St. Michael's Homes Limited

Dudbrook Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 25th August and was unannounced.

Dudbrook Hall is residential care home registered to provide accommodation for 43 older people who require personal care. There were 42 people living at the home on the day of our inspection.

The home had a registered manager who had been registered since January 2011. 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 and associated Regulations about how the service is run.

People told us they felt safe and well cared for at the service and that staff responded to requests for assistance quickly.

Risks were assessed and monitored safely however improvements were required regarding how risks were recorded to make information easier to find.

Improvements were required in respect of medicine management to ensure that records were accurate and that people received their medicines as prescribed.

Infection control practices required improvement in some areas to protect people from the risk of infection.

Staff understood their responsibilities to protect people from abuse and were aware of the signs to look for and reporting process if they suspected someone was at risk of harm.

There were sufficient numbers of staff who had been recruited safely and had the relevant skills and knowledge to effectively meet people's needs.

Where people experienced difficulties with decision-making, they were supported appropriately in accordance with current legislation.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken. This ensured that any decisions taken on behalf of people were in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated codes of practice.

A choice of food and drink was available that reflected peoples nutritional needs, and took into account their preferences and any health requirements. However, the dining experience for people required improvement as people experienced delays in receiving meals and did not always have access to the help they required to support them with eating.

People were supported to maintain their health and had regular access to wide range of healthcare professionals.

The home had a warm and friendly atmosphere which people, relatives and staff valued. Staff had positive relationships with people who used the services and knew them well.

Staff knew people well and supported them to with maintaining their independence. People and their relatives told us staff treated them or their relative with kindness and respected their privacy and dignity.

The care and support provided met people's individual needs and preferences. People, or their representatives, where appropriate, were involved in making decisions about their care and support and felt listened to and included.

People were encouraged to follow their interests including religious practices and beliefs and were supported to keep in contact with and maintain positive relationships with their family and friends.

There was a registered manager in post who promoted the organisations values of upholding people's dignity, treating people with respect and supporting their independence.

Staff enjoyed working at the service and felt that they were included in the running of the home and that their views were valued.

There were systems in place to ensure the quality and safety of the service and to drive improvements and respond appropriately to complaints and feedback.

People and their representatives were involved in how the service was run and their opinions were actively sought through satisfaction surveys and regular meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk was well managed, but recording practices were disjointed.

Medicines were not always managed safely.

People were protected against the risk of abuse by staff who understood how to keep people safe.

There were sufficient numbers of suitably recruited staff to meet people's needs and keep them safe.

Infection control practices required improvement in some areas.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were required to ensure the service was 'dementia friendly'.

People's nutrition and hydration needs were met. However improvements were required to ensure people had a positive dining experience and received the consistent help and support they required.

The provider and staff worked within the principles of the MCA to ensure that people were supported to consent and make decisions with their representatives as appropriate.

Staff were supported and trained to be effective in their role.

People were supported to maintain good health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

People and their representatives were involved in their care,

treatment and support & felt listened to.

People's privacy was respected and upheld.

People's independence was protected and promoted.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People were supported to have their spiritual and cultural needs met.

Care and support was delivered in accordance with people's preferences.

People were supported with opportunities to engage in activities of their choosing.

The complaints procedure was accessible to people and their relatives.

Is the service well-led?

Good

This service was well-led.

There was a registered manager in post who was supported by a stable and consistent workforce.

Staff understood and shared the values of the service. This included treating people with dignity and respect and keeping people safe whilst promoting their independence.

The service actively sought feedback from people, their representatives and staff so that they were included in the running of the service.

The provider had systems in place to monitor the quality of service and identify any improvements required.

Dudbrook Hall

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 25th August 2016 and was unannounced.

The inspection team was made up two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed various information including the Provider Information Return (PIR). 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. We also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of inspection we spoke with the registered manager and 10 members of staff. We spoke with 16 people who used the service, 10 relatives, one visiting professional and two people who were visiting the service. Where people at the service had complex needs and were not able verbally to talk with us, or chose not to, we used observation as our main tool to gather evidence of people's experiences of the service. We reviewed eight care records, four staff files as well as looking at other relevant documentation such as training records, audits and minutes of meetings.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One relative told us, "I have no worry about safety here, the staff are always walking through to see where people are." We saw that when people used their buzzers to call for assistance staff came quickly. A person told us, "If I ring my buzzer in the night someone always comes quickly."

There were systems in place to assess and manage risks to people. For example, where people were identified at risk of malnutrition they were weighed weekly to monitor their weight and if necessary referrals were made to the relevant health professional. Food and fluid charts were kept to monitor people at risk of not eating and drinking enough and those people who were at risk of skin breakdown were monitored and regularly repositioned to minimise the risk of developing pressure ulcers.

However, the service had recently changed over to an electronic care recording system and we found that the system for recording and monitoring risks was disjointed which meant, it was difficult to find the relevant information around recording risk for people. For example, one person's risk assessment detailed that their food and fluid was being recorded, when we looked for this we found that staff had recorded this in different sections of the care plan which meant it was difficult to identify quickly and easily what a person had eaten and drank.

We spoke with the registered manager about their recording practices and they acknowledged that staff were recording information in several different ways which meant that the information about the care and support people were receiving could not always be easily reviewed. They had taken steps to address this and were in the process of organising further staff training to ensure that all staff used the same recording practices in the future.

Medicines were given to people in a safe and appropriate way. People's individual medicine administration record (MAR) sheets had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. There were protocols in place for PRN (as needed) medicines, however there was a lack of guidance with the protocols to instruct staff regarding when to give the medicines and in what dosage.

Only senior staff were given the responsibility of administering medicines. We saw that they received yearly training and six monthly observation checks to assess their competency. We observed a senior member of staff completing the medication round. Medicines were safely stored and administered from a lockable trolley. The staff member was proficient administering people's medicines and talked to people politely and respectfully. Water was provided to support people to take their medicine and they were allowed enough time to take them without being hurried. There were appropriate facilities to store medicines that required specific storage including controlled drugs.

However, records relating to medicines were not always completed accurately and we saw that there were gaps on two people's MAR sheets which meant we could not be sure people had received their medicines as

prescribed. The service kept a running total of people's medicines but four out of ten of the balances that we looked at were incorrect. We also found some medicines missing, however these were later located. We were advised by the registered manager that they completed a weekly and monthly audit of medicines to check that they were being administered, recorded and monitored safely. However, as we inspected at the beginning of a new monthly cycle it was not possible to comment on whether these errors would have been identified through the audit. The manager advised us that when mistakes were identified the person responsible would receive supervision and re-training if necessary to ensure their competence.

The registered manager advised that they were the infection control champion and completed monthly audits to ensure that infection control processes and procedures were safe. We observed that staff followed infection control procedures and wore gloves and aprons when providing personal care and supporting people with eating. However, during our lunch time observation we saw two members of staff sharing a can of thickener between them for two people, thickener is a substance that is used to thicken fluids for people with swallowing difficulties. The workers used a scoop to dispense the powder but did not wear gloves and placed their hands in the can with painted nails which represented a potential infection control risk. We addressed this with the manager who advised that this practice would be corrected in the future.

We also found that there was an odour of urine in the large lounge at the front of the home. We were advised that the provider had attempted to rectify this problem by having the carpet cleaned but this had not been successful. We raised this issue with the registered manager who advised that they were in the process of replacing the carpet for a hard floor which would be easier to keep clean and odour free.

People told us they were protected from harm whilst at the same time enjoyed the freedom to move around the home as they wished. We saw people outside enjoying the garden on a sunny day. A person said, "I can go into the grounds and have a walk around and I am aware that a carer is looking to see where I am." Another person said, "I like to sit outside and a carer will always make sure I am sat in the shade with a sun hat on." We observed that where people required support from staff they were assisted to walk and move around the building and gardens safely, maintaining their independence through prompts and encouraging words whilst they were walking.

Staff told us they had received training in how to safeguard people from abuse and they were aware of the signs that could alert them someone was being abused. They understood the reporting process and told us they would tell the manager or go to the local authority if necessary. We saw that the registered manager recorded and dealt with safeguarding issues, including notifying us of concerns in a timely fashion.

Staff were aware of the whistleblowing policy and procedures. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. We saw that there were posters displayed publicly with a telephone number that staff could use to report any concerns. Staff told us they would feel confident to whistle blow without fear of reprisal and that their concerns would be actioned by the manager.

We spoke with staff about how they supported people living with dementia whose behaviour challenged. They told us that they were aware of people's individual behaviours and took a person-centred approach to reduce the risk of harm. A staff member told us, "We assess the whole situation, analyse why did a person behave in that way? For example, we had a person who hit another person. When we stepped back and looked at it we realised it was because they were sitting next to someone they didn't like. We always look for the reasons why and then we can change it."

People and staff told us that there were sufficient staff on duty to meet people's needs. A relative said, "I

looked at several homes for my mum and this was the one that had a lot of staff on duty." We saw that staff were mostly not rushed when providing care and support, the exception being lunch time. A person told us, "Sometimes the staff are rushing about but they do come to you if you need anything."

Safe recruitment processes were in place for the employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references, obtaining a full employment history and checking that the member of staff was not prohibited from working with people who required care and support.

People were safe in the service as there were arrangements in place to manage and maintain the premises and the equipment both internally and externally. The service employed a handyman who kept the home in a state of good repair. We saw that health and safety, maintenance, fire drills, accidents and incidents were all recorded and any necessary action to make improvements and keep people safe had been taken. People had emergency evacuation plans in their care plans to instruct staff to provide the correct level of support should people need to be evacuated from the building.

Requires Improvement

Is the service effective?

Our findings

People were supported to have enough to eat and drink. We saw that people had jugs of fresh water or juice within reach throughout the day and the tea trolley completed regular rounds providing people with hot and cold drinks and snacks.

Prior to our inspection we saw that the service had recently held two food tasting sessions to ensure people were happy with the choice and quality of the food. We observed the chef spending time talking to people about their choice of food and what meals were available to them.

People told us the food was good and that they were always given a choice of two main meals but if they didn't like it they could have something else. One person said, "I do not like hot food much so staff will always bring me a salad and I eat that." Another person said, "The food always has a lovely taste and they never put too much on your plate."

We observed the lunchtime dining experience for people which took place either in the dining room or small lounge or people could eat in their own rooms if they choose to. The dining room was light and airy and laid out nicely with tablecloths and fruit bowls. When people entered the room they sat where they wanted in friendship groups. There was a choice of two main meals and a dessert or ice cream and people were offered a choice of cold drink and were shown the jugs to help them make a decision. However, because there was only one worker serving up the meals and one taking the plates to the table, people waited a long time to get their meal with the last person being served forty-five minutes after sitting down.
The lack of staff also meant that people who required additional support did not always receive it. For example, we observed a person who had fallen asleep at the table and was not eating their meal. The staff member did notice and made several attempts to wake them and encourage them to eat, including cutting up their meal for them. However, when they had to leave them to serve other people in the room the person lost interest and did not eat their meal.

People with more advanced dementia who required more intensive support with eating and drinking were seated in armchairs in a small living room rather than having the opportunity to eat at the dining table. We observed staff putting clothes protectors on people prior to lunch being served, they told people what they were going to do but did not ask for their consent.

People waited thirty-five minutes before lunch arrived and we saw that some of them become restless and agitated at the wait. There were enough staff in the room to support people and they attempted to calm them by singing to them. The room was very hot and crowded and noisy and a member of staff came in with cold flannels to help cool people down.

When the food arrived people were shown two plates of food to help them make a decision about what they would like to eat. We saw that those on a pureed diet had each item of food separated to make it look more appetising. Most people who required assistance with eating and drinking had one to one assistance. However, we saw one member of staff was sat between two people assisting them both at the same time.

However, they did try to wait until one person had nearly finished their meal before helping the other person so that both could have at least some one to one attention.

People who used the service and their relatives told us that they were happy with the level of care and support they received and that they felt that staff had the necessary knowledge and skills to care for them effectively. One person said, "The staff are very well trained here and I feel they know what they are doing."

When new staff joined the service they received a five day classroom based induction which was face to face with an in-house trainer. One staff member told us, "The induction was so thorough, it was unreal." The induction process included the opportunity for new staff to shadow more experienced workers to build their confidence and be assessed to ensure they were competent to work unsupervised. A worker said, "I shadowed for two weeks when I joined, you can always ask for additional shadowing if you still don't feel confident."

Staff told us they had been provided with all the training they needed to enable them to feel confident to carry out their roles and responsibilities effectively. This included training in how to move and position people. On the day of inspection we saw people being supported by staff to move around the home safely. One worker told us, "It's not just about how you physically move them it's about the person."

We were told by staff that they received regular supervision both one to one and group sessions and felt well supported by the management team. We saw records which confirmed that staff received supervision which was used constructively to talk about any concerns and identify training needs. Staff told us they were supported to develop professionally by taking more advanced qualifications in health and social care which meant that people were supported by a qualified and knowledgeable team.

We looked at the organisation's training matrix and saw that all staff training was up to date and where it was due, dates had been booked. In addition to the mandatory training staff were supported to undertake further specialist training that was tailored to meet the needs of the people they cared for, for example, training in preventable skin tears. A staff member told us, "The training opportunities are amazing and help us to develop. We do 'Quality of Care' training which emphasises that we take the time to know that little bit extra about the person, build a relationship with them."

Staff also received dementia training and we observed that staff were able to support people living with dementia who became distressed or anxious. For example, we saw one person started to become agitated and a staff member went up to them and gave them space but asked if they wanted to walk around the garden. The person went out with the staff member and calmed down.

However, whilst staff had a good understanding of how to support people with dementia we found that the home environment was not particularly 'dementia friendly'. There was a lack of stimuli around the home such as clothing, rummage boxes, pictures and objects for reminiscence to engage people's interest and stimulate conversation between staff and people.

There was also a lack of pictorial and visual prompts to support effective communication. For example, we saw that the daily menu for lunch was displayed on a wall near the dining room but it was high up and written in a small typeface with no pictures which would have made it difficult for people with dementia or other sensory difficulties to understand. Also, there was no method of communicating the time and date in either lounge where many people living with dementia spent the majority of their day. This represented a missed opportunity to re-orient people regarding the time, day and month. During our inspection several people asked us repeatedly what the time was and what day it was.

We discussed our findings with the registered manager who advised us that the activities person usually organised one to one activities with people with dementia who were seated in the small lounge and used sensory items and reminiscence cards and games to encourage people's participation. The home had also made a 'fidget board' and at a recent family meeting they had decided to hold a competition for the best 'fidget cushion'. Fidget items provide sensory feedback for people living with dementia which can bring comfort and reduce anxiety. On the day of inspection we saw two people holding onto cushions that lit up. After our inspection the manager told us that the service is now in the process of purchasing an easy read clock and calendar and there are plans in place to organise a rummage box for people near the lounge area.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act, and whether conditions on authorisations to deprive a person of their liberty were being met and found that the registered manager had made appropriate DoLS applications. The manager kept a DoLS matrix which was a document alerting them when people needed to have their DoLS applications reviewed.

Staff told us they had received training in the MCA and training records confirmed this. We found completed mental capacity assessments in people's care plans which had involved family members and other professionals. Staff were able to demonstrate how they applied the principles of the act in their daily practice to support people who had difficulty making decisions by giving them choices and communicating in ways that helped people to understand what was being asked of them. One staff member told us, "The MCA is all about respecting people's rights to make decisions, to help them we keep things simple, easy to understand."

People were supported to maintain their health and wellbeing and had access to a wide range of health care professionals such as dentist, chiropodist, optician, district nurse and dietician. A person told us, "I can always see a doctor if I need one." Another person said, "You only have to say to a carer that you are not feeling well and they will follow it up. The registered manager told us that the GP visited every Tuesday. They also advised us that they attended multi-disciplinary team (MDT) meetings once a month at the GP's surgery to discuss any problems or concerns regarding people who used the service. In this way people would have access to any support and treatment they might require in a timely fashion.

Good

Is the service caring?

Our findings

People and relatives we spoke with were universally positive regarding the kind and caring attitude of all the staff. Comments we received included; "The staff here are so caring, they will go the extra mile." And, "The staff care very well for you here, they come and talk to you whenever they have the time."

The manager told us that the thing they were most proud of about the service was their staff and the wonderful caring, family atmosphere within the home. People and staff we spoke with agreed with this. One staff member told us, "Working here it feels like you have your family and you're just looking after them." Another worker said, "I love it here, the best thing about working here is caring for the people." A relative told us, "There may be worn out corners in the home but it's lovely, it's a real family organisation."

We spoke with staff about how they ensured that people received care that was kind and compassionate. One worker told us, "When I care for people I try to think how they will feel. If I see someone scratching I will get cream for them."

We saw that staff were caring and were attentive to people's needs. When they were not busy they came and sat with people and talked with them. We saw one staff member updating some people about their friend who was in hospital.

On the day of our inspection it was a very hot day. We observed worker's awareness of this fact and they encouraged people to drink fluids, provided ice-creams and cold flannels to keep people cool and comfortable.

Staff were respectful in their approach to supporting people and spoke to them in a warm and friendly manner. Where people needed assistance staff asked permission before assisting them, they explained what they were doing and offered reassurance throughout the task. A staff member told us, "We fully explain everything we are doing and always ask permission."

People were supported to make choices and decisions about their daily living routines. Staff were knowledgeable about the care and support people required. For example, if people preferred a bath or shower or what clothes they liked to wear. A relative told us, "They always make an effort to help [Person] to look how they would have looked if they had got themselves dressed." We saw that people looked well dressed with clean nails and hair combed and were wearing clothing appropriate for the weather.

People and their families confirmed the service was good at communicating with them and that they were involved in the planning and review of people's care and support. They told us they were regularly updated when things changed. A family member said, "The manager will frequently let me know if there are any changes to my [family member's] care plan. Another relative told us, "There is an annual review and we are included, [person] comes along as well with their keyworker."

We spoke with a visiting professional who told us, "It's a very welcoming place and they are all very caring

people and people are well cared for." And, "When I put information in the handover book they are good at following it and communicating what I have advised."

We saw staff promoted people's privacy and dignity. They knocked on people's doors and waited to be asked in. Care and support was provided behind closed doors. Staff told us when supporting people with any personal care they would always ensure this was done with the person's door closed and the curtains drawn. They would always explain what was happening and encourage the person to do as much for themselves as they could. They said they would always ensure that people were covered when supporting with intimate tasks.

People were supported to be as independent as possible. A staff member told us, "We try to encourage people to do as much for themselves as they can." Some people used equipment, such as walking frames, to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged them to use it.

People told us their relatives were able to visit whenever they wanted. Relatives said staff were friendly and welcoming when they visited. One relative told us, "I am always made to feel welcome when I visit". Another relative said, "They not only care for [Person] but for the whole family too." They told us how family members were included in organised trips out which meant that people were supported to maintain relationships that were important to them.

The service supported people and their representatives to prepare for the future and think and talk about their preferences and priorities for care at the end of their lives. They were given the opportunity to express their wishes through completion of a PPC booklet (Preferred Priorities for Care) if they chose to.

Good

Is the service responsive?

Our findings

We found that the service was responsive to people's needs. A relative told us, "I am so happy I found this place for my [family member], they [staff] will respond to anything that you ask."

People were supported to follow their interests and take part in activities they enjoyed both inside and outside the home. This included day trips to places of interest, musical entertainment and lunch clubs. Two people told us, "We like playing cards so we get together most days and do that." Family and friends were able to visit anytime and join in with any of the activities that were going on. They told us that the management team actively encouraged this.

The service employed an activities co-ordinator five days a week. They took a person-centred approach to organising activities for people which meant that they were guided by what people wanted to do on any given day rather than organising a structured daily timetable of events. In this way the service was more responsive to the mood and preferences of the people who used the service and put them in control.

The manager advised us that the activities person did a lot of one to one activities with people in the small lounge who were living with dementia. For example, massaging people's hands and feet and giving people manicures. A relative told us, "They [activities person] does hand care with people, some people don't have visitors so it's nice for them to experience touch."

People and relatives spoke highly of the activities person. A relative told us, "[family member] gets lots of stimulation, we are very impressed with it. The activities co-ordinator is incredible." People said that the activities person knew what each person enjoyed doing and would try to follow this up so that people got to do things that were pleasurable and meaningful to them.

On the day of inspection the activities person was off sick. However people were supported by staff to have things to do. People played cards and read books, some enjoyed walking around the home and gardens. A relative told us that their parent enjoyed singing hymns so there were tapes in their room and staff played these to the person and sang along. When people wanted to go out into the garden or go for a walk, staff responded to requests for help promptly. When people needed to use the toilet, assistance was quickly provided by staff.

The service had formed strong links with the local community including local schools and churches which supported people to socialise and meet their spiritual needs. Church services were held weekly. On the day of inspection we saw two people from the local church were visiting with their dogs and people looked delighted to see them.

The service also looked for ways to meet people's cultural needs. The registered manager told us about a person living at the service who did not speak English. They had organised for them to have satellite TV in their room in their own native tongue so that they would feel more at home. In addition, staff had learned some basic vocabulary which meant the person could be greeted by staff in their own language and

supported to express their basic needs. We observed staff using simple words and phrases and saw that this had a positive impact on the person who smiled and responded.

People's care and support needs had been assessed before they came to the home and the information was held in their care plans. Care records we looked at recorded people's individual needs and preferences. However, due to the fact that the service had recently changed to an electronic system we found that the information held in the 'About Me' section was scant or not completed. This section was used to provide staff with information about people's life histories so they would know what was important to the person.

Despite the lack of recorded information we found that staff knew people very well and were very familiar with their life stories and knew their likes and dislikes. Staff were able to demonstrate that they knew people's routines and preferences and supported them to live their lives the way they wanted to. One staff member told us, "[Person] likes to get up at eight but we always check to see if that's still true as it's their home and if they don't want to get up or go to bed they don't have to. Another staff member told us, "[Person] is very funny, very vocal and loves singing, they love their food but dislikes fish, we always make something else for them."

Staff told us they acted as 'key' workers for people which involved building a relationship with the people they supported and keeping in contact with people's families or friends to keep them up to date on the person's progress or any changes. People and their relatives knew who their keyworker was as people had photos on their doors of themselves with their keyworker. One staff member told us, "I am a keyworker and my role is to make sure that I'm that one person who can make a difference to a person's day."

The information in the care plans was reviewed monthly by the person's key worker or as changes occurred. This ensured people had up to date care and support plans in place which reflected how they would like to receive their care and support.

There was a procedure in place which outlined how the provider would respond to complaints. None of the people we spoke with had ever raised a complaint. However they told us that they knew what to do if they were unhappy with any aspects of care they or their relative was receiving. They said they felt comfortable speaking with the manager or a member of staff.

We looked at the complaints file and saw that all complaints had been investigated thoroughly and dealt with promptly. For example, we saw that where a person had raised a complaint about missing laundry items the service had paid to replace the items and had subsequently improved its clothes labelling system.

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements and notified us of any important events that affected the service promptly. The manager was supported by a stable and longstanding workforce. This meant that people were supported by a consistent team of workers who knew them well.

People and their representatives knew who the registered manager was and told us they felt comfortable speaking with them. Staff told us their manager was approachable and they felt part of a team. They said they could raise concerns with their manager and were confident any issues would be addressed appropriately. Staff told us they felt well supported in their role and that they did not have any concerns. All staff spoken with provided positive feedback about the registered manager.

The registered manager organised group reflective sessions to promote the organisations values and support staff learning. They used these sessions to encourage staff to think about what would be important to them if they were a resident in a care home and to explore relevant issues such as the meaning of dignity and how they would like to be treated. These sessions had a positive impact as the staff we spoke to demonstrated a good awareness of the service's visions and values. They told us their role was to ensure people's privacy and dignity was upheld and to support, encourage and maintain people's independence.

The manager was a member of 'My Home Life' an initiative set up to promote the quality of life and deliver positive change for older people living in care homes. They also attended a monthly Care Home neighbourhood meeting which provided an opportunity to meet with other home managers and local health care providers. The purpose of the meeting was to share ideas and discuss best practice and access training opportunities aimed at promoting the health and wellbeing of people who used the service.

The registered manager carried out a range of audits to assure themselves of the quality and safety of the service people received. Aspects that were monitored included people's admissions to hospital, occurrences of falls and incidents of pressure ulcers. The results were analysed and when necessary action plans were put in place to improve people's safety. For example, we saw that when a person had been identified as having frequent falls, equipment was put in place and increased supervision by staff to minimise the risk of them having further falls or injury.

The service also completed a monthly medication audit and action plans were put in place to address any areas of concern. For example, where a medication audit identified that staff were not always recording the variable dosage for PRN (as needed) medicines, the manager raised this issue in a staff meeting and staff were reminded to sign to say they were aware of their medication recording responsibilities. This indicated that the provider's audits were effective in identifying areas requiring improvement.

People and their relatives were involved in the running of the service. We saw that residents meetings were held every few months. Minutes of the meeting held in February showed that the service had invited people to be involved in the recruitment process for new staff. Relatives meetings were also held periodically

throughout the year. A relative told us, "Yes I'm involved in relatives' meetings, they listen to us. We asked for a dentist to come in and now that happens." We saw that minutes of meetings were publicly displayed on the notice board and an action plan was included so that people could see who was accountable to make any changes and drive improvements.

The service actively sought the opinion of people about the service so that they could make any necessary improvements. When people were admitted to the service they were given a feedback form to find out what it was like for new people to come into the home.

People and relatives were also encouraged to give their feedback through annual satisfaction surveys and the information provided was acted upon. For example, people and relatives had stated they were unhappy with the layout of the dining room. In response to this furniture had been moved around to try to make it more accessible. The registered manager acknowledged the challenges of providing a service in an old building with lots of awkward spaces. We found that they had tried various different options to try to improve people's comfort and experience of the lounge areas and dining room.