the way that was intended and people's health care needs were monitored to enable staff to take necessary actions if needs changed.

Staff recruitment processes were robust and ensured only suitable staff were employed. Once employed, new staff were supported through a thorough induction process. All staff had access to appropriate training, support and the opportunity to undertake further, more advanced training.

People were supported to eat and drink in sufficient quantities to maintain good health and were protected from the risks of malnutrition. Staff promoted people's well-being through adequate activities and stimulation whilst promoting people's choice and independence.

Staff had sufficient understanding of legislation relating to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberties Safeguards (DoLS). The MCA ensures that, where people have been assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation. People were supported to make decisions and any restriction on people with carried out lawfully.

Staff knew people's needs well which mitigated risks of them receiving unsafe care but we found records of people's care needs and initial assessments did not always reflect people's current needs well.

The manager supported staff and managed a team of happy, cohesive staff who pulled together to provide the best care they could. There were systems in place to help the manager assess the delivery and

effectiveness of the care provided and takes steps to address areas where care might have fallen short.

People were consulted about their care needs and the wider needs of 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.

People received their medicines as prescribed by staff who were sufficiently trained.

Risks to people safety were monitored as far as reasonably possible reduced.

Staff knew how to recognise signs of abuse and report it to ensure people were protected.

Is the service effective?

Good

The service was effective.

Staff were sufficiently knowledgeable and skilled at meeting people's individual needs.

Staff promoted people's choices and acted lawfully when supporting people who lacked capacity.

People were supported to eat and drink enough for their needs.

People's health care needs were known by staff and they were supported to stay healthy.

Is the service caring?

Good

The service was caring.

Staff supported people to remain well and as independent as they could be. They promoted people's dignity and provided care which respected the needs of each individual.

People were consulted about their care needs and how they wished for staff to help them.

Is the service responsive?

Requires Improvement

.The service was not always responsive.

Staff knew people well but people' needs were not always accurately reflected in their records. This increased the risk of people not receiving the care they needed.

Activities were planned around people's individuals needs and promoted their well-being.

Is the service well-led?

Good

The service was well-led.

The manager was knowledgeable and led her staff team in providing high quality care. Where care was not always delivered in a satisfactory way actions taken were robust to ensure improvements required were made and care met people's needs.

Risks to people's health, welfare and safety were monitored to ensure care was appropriate to need and promoted people's well-being.

The manager took into account feedback from people and their families in improving the overall quality and effectiveness of the service.

Chalkney 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.'

The inspection took place on the 7 October 2016 and was unannounced. The inspection was undertaken by one 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. Our expert had experience of older persons care.

Before the inspection we looked at previous inspection reports and notifications which are important events the service is required to tell us about. We also had a number of comments left on our 'share your experiences' which is feedback received through our website. We received a provider information return from the provider which gives us information about the service and what they are doing to meet the key lines of enquiry we inspect against.

As part of this inspection we spoke with twelve people using the service, four relatives/visitors and seven staff. We looked at four care plans and other records pertaining to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection on 14 September 2015 the provider was not meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment In relation to the safe administration of medicines. Following the inspection the manager sent us an action plan showing what improvements they were making. We found during this inspection that the manager had made the required improvements and people were receiving medicines safely.

People received their medicines as prescribed. The manager was undertaking weekly medication audits. We looked at the audits for a full month and saw that where issues had been identified these were recorded and actions taken to rectify them. For example. an error of recording was identified and this had been flagged up. The provider demonstrated accountability and transparency for any errors made. There have been two recorded medication errors in the last year and the service's response had been robust and indicted lessons were learnt and actions were taken to mitigate future risk.

Medicines were only administered by staff who had been trained and assessed as competent to administer medicines. However, all staff received basic medication training so they had an awareness of the different groups of medicines, what they were used for and any potential side effects of the drugs.

There were three medication trolleys available, we looked at one. We found the medicines were stored neatly, securely and at the correct temperatures. The staff member administering medicines did so in a timely way and was aware of what people were taking and any specific instructions such as if a medicine was to be given at a set time.

People's records, including medication recording sheets showed people received their medicines as required. Medicines were individually prescribed, labelled and dated when opened. Their records showed what people were taking, what they were for, any potential side effects and specific instructions for medicines prescribed as required such as pain relief. People were routinely asked if they needed certain medications for occasional use.

There was a clear medication policy and a homely remedies policy. Staff were familiar with ordering and disposing of medication and what processes to follow if medicines were accidently missed or refused. We saw that in practice these processes were followed.

One person took their own medication and there were processes in place to assess people's capacity to do so should they want to. Creams were recorded and signed for on the medication records. Pain patches were used and body maps showed the site the patch was applied to which were rotated to avoid skin irritation.

External medication audits had been completed by the pharmacist and the service was able to demonstrate actions taken to ensure compliance with the safe storage, administration and recording of medicines.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. We saw

that the staffing rotas reflected the staffing levels identified by the manager. During our inspection we saw that people's needs were met in a timely way and staff were familiar with people's needs.

One person told us, "Always staff around and if you ring the buzzer they come quickly. They pop their heads in every now and again." However a relative told us that at times they felt the service was short of staff and they felt this impacted on their relatives care. When we asked for examples of this we were told people did not always get the supervision they needed which increased the person's individual risk, particularly of unobserved falls. Staff confirmed that on occasion the service was short of staff. One staff said, "a few weeks ago we were short but things are a lot better now." Another said, "There have been four staff a few times over the last few months due to holidays. Sometimes it is ok with less staff. We are very supportive of each other and bounce off each other. We have very good team work everyone pulls their weight, domestics, kitchen and us, we all multi task." Staff said there were usually four or five staff on duty and staff vacancies were covered. One staff member said. "We walk around and check everyone is alright, they can ring for us and every half an hour or every 15 minutes depending on what I am doing we go round." Other relatives told us they did think there was enough staff. One said, "There is always staff around and if needed you can find them quickly, the front door bell is always answered quickly."

Most staff had been working at the service for a long time and were confident and established in their role. There were a number of staff employed as seniors who provided hands on care but also had additional time for administration. The shift ran well with good communication between staff. The service had until recently been using agency staff to cover staff shortages. The manager told us they were fully recruited to care staff and the only vacancies were for domestic staff but they had successfully recruited to this post. The manager said they had recently lost both the administrator and deputy manager which places additional stresses on the manager. However, they told us they had received good support from other registered managers within the group. They told us the posts had been recruited to and a start date was imminent.

The manager told us and showed us the dependency tool they used to measure people's needs and decide how many staffing hours were required to meet people's need depending on how much assistance they needed. This was updated weekly. Staffing levels included activity hours, of which there were 40 hours a week. There were three night staff on duty which the manager felt was not always sufficient and was complying evidence to demonstrate this. We suggested a twilight shift might be advantageous to provide additional support at night to support with medication administration and assisting people to bed.

We viewed safeguarding incidents which are adverse events affecting the well-being and or safety of people using the service. The last one recorded was a medication error which did not have serious consequences for the person concerned. As a result of the logged concerns the manager had notified the Local Authority and CQC and taken steps to safeguard the person and reduce the risk of further incidents.

Risks to people's safety were recorded and steps taken to try and minimise them and prevent further occurrences. Accidents and incidents were logged and the forms showed what steps were taken by staff to safeguard people. Staff received sufficient training in managing and preventing risk and equipment was in place and well maintained. Call bell systems were in place and monitored and checked each week. The interpretation of data helped the manager to look at themes and trends and to identify any factors which might increase risk. For example the service closely monitored any recorded falls and were part of the Prosper project. This is an initiative run by the Local Authority and stands for promoting safer provision of care for elderly residents. The scheme helps managers to identify potential hazards and factors contributing to an increased risk of falls .Once this was determined steps could be taken to mitigate or reduce the risk. The assessment of a person a risk of falls would take into account their medical history, long term conditions, cognitive function and medicines which might make them more susceptible to falling. Factors

like short term infections might also increase the risk as might environmental factors and using the wrong equipment. The service was able to demonstrate how they had managed to actively reduce the number of falls that were occurring in the service. This in turn meant fewer injuries and unplanned admissions to hospital.

The manager told us whenever there was an incident this was reviewed and any learning shared with staff. Staff completed appropriate records and body maps were also completed showing the site of injury/bruising.

The manager confirmed they had profiling beds which could be lowered for people at risk of falling out of bed and individual mattress settings were checked regularly for those requiring special mattresses to protect them from acquiring a pressure ulcer.

Where a risk had been identified with unintentional weight loss staff were closely monitoring the person through weekly weight records and food and fluid charts to monitor what people were eating/drinking. Records showed appropriate referrals were being made to other health care professionals as required for advice or treatment plans. We viewed people's weight records and saw where there had been unintentional weight loss staff through their actions were helping people to maintain their weight and in some cases increasing their weight. Foods were being fortified to give people additional calories and home-made milkshakes and snacks were available. Staff had completed malnutrition universal screening tool, (MUST) training which helped them assess and act on any changes to people's weight.

Staff selection and recruitment processes were sufficiently robust to ensure only staff suitable to work in the care sector were employed. We looked at two files of staff employed recently. Checks had been carried out to ensure their suitability. There was a set of interview notes which showed questions that had been asked to assess their suitability and previous employment history. The service had copies of the staff members previous employment history, completed application form, two written references, a criminal records check and proof of identity, current address and eligibility to work in the UK where applicable.

We did not specifically look at infection control but observed the service was clean and clutter free. There were cleaning schedules in place which showed both routine and deep cleaning. A recent outbreak of sickness in the service was contained which demonstrated good infection control practices. The service reported it to public health England and took appropriate steps. The manager demonstrated a good understanding of infection control risk management.

We did however identify one concern which we brought to the managers attention to address. During our visit staff walked in and out of the kitchen without observing basic hygiene rules. The expert by experience also approached the kitchen and was not asked to put on protective clothing over her regular clothing. This could increase the risk of and spread of infection. We also noted a number of flies around the service. There was a fly screen in the kitchen. However, we noted in a number of rooms, jugs of drink were left uncovered which presented a risk to people of ingesting harmful bacteria and we brought this to the managers attention so this could be addressed.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles. We looked at staff records to establish what support staff received. In addition to an adequate recruitment procedure, new staff were supported until they felt confident. All new staff were being enrolled on the care certificate which is a set of national minimum standards that are necessary for all staff working in the adult social care setting. Staff work through fifteen essential standards which they have to complete before being awarded the care certificate. In addition the service had its own induction checklist which was more about familiarising new staff with the environment, policies and procedures and the needs of people using the service.

The manager told us that new staff spent about two weeks shadowing more experienced members of staff and were not permitted to carry out certain tasks until they had received the training such as supporting people with their manual handling needs. Induction records were signed off by the inductee and the staff member being inducted and showed the support and training staff received.

We saw evidence of staff training in all key areas of practice. Training was provided using a mixture of e-learning, (computer based learning) and face to face training using an external training company. Core subjects such as manual handling, safeguarding training and equality and diversity were covered and refreshed as required. In addition staff had either completed training or training was booked around the specific needs of people using the service such as end of life care, diabetes, dementia care and Parkinson's disease. Staff completing training were required to take a knowledge test, to test their knowledge and understanding of the training completed to ensure they had understood it and could implement it.

Staff were regularly supported through appraisal of their performance which as of recently included face to face supervisions and separate observations of their practice. These included spot checks on areas such as delivering personal care and whether staff were following good infection control procedures. There was a supervision policy in place which underpinned how staff would be supported. Some staff said supervisions were not regular but were confident about the support they received and had the opportunity to raise anything.

People were supported to eat and drink in sufficient quantities for their needs. We asked people about the food, One said, "Food is quite good, never left hungry, quite happy with what is supplied." Another said, "Food is not bad, sometimes I get egg and bacon and I like the roasts and the stews." A further person said, "Food is adequate. I like the beef and port casseroles, chicken and scrambled eggs on toast, and bacon sandwiches. The food is really tasty you cannot fault it and you can ask for seconds and if they have it they will give it to you."

We found the dining room experience was conducive to people's well-being. There were a number of different areas where people ate. Food was served quickly and efficiently and staff promoted people's choices but not everyone was able to respond to the verbal choices given and would of benefited from a picture menu being used which was available for staff to use. We noted that people were asked what they

wanted. One person pushed their food away and was asked if they wanted something else. Information was given verbally and the person appeared to find it difficult to understand what staff were asking them. A picture menu or staff showing different food plates to people might enhance people's choices. The manager told us picture menus were available but these were not used by staff.

Staff were attentive to people's needs but because they did not sit with people and spent time going from one dining room to another did not notice when a person became anxious. We felt this was due to the organisation of staff rather than a lack of care. Fluids were available, plentiful and staff encouraged people to drink throughout the day. We noted that plastic glasses were heavily stained and should be replaced.

The chef was very knowledgeable about people's specific needs and if there were any risks to the person. They regularly fortified foods to add extra calories. They also told us about people preferring finger foods and about portion size for people. They made lots of home-made cakes, pudding and snacks for people who did not always want a main meal. Home-made milk shakes were made and there was regular feedback about the food to ensure people liked the food or if they wanted something different on the menus.

Staff were observed providing support and care to people and did so in appropriate ways, offering people meaningful choices. Staff had received training in the Mental Capacity Act 2015 and understood the implications of this. Every member of staff spoken with told us about the importance of respecting people's decision whilst recognising not everyone could give informed choice for all aspects of their lives. One staff member told us, "We respect residents and they do what they want when they want to do it If they have dementia they cannot decide for themselves so the manager speaks to the family/social worker or whoever is responsible for them i.e. if they want to go somewhere I tell them that they cannot go out along as they are not safe they have to wait for their family. I cannot let them go if it is not safe I am here to look after them no one goes out without family or friends."

The manager told us they had a number of people using the service who were subject to authorisation under the Deprivation of Liberty Safeguards and they had made applications to the local Authority to consider people's best interests had been considered and their care planned in accordance with the law. They told us in addition a number of people had given another person enduring power of attorney for their care, and, or their welfare and this was recorded in their care plan. The manager said they acted lawfully in supporting people with decisions and there was staff training and policy guidance to support staff with this.

We asked people about their health care needs and they confirmed they saw the nurse and, or GP as required and routinely saw the chiropodist. Records were indicative of this showing how staff were monitoring and meeting people's health care needs with clear guidance for staff to follow. Staff received training in different conditions people might have and we found staff knowledgeable. One relative told us, "They seem to know about (our relatives) health and they notice changes in their health. They always encourage them. "

Good

Is the service caring?

Our findings

During our inspection we observed staff addressing people's needs in a timely way and promoting their well-being. We received positive feedback from the visitors and people at the service. One person told us, "They help me to bath, cut my nails. They are kind." Another said, "They help me dress, I like my bath which I have on a Sunday." We noted people were well presented and clean.

Another person told us, "Staff are kind and I find them quite friendly, we are looked after adequately." We observed a person who was in their bed, they told us they were in pain to which staff coming in to assist them to get up immediately responded to and then fetched them a cup of tea and chatted to them offering to assist them to wash and dress. Another person was observed as being smartly dressed, shaven, glasses clean, coordinated clothes. They told us, "Staff are quite good to me, as far as I am aware I am treated with respect, I have never seen anyone being unkind."

A relative spoken with told us, "Exceptional care, nothing phases them. They know when they are having a bad day, staff are so understanding and know when to intervene and distract them. They are always clean and tidy and their room is meticulous." Another relative told us, "Only these past eight months that I have had piece of mind knowing that my relative is truly cared for." Another said, "Really good home, staff cannot do enough for visitors and they make you feel welcome."

Staff provided support demonstrating they knew people's needs and responded to them in appropriate ways. The atmosphere was relaxed and staff took their time with people and helped to promote their independence and offered them the assistance they needed. The manager told us they routinely observed the care provided to people to ensure it remained appropriate to need and staff were courteous in their interactions. Staff supervisions included observed practice.

Observations of lunch time were also completed by the service to ascertain people's experiences and how they could be improved upon. We observed lunch time and saw people's independence was encouraged as much as possible and most people were able to eat and drink independently but where support was required this was done appropriately and people were given meaningful choices. For example we saw staff giving people a choice of deserts Jelly & Ice-cream, trifle, yogurts, or chocolate mousse. People were encouraged to eat and staff were very patient. People had plate guards as required.

People were given sufficient things to occupy them throughout the day should they wish and staff encouraged people to come in to the communal areas. One relative told us, "When they have taken part in an activity staff would send me a photo by email. Their room is in the older part of the house and they open the door into the courtyard to give them easier access across to the other lounge promoting their independence so that they can play cards with other residents."

One staff member told us, "The resident help grow tomatoes and we had a huge stock, and runner beans. We planted the seeds and then they help plant them out, tender to them and water them and the pick and they shred the runner beans and had them for lunch."

We did note that the door leading to the kitchen was constantly opened as staff went in and out and banged shut each time which proved annoying to some people sitting close by. We also noted in one of the dining areas nearer to the kitchen there was not much interaction between people which could have been facilitated by staff. A concern was raised with us was about people going in and out of other people's room particularly in the evening. The manager shared with us that more night staff would be advantageous and help them meet people's needs better as a number of people had poorly established sleeping patterns. They were accumulating evidence to demonstrate the need for additional staff at night.

A high number of people living at the service were living with dementia, most people we spoke with or their families felt they had a good experience at the service. Staff told us how they tried to support the person and their families and how some people required constant reassurance around daily tasks and routines. Staff said the reminiscence room was a place some people took comfort from and that helped to calm people if they were feeling anxious.

People as far as possible were asked for their input as to how the service was run and meetings were held with people and their families around their individual care needs and the needs of the service. This was an area the manager was trying to develop with further fund raising with support from the families to increase people's participation and to provide more opportunities for people. The manager also told us they were trying to set up a service user, family, friends and staff committee for Chalkney house and intended to hold quarterly meetings to gain their input about developing the service further.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection to this service we found care records did not always reflect people's needs and we identified a breach. We found at this inspection some improvements had been made and the service was compliant. However ,we identified records could be further improved and some people's experiences of the service could be enhanced. We met a person without their hearing aid. They had moved to the service without it. This had impacted greatly on their day to day experiences and they were not able to communicate effectively with people around them leading them to become increasingly frustrated. This was not reflected in their records and we were unable to see steps taken by staff to support this person in their communication with others. Another person had lost their hearing aid and were finding it difficult to communicate. This was not as a direct result of anything the service had done but had an impact on the person using the service. The person before losing their hearing aids had not always had their hearing aids as required, i.e. right ear and working effectively. There were limited methods used by staff in helping people communicate their choices and preferences particularly when they had a cognitive impairment or sensory loss. Delays in getting another hearing aid had impacted on the persons experience of the service.

We saw an assessment of need was usually carried out before a new admission to the service as this helped staff determine if they are able to meet the person's needs. However, for one person there was no written assessment on their file with the exception of a Local Authority assessment which was not the most up to date assessment of the person's current needs. The manager was working on a more detailed plan of care based on the information they already held. However, we found through our observation that the written information within the care plan did not reflect the person's needs. They were at risk of falls and chose not to use walking aids. Their falls risk assessment stated the risk of falls were mitigated because they used a frame. The assessment said they needed supervision with their meal, we observed this was not provided. The assessment indicated they needed support around their behaviours but there was no guidance around the routines, likes, dislikes or how their behaviours impacted on them and others. A care plan was not in situ despite them being at the service for more than two weeks.

We looked at another's person care plan and found information comprehensive. A document how to support me gave a good illustration of how the persons care and support should be provided and it took into account the persons wishes. In addition to this document individual care plans were in place for every separate identified need. We found this additional information not necessary as the initial summary make it clear to us what the persons needs were and actions staff should take to fulfil the person's needs.

Although care plans were reviewed they did not always take into account recent changes. For example the person with the lost hearing aid had been without it for some time and this was having an impact on them but their care plan did not reflect this. We noted that falls were reviewed as part of the monthly falls analysis but this information was not seen in the persons care plan. The monthly reviews of people's needs often indicated no changes in need but we saw one person had fallen recently and were unsteady/shaky on their feet, their medication had recently been reviewed and they had medical concerns which might impact on their balance. None of this was reflected in their monthly review.

Daily notes were kept for people but were not informative. Examples of records included, 'fine today', 'chose to stay in their room', 'good food and fluids' and night entries stating 'all fine.' Limited information meant we could not assess how staff were meeting people's needs avccording to their plan of care.

Care plans included people's life histories which helped staff to keep people connected with what was important to them. One care plan, said 'prompt memories' but there was very little information for staff to refer to about this person's life and things they were doing before developing dementia. So it would be difficult for staff to support them.

People were supported to maintain their physical and emotional health. Staff were employed specifically to help enhance people's social needs. Hours allocated were up to 40 hours a week but this did not include the weekends. However, the manager said there were usually things going on Friday night and lots of visitors at the weekends. We saw from the activities board that there were a number of planned activities but most activities were planned spontaneously according to people's wishes on the day. Staff actively fundraised to support additional activities and there were outside entertainers which people were said to enjoy. Recently people had enjoyed a night with Elvis impersonator.. The service had a designated hairdresser's room and people were able to use this space.

We asked people about activities. One person said, "Got a keep fit chap and he takes us through our exercises" Another said, "When warm enough I go into the garden, very nice to go out my door into the garden and when my relative comes we sit outside." A relative told us, "The activity coordinators are brilliant with them and they get my relative to do colouring in. They seem to have lots of events, they play cards, make things for the Christmas fair and there are lots of pictures on the website."

Staff told us there were usually things going on. One staff member said, "Good things here are that we have quite a few functions, do fund raising for charities, and we do more 1-1 with residents." They then gave us examples of what staff did to support people with their individual interests such as knitting, history, gardening and computer games. One of the care staff told us, "When we had Elvis we did a themed tea with hot dogs, burger rolls lots of the residents were dancing to him. We raised £1000 at the Fete that went into the amenities fund last week 6 residents went to the Zoo it went well." We saw photographs of the different activities people had been involved in. The manager told us that they were trying to establish from people what they had always wanted to do or what they used to like doing so they could arrange this for people. The zoo trip was one example of this.

We observed activities and saw people were encouraged to join in. We noted five people playing cards with the activities coordinator. They asked who was going to shuffle the cards and hand them out, they supported and encouraged people whilst making sure the activity was inclusive and everyone was following what was happening.
he garden was a real focal point in the service. We noted people using the service accessing the garden. One person had their own garden patch and people helped maintain the garden which was very attractive with plants and vegetables which were then cooked and consumed by people using the service.

The service managed complaints in a satisfactory way. However, we noted concerns raised were not always documented to show how these were being effectively managed. During our inspection we were made aware of a number of concerns families had and these were being addressed but not recorded. This meant the service were always able to evidence how they were responding to feedback.

The service was managing written complaints well which were dated, logged and responded to in a timely, appropriate way. The manager usually met with people, and, or their families to discuss any concerns and

referred concerns to other agencies where it was appropriate to do so. The complaint outcome was recorded and followed appropriate investigations.

There were other systems in place to give people and their visitors the opportunity to comment on the service they receive. There was a visitor's book and compliments/ concerns box. We saw a number of cards and letters from people's relatives expressing their thanks and gratitude for the care they received.

People where needed had support from family members, social workers and advocates to ensure they were adequately supported.

Good

Is the service well-led?

Our findings

The registered manager has been in post many years and was highly visible in the service. They were familiar with people's needs and knew the strengths and developmental needs of their staff. We received positive feedback about the manager and her dedication to her role. One relative told us, "The manager is always walking around, always acknowledges and talks to us I think she holds the whole home together, she is very in tune with the residents and the staff and that shows." A person using the service told us, "I know the manager visually and she always asks me if I am OK." Staff said they felt equally supported. One staff member said, "I feel supported by the manager and is there is I need her she would so anything to help." Staff spoken with said it was a happy environment to work in and felt there was good team work. One staff member told us, "As a team we get on well, the staff all greet me when I come on and it is a pleasure to come to work." This was evident during the day with cohesive team work observed.

In recent months both the deputy manager and the administrator had left which effectively meant the manager had less time to carry out their role effectively. However, they told us there was a strong team working at the service and they had recruited to both posts. They also told us managers from the other services owned by the provider had been helping out and ensuring the manager was adequately supported. The manager told us some of the senior staff were also able to have time of the care rota to help with administration tasks. It was recognised the manager was currently working long hours but hoped to reduce when a full team was in place. The manager said they were fully recruited to care posts.

The manager told us they tried to engage as many people as possible with the delivery and development of the service. They told us they regularly held resident/relative meetings but these were not well attended. We saw the minutes of the last meeting which was held in August 2016. The manager told us there was information around the service advertising changes in the service, planned events, evidence of staff training and general information. They also said a bi-monthly newsletter was produced by the service to help keep people informed about the service.

Since the last inspection we have received a number of concerns about individuals care. However we saw that the manager tried hard to address any concerns and to improve the care where something has fallen below expectation. Some families were complimentary of the care of their relatives. One relative said, "It is exceptional the way that they handle them, they treat them as part of a big happy family. They always keep me informed by phone and I always go into the office when I visit it has an extended family atmosphere loving and caring. We don't see bank staff, always regular staff and that makes a big difference." Another relative expressed some concerns about the care being provided but was discussing this with the manager to ensure improvements were being made.

Feedback from people and their families about the care provided was limited. Meetings were held and some families participated in fund raising activities. However, not all visitors spoken with seemed aware of the meetings. The service also completed a quality assurance analysis based on feedback from people using the service, relatives and professionals. The last was completed and collated in February 2016 and had been completed again recently. However returned surveys were low, 6 out of 38 were returned. The manager felt

as she was visible feedback about the service was addressed at the time and was often received verbally.

The manager had continued to engage with the prosper project which had resulted in lower falls overall and the manager told us they had been commended in a recent awards ceremony for the work they had done around falls reduction. The manager continued to promote people's health by responding to changes in need but told us they had lost the nurse practitioner who used to visit regularly. However they said the support from the District nurses and GP was very good.

A high percentage of staff, 70% had a qualification in care such as a national vocational course and the manager said the rest of the staff had been enrolled on a course. The manager stated that staff champions were being developed at the service which gave staff specific responsibilities for different areas of practice based on their experience and interest.

The manager told us how regularly they met with other managers to share ideas and best practice. They had also completed my home life a Local Authority initiative which supported managers to provide high quality care and learn and share experiences with each other within a supportive network. The manager told us they still had links with other service mangers and found this helpful.

Analysis and audits took place to ensure risks to people's health and safety was monitored and managed. We saw a number of audits which showed us what was occurring in the service such as accident, incident and falls logs. There were regularly checks on people's weight and nutritional intake and skin integrity. The service were actively reporting concerns to other services. There was currently no one with an infection but one person with broken skin. People on weekly weights showed a static pattern which meant actions to prevent further unplanned weight loss were effective and meant risks to people were managed.

The service had recently been inspected by the Local Authority contracts and monitoring team and had been awarded a good rating. The service had a system of audits to ensure it remained compliant and the service was supported by a system of audits completed by designated staff working for the provider who also did audits.