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Bowland Lodge

Inspection report

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Date of inspection visit: 28 and 29 July 2015
Date of publication: 19/10/2015

Ratings

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

Overall summary

This inspection took place on 28 and 29 July 2015 and was unannounced.

We last inspected this service in September 2014. At that inspection we found the service was meeting all its legal requirements.

Bowland Lodge is a residential care home for adults and older people, some of whom may have a dementia-related condition and others with alcohol-related conditions. It does not provide nursing care. It has 36 beds and had 30 people living there at the time of this inspection.

The service did not have a registered manager. 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 current manager told us they were in the process of applying to be registered as manager.

Summary of findings

People told us they felt safe and well-protected in the home. Staff had been trained in recognising and responding to any suspicions of abuse. Safeguarding issues were reported promptly to the appropriate authorities.

Risks to people were assessed and actions taken to minimise the possibility of people coming to harm.

There were sufficient staff to meet the needs of people promptly and safely. All new staff were properly vetted to make sure they were fit to work with vulnerable people.

People's medicines were safely managed.

Staff were experienced and skilled, and understood people's various needs. People told us the staff met their needs effectively.

The staff team was well-trained and was given good support, in terms of supervision and appraisal.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff had been trained in this important area and were aware of their responsibilities regarding protecting people's rights.

People were asked to give their written consent to their plan of care, and told us staff members always asked for their verbal permission before carrying out any care tasks or other interventions.

People's nutritional needs were assessed. If a person needed a special diet this was provided. People were given good choice regarding their meals and their personal preferences were known and respected. They told us the food was very good.

People told us the staff were always exceptionally caring in their approach, and protected their privacy and dignity. People said they were treated with sensitivity, compassion and respect at all times and were helped to make their own decisions and remain as independent as possible. Professionals told us they were highly impressed with the caring nature of the manager, staff team and service as a whole. They told us many people with long-term, complex needs had benefitted significantly from the therapeutic nature of the service and that staff established very positive relationships with people who had previously had been withdrawn and uncommunicative.

Staff involved people in assessing their needs and in deciding how those needs were best met. People's wishes and preferences about their care were known to staff and were acted upon. Regular reviews of people's care took place, to give them the opportunity to comment on their care.

Activities and entertainment was arranged to give people social stimulation and avoid the risks of social isolation. People were supported to use local community facilities.

Few complaints were received, but any concerns expressed were taken very seriously by the service and resolved to the satisfaction of the person, wherever possible.

The service worked well with other professionals and services to ensure people received the care they needed, in the ways that they wanted. Professionals were complimentary about the attitude and skills of the staff team.

The service was well-managed. The manager was new in post but had gained the respect of people living in the home and of the staff team. The manager demonstrated good values and was working hard to improve the service in all areas. The service was open to suggestions for improvements and regularly asked people for their views about their care.

Although staff were aware of people's needs and how to meet them, some people's care plans did not fully reflect this. Care plans were not always updated to reflect changes in people's needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. Staff were fully aware of their responsibility to keep people safe from harm and to report any suspicions of abuse.

There were enough staff to meet people's needs in a safe and timely manner. Risks to people were assessed and carefully managed.

People were given the support they needed to take their medicines safely.

Good

Is the service effective?
The service was effective. Staff had the skills and knowledge they needed to meet people's needs effectively.

Staff were given regular training, supervision and appraisal to support them in their work.

People's rights under the Mental Capacity Act 2005 were understood and respected.

People were given a varied and nutritious diet, and told us they enjoyed their food.

Good

Is the service caring?
The service was caring. People were treated with exceptional care, kindness and respect at all times.

Professionals spoke highly of the caring nature of the manager and staff.

People's privacy and dignity were protected.

People were given the information and support they needed to be as independent as possible, and to make their own decisions about important issues as well as their daily lives.

Outstanding

Is the service responsive?
The service was not always responsive. Although people received care that was tailored to their individual needs and wishes, some people's care plans were not kept up to date.

Concerns and complaints were taken seriously and responded to appropriately.

A range of social activities were provided and people were encouraged to access local community facilities.

Requires improvement

Is the service well-led?
The service was well led. The manager had brought about many improvements in the service, and was respected by people and staff.

Good

Summary of findings

There was an open and positive culture in the home, and people's views were respected and acted upon.

Systems were in place monitor the quality of the service.

Bowland Lodge

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 inspection took place on 28 and 29 July 2015. The inspection was unannounced.

The inspection team was made up of one adult social care inspector, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues the provider is legally obliged to send us within required timescales.

We contacted other agencies such as the local authority and Healthwatch to gain their feedback on the service. We received no information of concern from these agencies.

During the inspection we toured the building and talked with 10 people, and 12 professionals, including the local authority Deprivation of Liberty team, Challenging Behaviour team and Safeguarding Adults team, a Community Psychiatric Nurse, two GPs, a District Nurse, three social workers, an advocate and a consultant Psychiatrist. We spoke with the manager, deputy manager, one senior care assistant and three care assistants. We 'pathway tracked' the care of four people, by looking at their care records and talking with them and staff about their care. We reviewed a sample of six people's care records; four staff personnel files; and other records relating to the management of the service, including staff rosters, quality audits, complaints records and training records.

Good

Is the service safe?

Our findings

People living in the home told us they felt well-protected by the staff. One person told us, "I feel safe, here. I know I'm safe." Another person commented, "I feel safe and looked after."

Professionals we spoke with told us they had no concerns about the safety of people living in the home. One commented, "I'm not aware of any safety issues in the home." A second professional said, "I have no negatives or concerns about this home."

The service had a clear policy on safeguarding adults, which stated the service would report any actual or potential abuse, and co-operate fully with any investigations. Staff had been given the training necessary to recognise all forms of potential abuse and those we spoke with were fully aware of their responsibilities to report any suspicions. Safeguarding records showed one incident of alleged abuse had been reported to the local authority Safeguarding Adults team. Documentary evidence showed the manager had worked with other professionals to make appropriate changes to systems in the light of the findings of the investigation.

Staff were aware of the need to report any poor practice seen in the home. A new policy on 'whistle blowing' had been recently introduced and each staff member had been given a copy. There had been no occasions to in the previous twelve months where staff had needed to 'whistle blow.'

Systems were in place for the safekeeping of any monies held on behalf of people living in the home. Receipts were kept for any transactions carried out on behalf of people in the home. Audits were carried out on a weekly basis and included date; personal allowance income; any expenditure; balance; and the signatures of the manager and another staff member. Where people had the capacity to handle their own monies and wished to do so, they were supported to do so. People were encouraged to open individual bank accounts, where able.

Risks to people and to staff were assessed. We saw examples of assessments of the risks to individuals of smoking, alcohol consumption, use of mobility aids, self-administration of medicines, and financial matters. In addition, general environmental risks were regularly checked. These included equipment, hot water temperatures and infection control issues. Where a risk was identified, appropriate steps were taken to minimise any dangers posed to people.

Regular checks were made on the safety of the building. These included regular tours of the building to pick up issues such as lifting carpets and other obvious dangers. Contracts were in place for the maintenance of equipment and services. The fire log book showed regular checks and tests were carried out on fire safety systems and equipment such as extinguishers.

Staff members were provided with suitable personal protective equipment such as disposable gloves and aprons and the manager confirmed they used them where appropriate. A person living in the home told us, "Because I have (a medical condition) staff wear gloves when changing my bed."

Contingency plans were available to staff in the office, in the event of any emergency such as a power failure or the need to vacate the premises.

All accidents and other significant incidents were recorded. They were analysed monthly to see if there were any patterns that could be addressed, or actions that could be taken to improve people's safety. A falls prevention checklist was used to identify those at risk and the steps needed to minimise the chances of falls occurring. Most people in the home were independently mobile, and there were a low number of accidents.

The manager showed us the dependency rating tool used to calculate the appropriate staffing levels, based on people's dependency needs. They told us this was reviewed at least monthly, and that they had the flexibility to bring in extra staff at short notice, if there was a significant change in people's needs. The manager told us they felt this system worked well, and the home was appropriately staffed. Our observations during the inspection confirmed people's needs were responded to promptly, calmly and without rushing. One care assistant commented, "We have enough staff, but we would like to take people out more."

A robust policy and procedure was in place regarding the employment of new staff. Checks were made with the Disclosure and Barring Service (DBS) about any criminal

Good

Is the service safe?

record; references were taken up from previous employers; proof of identity was required; and employment history was scrutinised to ensure only applicants fit to work with vulnerable people were employed.

Appropriate systems were used for the safe management of people's medicines. Arrangements were in place for the ordering and return of people's medicines. Clear records were kept of all medicines administered, and these records were audited monthly by the manager. Medicines were secured safely when not in use. We observed a medicine round and saw that safe practice was demonstrated, along with respect for people's wishes in how they were supported with their medicines. All staff who administered medicines had been appropriately trained and had their competency regularly assessed.

Good

Is the service effective?

Our findings

Nearly all of the people we spoke with said the home was effective in meeting their needs. One person said, "The staff have been brilliant, they are excellent. If I left here, I would go back to my old lifestyle, and I don't want to do that." Another person told us, "I would recommend this place to others. The manager and staff always make sure you have everything you need." Other comments received included, "I've got my health back, living here", and, "If I wasn't looked after, I wouldn't be here." We saw complimentary letters received from relatives. One commented, "We appreciate you and your staff are trained to give care and understanding to people."

Several of the professionals we spoke with had some reservations about the mix of needs of the people living in the home. However, professionals commented positively on the skills and knowledge of the staff group and told us issues were usually resolved promptly and appropriately. One told us, "The staff are absolutely second to none. They have outstanding attitudes and values, and are very skilled at working with people who display challenging behaviours." A second professional said, "They have some clients with very particular needs that not many homes can manage, and the care is good. On the whole, they have the skills needed." A third professional commented, "The staff are clinically very good, definitely so. They've obviously been well trained."

Staff told us they felt they had the necessary skills to meet people's care. One care assistant told us, "I think we provide effective care." Another staff member said, "I think we have pretty good levels of skills, and lots of experience. We are well-trained."

Personnel records showed staff received induction training over a three week period upon employment. New staff worked for a six month probationary period, with reviews of their performance and professional development after three and six months. The manager showed us the documentation for the new 12 week Care Certificate induction programme was in place and would be implemented with the next staff member employed.

Staff training records showed that staff were kept up to date with health and safety and other training required by legislation, including fire safety, food hygiene, infection control, first aid and manual handling. Dates for 'refresher' training were highlighted and booked in advance. Staff had received training in person-centred care, working with people who displayed distressed behaviour and with people living with a dementia-related condition. Other training given included continence care, nutrition, managing diabetes, and equality and diversity.

We noted that all care staff held National Vocational Qualifications (NVQ) at level two in health and social care; eight staff held NVQ level three, and another eight staff were working towards this qualification. The manager and a senior care assistant were studying to achieve Diplomas in leadership in health and social care. The manager told us they and the providers were fully committed to the personal and professional development of all staff employed, and would facilitate any request for relevant training. As an example, one care assistant was being supported to train as an NVQ assessor. Staff confirmed this commitment to a fully trained staff team. A care assistant told us, "The manager is always pushing training." Another care assistant said, "We get plenty of training, and we share our learning. Staff are very open about this."

Staff confirmed they received regular supervision. Supervision records confirmed a minimum of three monthly supervision, covering issues from the previous meeting; discussion of roles and responsibilities; safeguarding and other concerns; equality and diversity issues; health and safety and training needs. All staff also received an annual appraisal of their work performance and professional development, with training needs and personal goals set for the coming year.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people are looked after in a way that does not inappropriately restrict their freedom and they are supported to make their own decisions, wherever possible. Staff training records confirmed all staff had received appropriate training in the implications of the MCA and the related Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a good awareness of the principles of this legislation, and what steps were necessary if a person lacked the capacity to make decisions for themselves. We spoke with the local authority DoLS team who told us the home made appropriate referrals under DoLS with fully completed documentation.

People were asked to give their formal consent to their care plans. Consent forms were signed for specific areas of

Good

Is the service effective?

personal care, staff administration of medicines, delegated financial responsibilities, and for accessing community health care professionals on people's behalf. People told us the staff never insisted on carrying out care interventions, but always asked them courteously for their permission before acting. We observed this practice during the inspection. Staff were polite and respectful in their approach to people, explained what they were asking the person to do or the care actions they were proposing, and accepted any refusal.

People's dietary needs were assessed on admission to the home, using an appropriately detailed nutritional assessment format. The cook had a list of people's food preferences and of any special dietary requirements. Examples seen included soft diets, the use of drinks thickeners, and cultural diets. Advice was taken from dieticians, where appropriate, and their written guidance was incorporated into the person's care plans. People were weighed monthly and food and fluid intake charts used, where required to monitor people's diet.

The manager told us people had a choice of meals at each mealtime, including a cooked breakfast. Food in the form of drinks and snacks were available outside mealtimes, including during the night. People told us they were very happy with the quality and quantity of the food offered. One person said, "You get plenty of food, sometimes too much. You can choose the food you want." People said the meal times were flexible. One person told us, "Breakfast is at 8am, but if you get up later, you can still have breakfast."

Information on specific health conditions such as diabetes and sensory impairment were seen on people's files. Arrangements were made for routine health checks, including dental, sight and hearing tests. Records were kept of all visits to or from community health professionals and services, and advice from professionals was recorded in the person's care plan. Aids and specialist equipment such as pressure care mattresses, hoists and bedrails were sourced, where required.

Outstanding ☆

Is the service caring?

Our findings

People spoke very highly of the quality of their care, and the caring nature of the staff team. One person said, "Staff are brilliant, lovely!" Another person said, "It's a nice house, with nice staff." Other comments included, "The staff are wonderful" and, "I am very content here."

Professionals who worked with the home said they were impressed with the caring ethos of the staff. One professional commented, "They are really, really caring and have a very good approach to people. They speak to people on the same level, and never talk down to them." A second professional said, "The staff are so caring and committed." Another professional said, "Are the staff caring? Absolutely." One professional rang us to say, "I just wanted you to know how impressed I am with the care at Bowland Lodge. The staff have so much patience with people." Another commented, "Staff have the appropriate level of warmth and manage to establish good relationships with some people who were previously really withdrawn and uncommunicative."

The manager told us all the staff, including ancillary staff, were fully committed to treating each person in the home as a unique and valued individual. We noted a high proportion of people living in the home had experienced significant long term social exclusion in their lives, and had displayed distressed behaviours. The manager said the exceptional degree of empathy displayed by the staff was crucial in giving people self-respect. Our observations confirmed that people were treated with great respect, sensitivity and courtesy.

The manager said the staff team worked above and beyond the normal expectations of care staff. They gave us examples which included a care assistant bringing in their own knitting to work with a person who was struggling to regain lost skills; and staff frequently coming in their off-duty time to escort people out of the home. Other examples included a staff member volunteering to drive a 100 mile round trip to collect a distressed relative of a person who had died. The staff member helped register the death, drove the relative to the crematorium, and gave unstinting practical and emotional support. Another member of staff, on finding a withdrawn and uncommunicative person enjoyed rock and roll, danced with the person, non-stop, for over an hour, until exhausted. They told us the delight of the person and the privilege of engaging with them was their reward. Staff we spoke with clearly demonstrated this commitment. A typical comment from staff was, "I'm proud of the care I give." Another staff member said, "We treat people as we would want our own family to be treated."

We noted there was a 'key worker' system in operation. Key workers are staff members who have a particular responsibility for the well-being of a small number of people in the home. Their role included meeting and introducing the person to the home, the other people living there, and to staff, when they were first admitted. Key workers then took responsibility for meeting personal needs such as making sure people had the toiletries they preferred, helping them keep their room clean, buying clothing with them and communicating with their families. Key workers also assisted the person in expressing their views in the assessment and care planning process, making sure their personal preferences were always taken into account, and keeping their care records up to date.

Any religious, spiritual or cultural needs a person might have were assessed and staff gave the necessary support to the person. For example, people were asked if they wished to attend church, and would be accompanied on request. A fortnightly church service was held in the home. A person who spoke no English had been assisted to express their views and needs through an interpreter, and some staff had learnt some basic words in the person's language to improve communication. A member of staff was recruited who spoke the person's language.

We saw staff took time to involve people in their every aspect of their care, giving information and supporting people to make choices. We saw staff spent time sitting and talking with people; were alert to people's body language and were quick to ask if they needed pain relief. They gave patient re-iteration of information for people who had short-term memory problems; and discussed and negotiated with them when some personal care needs needed addressing. Staff helped people understand the content of official letters; passed comments or concerns to the person's social worker; and helped them with issues such as accessing benefits, opening bank accounts, and obtaining bus passes and rail cards. Staff gave us examples of people becoming increasing confident in asserting their independence, including one person who was considering living independently, after having resided in the home for ten years.

Outstanding ☆

Is the service caring?

People were helped to express their individuality through the use of 'life story books'. Staff helped them to build up their life history, with attention to their work experiences, family circumstances, hobbies and interests, photographs, beliefs and significant events such as anniversaries and family birthdays. Staff supported people to keep in touch with, or regain contact, with family and friends, who were made welcome when visiting the home.

Staff were aware of the importance of advocacy in supporting people to make significant decisions and gave us three examples of the use of formal advocacy services such as Independent Mental Capacity Advocates. Where a person had given power of attorney to another person, this was clearly recorded in their care records.

The service had a confidentiality policy which all staff had read and signed. Any personal information was shared with others (for example, with health professionals) only with the consent of the person.

People told us staff always knocked on bedroom doors and waited to be invited in, and felt their privacy and dignity were respected. We noted the list of ten 'dignity standards', promoted by the 'Dignity in Care' campaign, was displayed on noticeboards. The manager told us people's visitors were welcomed at any time and could meet privately; people received their post unopened; people were encouraged to attend to their personal care themselves

People told us staff helped them to keep their self-help skills, and develop new ones, where possible. One person told us, "Staff help me stay independent. I check my own blood sugar levels, with staff supervising." Another person told us, "I go to see my GP by myself, and I go to my support group." A third person said, "I like the freedom of coming and going as I want." Other people told us they were encouraged to personalise their rooms to make them feel at home. A typical comment was, "I can make my room my own, if I want."

Staff training records showed six staff had been trained in end of life care, and the manager told us other staff were being booked onto this training. Staff said they took notice of any advanced decisions the person may have made, recorded in 'anticipatory care planning' documents and 'Do not attempt cardio-pulmonary resuscitation (DNACPR) declarations. Staff told us they consulted with the person's GP and the homes attached district nurse when a person was coming to the end of their life, and included this advice in the care plan. One-to-one care was given, and staff were able to describe the care regime in detail. This included pain management, mouth care and food and fluid needs. A care assistant told us, "I think our 'end of life' care is very good. We are given time to sit with the person and talk. We think it's a privilege to be there at the end."

Requires improvement

Is the service responsive?

Our findings

People told us the service was very responsive to their needs. One person said, "The manager will sort out everything for you." Another person commented, "If I want anything at night I just ring the buzzer in my room." A third person told us, "Staff give me a shave when I need it."

In a recent survey by the manager of the views of 13 people living in the home, everyone agreed their needs were assessed properly when they came to the home, and 11 people said staff knew exactly what they needed and how it their needs should be met. All 13 people said the staff supported their health and well-being, and helped them with their hospital, GP and other appointments.

Professionals who worked with the home told us the service was responsive. One professional told us, "They bend over backwards to work with us and get some really good results. I cannot fault them. It's a lovely place to work with, really responsive." Another professional said, "I'm quite impressed with the home. They make appropriate referrals and always follow the advice we give." Other comments from professionals included, "They always know when to ring us for advice, and they always follow it exactly", "Staff always respond quickly when any issues are raised. The manager and deputy are very pro-active and communicate well with us", and, "When I arrive at the home, staff always know why I've been called, who for and what the problem is. They know their residents really well. I wish all homes were as good."

Assessments were received from the person's social worker before any decision was made to accept a referral into the home. In addition, the service carried out its own assessment of the person's needs, to ensure those needs could be fully met. Advice was taken from professionals such as the challenging behaviour team, spinal awareness team and speech and language therapists if there was any doubt about the service being able to meet a person's care requirements.

Care plans were drawn up to give guidance to staff about how the person's needs were to be met. The quality of the care plans was variable. Some examples demonstrated that good, personalised care had been planned. Others, however, were not to an acceptable standard. We found examples of assessed needs where no care plan had been drawn up; care plan evaluations where the care plan itself was missing; care plans that had not been revised since 2010 and were out of date; and care plans where the need was not described in sufficient detail to evaluate the plan. We found one person recently admitted at short notice to the home had not had their needs fully assessed and did not have care plans in place to meet their needs. A second person's needs had changed significantly since their care plans had been developed, but these care plans had not been updated to reflect those changes. This meant these people's needs were at risk of not being appropriately met, or not met in line with their personal preferences. We discussed these issues with the manager. The manager said they were aware of the issue and were able to provide documentary evidence of an ongoing programme of review and revision of every person's care plans.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us staff were required to read every person's care plans and to sign that they understood how the person's needs were to be met. People told us their care plans were flexible and responsive to their changing needs and wishes. One person told us, "I get help in the bath if and when I need it."

Formal reviews of each person's care were carried out at least every six months. Reviews looked at the person's health and medicines regime, and asked the person for their comments and suggestions for improving the service received. Although reviews also evaluated people's care plans, we found this aspect had not been effective.

An assessment of the social and recreational needs of people was carried out. People's individual hobbies and interests were recorded and efforts made to support them in continuing (or, in many cases, re-starting) their involvement in activities fulfilling to the person. Examples seen included a person being re-introduced to swimming, another person being supported to find partners to play chess, and a third person rediscovering enjoying the pleasures of dance after many years.

A programme of group activities was also provided in the home. Activities included sing-a-longs, film shows, dominoes, cards, bingo, painting, crafts, and games such as 'play your cards right'. In good weather people sat out in

Requires improvement

Is the service responsive?

the attractive garden, played croquet on the lawn or helped pot plants. There were occasional visiting entertainers, but the manager told us budgetary restrictions limited this to once every quarter.

We saw a number of examples of people who had been very socially isolated upon admission to the home becoming less and less withdrawn and gaining the confidence to join in group activities or engage in personal interests.

People's preferred daily routines were recorded when they first entered the home. Their preferences for when they rose and retired (for example, "I like to lie in till midday"), what they wore, ate ("toast and jam, tea with two sugars") and how they spent their day were included in their care plan. People said they were encouraged and supported to make their own choices about how they spent their day. One person said, "I can go to bed when I want, get up when I want and have breakfast when I come down." A second person told us, "I can do pretty much what I like, here."

People we spoke with had no significant complaints to share about the home. They told us they knew how to make a complaint, and were confident they would be listened to sympathetically. The complaints records showed a low number of complaints were received. Those that were made had been recorded in good detail, along with the manager's investigation and findings. The outcome of each complaint was clear, as was the degree of satisfaction of the complainant with the outcome and process.

The manager told us every effort was made to make any necessary transition between the home and other services as stress-free as possible for the person. A 'hospital transfer' form was on each person's care record, summarising their medical conditions, medicines, and issues important to the person. 'Discharge to care home – Nurse handover' forms were received from the hospital on discharge. Where a person was moving permanently to another service or care facility, the manager told us contact was made with all involved professionals, issues discussed, and copies of current care plans shared with the other service. This helped ensure continuity of care for the person.

Good

Is the service well-led?

Our findings

A manager was in post. This person had applied to the Care Quality Commission to be registered as manager of the service. The last registered manager left the provider's employment in January 2014. The current manager had worked in an acting capacity since then and had recently applied to be registered for this service.

People spoke highly of the manager and told us they felt their service was well-managed. A typical comment was, "The manager is good and knows what they are doing."

Professionals told us they had no concerns about the management of the home. One professional said, "I am inclined favourably towards this service. It is well-managed. They work well under difficult circumstances, and don't call on us inappropriately." Another professional commented, "Very professional staff who are excellent to work with."

We observed there was an open and listening culture in the home. People and staff communicated well, and showed mutual respect and affection. Staff had a relaxed, unhurried approach and the atmosphere was calm. They spoke with people in a friendly and respectful manner and took time to make sure they understood what people were saying or requesting. People said they could speak with the manager and any of the staff at any time. This was demonstrated throughout the inspection, with numerous people coming to the manager's open door with requests for assistance or for information, or just to exchange pleasantries. Each person was treated with respect and given a courteous and helpful response. One person told us, "The manager is very nice, very understanding, and will do anything for you."

Staff told us they had great respect for the manager and deputy manager and said the service was well-managed. One care assistant told us, "The manager is very fair, and treats staff with respect. They are clear what they want, consistent, and have worked very hard to improve the home." Another care assistant told us, "The manager treats everyone very well, residents and staff. There are no problems, here. There's a good staff culture and we support each other." A third staff member commented, "It's an open culture. Everyone is treated with respect. You can speak up and you are listened to. The manager wants to know if there are any problems, and sorts them out." Another care assistant said, "We have a really good manager, very approachable. They have brought this home up from scratch. I've seen many positive changes in the last nine months."

We found the manager to be open and receptive to the findings of this inspection. They told us their philosophy was, "People are listened to and responded to, openly. They should never be scared to complain if we don't get things right. Openness is important. I admit mistakes and try to learn from them."

Staff members told us all staff tried to take responsibility for good care and the smooth running of the home. One care assistant said, "The staff are really good and hard-working. We are reliable and cover for each other if there's sickness."

A range of systems were in place for monitoring the quality of the service being offered. The manager conducted regular audits of people's personal finances, staff performance and safe working practices, including the use of personal protective equipment and clinical waste disposal. The manager audited people's care plans and had identified deficits within the care plans, which were being addressed. The maintenance person carried out daily checks of building safety, weekly checks of maintenance issues and monthly hazard spot checks. The cook undertook a weekly audit of food hygiene and safe food storage, and a weekly cleaning schedule was in place.

The views of people living in the home and of their relatives were sought by means of annual questionnaires. These indicated a generally high degree of satisfaction with the service being received and very few negative responses. The views of visiting professionals were also sought, on a visit by visit basis. The responses of the six professionals canvassed indicated satisfaction with the attitude, helpfulness and receptiveness of staff; the overall standard of care; the approachability of the manager; and attention to people's health needs.

The manager told us the staff encouraged people to make use of all the normal resources available in the local community, and gave examples such as use of local swimming pool, library, gym and a 'drop-in' centre. The home was visited regularly by a local church minister. The home had successfully provided 'work experience' opportunities for local school students, and one student was consequently employed as a care assistant.

Good

Is the service well-led?

The manager told us they and the staff strove to always have positive partnership working with community professionals and services. Feedback from professionals confirmed this in comments seen in surveys and in phone calls we made to professionals. One professional commented, “Good relationship with primary and secondary care.” A second professional said, “We have very good communication between the home and the pharmacy.”

The manager told us they had received increasing support from the providers, particularly in terms of resources, over the past year.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person had not always carried out an assessment of the needs and preferences for the care and treatment of people; and had not always designed their care and treatment in line with such needs and preferences. Regulation 9(3)(a)(b)