Complete Care (UK) Limited

Althorpe Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 1, 3 and 17 August 2016, and was unannounced. It was undertaken by one adult social care inspector. The service was last inspected on 6 January 2015 when it was as rated Requires Improvement in the Safe and well-led domains. This was because people had not always received their medication as prescribed by their GP. Some medicines had been recorded by the staff as being given when they had not been; one person had not received their medicines for a few days because none were available. Management auditing had not picked these shortfalls up. During this inspection we found the issues from the last inspection had been addressed.

Althorpe Nursing Home is registered with the Care Quality Commission (CQC) to provide accommodation for up to 20 people who may be living with dementia. Accommodation is provided over two floors. The service has a garden and there is a car park for visitors to use. Although the service is registered to provide nursing care to people it currently only provides a service to people who require personal care. The signage provided at this service reflects this.

There was a new registered manager in post who had just commenced in this role. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood they had a duty to protect people from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the Care Quality Commission (CQC). This helped to protect people.

We observed the staffing levels provided during our visits were adequate to meet people's needs. Staff undertook training in a variety of subjects to develop and maintain their skills, training was updated periodically, as required.

Staff supervision was in place and a programme of appraisals had just commenced which helped to support the staff.

People's nutritional needs were assessed; their preferences and dietary needs were known by staff and they were catered for. Staff encouraged and assisted people to eat and drink, where necessary.

Staff supported people to make decisions for themselves. They reworded questions or information to help people living with dementia understood what was being said. People chose how to spend their time and consented to their care.

People who used the service were supported to make their own decisions about aspects of their daily lives.

Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

During our inspection we found some shortfalls in the environment, with infection control and the review of one person's health when their needs changed. Action was immediately taken by the registered manager to address the issues found.

The registered manager undertook a variety of audits to monitor the quality of the service. Issues we found at the time of our inspection were acted upon straight away.

There was signage in place to help people find their way to the toilets and bathrooms. Staff helped to guide people to where they wished to go. The communal areas were located on the ground floor. General maintenance occurred and service contracts were in place to maintain equipment so it remained safe to use.

A complaints procedure was in place. This was explained to people living with dementia or to their relations so they were informed. People's views were asked for informally by staff and by the registered manager and registered provider. Surveys were about to be sent out to gain written feedback from people about the quality of the service provided. Informal feedback received was acted upon to help people remain satisfied with the service they received.

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 required improvement to ensure it was safe.

Staff knew how to recognise the signs of potential abuse and knew how to report issues. This helped to protect people.

People told us they felt safe living at the service. People were cared for by staff who knew the risks present to people's wellbeing.

Medication systems in operation were monitored and staff administered medicines in a safe way to people.

We found issues with domestic cover provided at weekends, infection control in the laundry and in relation to commodes. General redecoration and refurbishment of some areas of the service was required. The medicine trolley required cleaning and there was a gap on a person's medicine administration record which was corrected. These issues were addressed. However, it confirmed improvements were needed in this domain.

Is the service effective?

Good

The service was effective.

There were enough skilled and experienced staff to meet people's needs. Staff received training to maintain and develop their skills.

People's mental capacity was assessed to ensure people were not deprived of their liberty.

People's nutritional needs were not always monitored effectively. Staff gained advice from health care professionals to help maintain people's wellbeing.

Is the service caring?

Good

The service was caring. People were treated with respect and kindness.

Staff were knowledgeable about people's, likes, dislikes and

preferences.

There was a welcoming atmosphere at the service. Staff listened to and acted upon what people said.

Staff assisted people in a gentle way to promote their independence and choice.

Is the service responsive?

Good

The service was responsive.

People's views were taken into account in relation to their care.

Activities and social events were provided to help keep people engaged.

A complaints procedure was in place, action was taken to address issues raised.

Is the service well-led?

Good

The service was well led.

The registered manager undertook checks and audits to help them monitor the quality of the service. Issues identified during our inspection in relation to the environment, infection control, and one person's care records were acted upon immediately.

People living at the service, their relatives and staff were asked for their views and these were listened to.

Staff we spoke with understood the management structure in place. The management team took action to address the shortfalls found during our inspection.

Althorpe Nursing Home

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 checked whether the registered 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 1, 3 and 17 August 2016 and was unannounced. It was undertaken by one adult social care inspector.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We contacted the local authority to gain their views about this service. We reviewed all of this information to help us to make a judgement about this service.

We looked at the care records for three people who used the service and inspected a range of medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 (MCA) to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We spoke with five people who used the service and with one relative. We interviewed five staff this included care staff, the cook and domestic staff. We spoke with the registered manager and with the registered provider.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, three staff supervision records and appraisals, the training records, the staff rota, quality assurance audits, complaints information and maintenance records. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, "I feel safe here." Another said, "I feel very safe here with the staff." A relative told us they felt the service was a safe place for their relation and said, "Dad is safe and well cared for."

Staffing levels provided met people's needs during our inspection. The registered manager provided care to people when the need arose. There were bank staff available who were there to help support staff cover annual leave or absence. This ensured people were cared for by staff who knew their needs and helped to provide continuity of care.

Staff received training about how to protect people from harm and abuse. Staff we spoke with knew what action they must take to raise concerns and knew the different types of abuse that may occur. There was a whistleblowing (telling someone) policy in place. A member of staff we spoke with said, "If I had safeguarding worries I would raise them. You are not doing your job properly if you don't raise them. If I was not happy with the outcome I would take it (my concern) further. I am aware I can ring the local authority or the Care Quality Commission (CQC)."

A health care professional we spoke with said they had no concerns about abuse and how people were cared for. They said they had not seen anything which had worried them and told us they would report concerns immediately if they did observe anything untoward.

Staffing levels were monitored by the registered manager who reviewed people's care needs to determine the number of staff required for each shift. They told us they ensured they placed staff on duty who had the skills to be able to deliver the service people required. For example, they made sure there was always a member of staff on duty who had undertaken training in medicine administration. We saw there were enough staff provided to meet people's needs in a timely way during our visits to the service.

Risks to people's health and wellbeing were recorded within their care records. The identified risks, for example, the risk of falling or developing pressure damage to the skin due to being frail or immobile was assessed by relevant health care professionals. We saw staff acted upon advice received. Staff could tell us about the risks present for people and knew what action they had to take to protect people's wellbeing. Staff were knowledgeable about the equipment needed to be used to help maintain their health.

The registered provider had a fire risk assessment in place to help inform the emergency services about the building, people's needs and fire prevention systems in place. We saw regular checks were undertaken on the emergency lighting, fire alarm system and firefighting equipment. Staff received fire training which helped them prepare for this type of emergency.

A business continuity plan was in place for events such as; flooding, electric failure or fire. Contractors phone numbers along with phone numbers for the registered providers other services were present so staff could act in a timely way to get help and assistance to address issues.

During our inspection we undertook a tour of the building. We saw hand wash facilities were present throughout the service for staff and visitors to use. Staff were provided with personal protective equipment such as gloves and aprons. However, we found there were a number of shortfalls in the environment; the lounge carpet needed cleaning or replacing. In a downstairs toilet we found four tiles were removed from the wall and paint was flaking off due to damp. [The service is carried out from within a listed building]. The sink hand basin needed resealing against the wall and the pull light cord was dirty. The hand soap pump dispenser had a build-up of soap around the top. The second toilet had paint peeling off above the tiles. We spoke with the registered manager about these issues who deployed the maintenance person to correct them straight away. We saw that these issues apart from the lounge carpet were fully addressed during the inspection.

We inspected a ground floor bathroom. We found items stored there; wheelchairs, a mattress and a chest of drawers which were immediately removed. The registered manager told us these items were not usually kept in the bathroom.

We inspected the bedrooms downstairs. We found a number of wood and cloth commodes were in use. We discussed with the registered manager the importance of having commodes that were able to be thoroughly cleaned to maintain infection control. They informed us they had started replacing the commodes; an order was immediately made to replace all of these types of commodes. Commodes made of metal and plastic were delivered during our inspection to help maintain infection control.

In four bedrooms downstairs we found paint was damaged in certain areas of the bedroom walls. This detracted from the general appeal of the bedrooms. A pedestal sink had been replaced in one room and there was a patch of flooring missing which exposed concrete. This area could not be cleaned thoroughly. Outside one bedroom we saw a patch of laminate flooring was missing. One room particularly needed cleaning. We found some bedrooms on the first day or our inspection were dusty. We discussed this with the registered manager who told us the domestic had had some time off and usually the rooms were spotlessly clean. However, no domestic worked at the weekend and there had been no cleaner present on the first day of our inspection. The domestic was contacted to attend and the registered provider confirmed with us that a domestic would be put in place one day each weekend to help maintain the cleanliness of the service. On the second day of our inspection, all of these shortfalls apart from the paintwork in some people's bedrooms had been thoroughly addressed.

The registered manager told us a programme of refurbishment for the paintwork in people's bedrooms would be implemented immediately and they provided us with a timetable for this work to be completed.

The hairdresser's salon was left with hair on the floor. The registered manager told us it was the hairdresser's responsibility to ensure this area was clean and tidy before they left. This area was cleaned during or inspection.

We looked at the bedrooms and communal bathrooms upstairs. They had been decorated and some had en-suite facilities. We saw three communal bathroom expel air fans were dusty, these were cleaned straight away to maintain infection control and to prevent the dust becoming a fire hazard.

We inspected the laundry facilities. We found wooden shelving was in use, the walls were painted but there were areas of damp and flaky paint present. The floor was made up of areas of exposed concrete and tiles. This made the laundry difficult to keep clean. We spoke with the registered manager and registered provider. A full laundry refurbishment commenced straight away to improve the infection control measures in place including new wall coverings, shelving, flooring and machines were fitted.

We also discussed the lack of a sluice within the service with the registered manager and registered provider. The registered manager told us the domestic sterilised all commode pans and urinals daily with disinfectant. We saw the domestic had a very thorough technique for this. At the end of our inspection the registered provider and registered manage confirmed a sluice was to be created to help maintain infection control. The workmen refurbishing the laundry were commencing this work and a domestic was to be allocated one day at the weekend to help maintain the cleanliness of the service.

The registered manager undertook monthly audits of accidents and incidents that occurred. They said they looked for any patterns and took corrective action to prevent further incidents occurring. Advice was sought from relevant health care professionals to maintain people's wellbeing.

Water temperatures and gas and electrical safety checks were undertaken along with general maintenance. Service contracts were in place for laundry equipment, hoists and the lift. This helped to promote a safe environment.

We inspected three staff files and looked at how staff were recruited. Staff were not allowed to commence work at the service without completing an application form, providing references and undertaking a police check. [Disclosure and Barring Check, DBS]. Interview responses were recorded and gaps in potential staff's employment history were explored. This helped to make sure potential staff were suitable to work with vulnerable people. However, we did note that for one member of staff the evidence to prove their identification was not on their file. This was discussed with the registered manager, the member of staff was asked to provide this information again as it had been verified when their police check occurred.

We looked at the medicine systems in operation at the service. During our last inspection we had found there had been an issue with people not receiving their prescribed medicine. This issue had been addressed.

We looked at how medicines were ordered, stored, administered, recorded and disposed of. We found the medicine trolley was dirty and required cleaning, the task was added to the night staff cleaning schedule to make sure this did not occur again. We checked the medicine trolley on our next visit and found it was clean.

People were identified by photograph on their medication administration record (MAR). Allergies were recorded to inform staff and health care professionals of potential hazards. We observed part of the lunchtime medication round undertaken by a member of staff. The member of staff confirmed they had undertaken medicine training to help them undertake this safely. They verified people's identity and stayed with them until their medicines were taken.

We checked random balances of medicines and controlled medicine at the service. We found a member of staff had not signed a person's medicine administration record (MAR) when their medicine had been given. This issue was rectified.

Medicines returned to the supplying pharmacy were signed for by the supplying pharmacist's representative. Senior staff undertook medicine counts; and regular audits of medicines took place. The supplying pharmacist had carried out an independent audit of the medicine systems in place, they gave guidance to staff to the help maintain safe medicine management.

Good

Is the service effective?

Our findings

During our inspection people told us the staff were effective at meeting their needs. We received the following comments; "I receive the care and support needed", "The food is what we want, if it is something we don't want, they [the staff] don't make us have it. The food is nice with home baking", "The staff are doing their jobs, they are kind and polite" and "It is lovely, the staff look after you so well." People we spoke with told us the staff supported them and encouraged them to remain as independent as possible.

A relative we spoke with said their relation received effective support from staff, and said, "The staff are always about with the service users. I have stayed for meals and had two Christmas dinners here. The food is excellent. They went on to say, "[Name] went through the care records and files to help with changes to medicines. The staff are brilliant in meeting people's needs. I can ring at any time and they [the staff] ring and let me know about any issues and they act on them."

A health care professional we spoke with told us staff liaised with them effectively. They said, "The care home staff approached us and were realistic, they made every possible endeavour to meet the needs of [name] who was placed there."

We saw that special equipment was provided to people if they needed this to prevent deterioration in their health. For example, walking aids were used when they had been assessed for an individual to be needed to help prevent falls. And pressure relieving mattresses and cushions were in place for those at risk of developing skin damage due to being immobile or frail which helped to protect people's health.

We observed there were enough staff to meet people's needs during our inspections. Staff we spoke with told us there were enough staff to meet people's needs. One staff member said, "It is teamwork. There are enough staff, we cover for holidays and we pick up extra shifts."

A plan of essential training was in place for staff to undertake. We looked at the training provided, which included a variety of subjects, for example; safeguarding, fire safety, health and safety, moving and handling, basic food hygiene and first aid. Staff we spoke with confirmed there was plenty of training on offer, which they had to complete to increase their knowledge and skills. One staff member said, "There's lots of in-house training. I have done fire safety, safeguarding, infection control moving and handling, health and safety, mental capacity and deprivation of liberty and consent training."

Regular supervision meetings took place for staff. The registered manager was training the senior care staff to complete supervisions for other staff. A programme of appraisals had just commenced. Supervisions and appraisals allow the performance of staff to be discussed along with any training needs and helps to develop the staff's skills.

During our inspection we saw staff supporting people in the communal areas of the service. Staff understood people's preferences in relation to their care and we saw staff encouraged people to remain as independent as possible whilst offering assistance, when this was required.

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.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS) are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the DoLS. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. We were informed that four applications for DoLS had been made for people who met the criteria and they were awaiting authorisation by the local authority. Three had been granted and one person was represented by the Court of Protection. The registered manager told us that staff had completed MCA and DoLS training which enabled them to help protect people's rights, more training in this area was being scheduled to further develop the staff's understanding.

We saw that were people had been assessed as lacking capacity to consent to their care and make their own decisions, best interest meetings and decisions were undertaken to discuss people's care options. The registered manager confirmed relatives and other relevant health care professionals attended these meetings to give their views and help make decisions. We saw people had 'best interest decisions' in place, where this was required to protect their rights.

Staff understood the principles of MCA and we observed how they supported people to make their own decisions. Staff we spoke with described how they gave people choice; for example, about what they wanted to do, when to get up, go to bed, what to wear or to eat. Were people needed support, relatives held power of attorney for health and wellbeing [Legal authority granted to protect people's rights]. Local advocates could be provided to help people raise their views and, where necessary, people had representation from the Court of Protection, to make legal decisions about their care and welfare.

People's nutritional needs were assessed on admission to the service. Staff told us how people's dietary needs were monitored and reviewed, as necessary, to make sure their needs could be met. The cook understood people's needs, preferences, likes, dislikes and food allergies. Special diets were catered for. The food served looked appetising and nutritious. Food was not served on coloured plates which may have helped people living with dementia to see their food better. This was discussed with the staff who told us, at present the use of coloured plates had not been effective for the current people using the service, they were there for use for other people who may need these in the future. We observed staff encouraged people to eat and drink in an unhurried manner using gentle prompting. Different sized portions of food were offered and food and drink was available any time. People chose where they wished to eat. The menu for the day was displayed in the lounge.

The service had pictorial signage for toilets and bathrooms to help people locate these. There was a ground and first floor, a stair lift and passenger lift was provided to help people gain access to the first floor. Bedrooms and communal areas on the first floor had been redecorated and some bedrooms had en-suite facilities. The bathrooms upstairs had been refurbished to make them inviting for people to use. We saw pressure relieving equipment and special equipment, such as hoists were in use for people who had been assessed as requiring this to maintain their wellbeing. There were gardens with garden furniture for people to use.

A complete refurbishment of the laundry commenced and there was a programme of redecoration for bedrooms put in place. The lounge carpet was being replaced and flooring to the nurse's station was to be levelled and tiled. The registered manager told us they were committed to making sure the environment was the best it could be for people living at the service.

Good

Is the service caring?

Our findings

People we spoke with said they felt cared for by the registered manager and staff at the service. One person told us, "The girls [the staff] are very polite. Since coming in I have had nothing to grumble about, they [the staff] are all very good to me. I would not want to go anywhere else." Another person said, "We wouldn't swap them, [the staff] they all know our little ways. We have friendly banter." A third person said, "The staff are so kind, they look after you so well." During our inspection we observed that people looked relaxed in the company of staff and we saw people enjoying the banter that occurred.

A relative we spoke with told us they were pleased with the staff's caring approach. They told us their relation was well cared for by the staff. They said, "The staff help her with such kindness. They are super with [name], they are brilliant. She can be difficult at times, the staff cope well and they are very loving."

The registered provider had policies and procedures in place to inform staff about the importance of treating people with dignity and respect. During our inspection we observed people were spoken to by staff who used their preferred name. Care and support was provided to people in their bedrooms or in bathrooms with doors closed. The staff confirmed this was to make sure people's privacy was protected. We observed staff treated people with dignity, respect and kindness.

We saw that staff took their time to support people living with dementia and spent time talking with people in the communal areas of the service. They sat next to people to gain eye contact with them or knelt down to aid good communication. Staff asked people how they were feeling and if they could help them in any way. They rephrased the questions they had asked or waited for some time to allow people living with dementia to respond to what had been said. Staff used body language to engage with people, we saw they provided comfort to people using gentle and appropriate touch and smiles. People were supported by staff in a caring and kind manner, whilst staff encouraged people to be as independent as possible. This helped people to feel supported.

We observed staff knocking on people's bedroom doors before entering and waiting to be invited in. Staff we spoke with told us they respected people's space because this was their home. This helped to maintain people's privacy.

We observed that staff were attentive and offered help and assistance to people, where this was required. For example, a person was not enjoying their lunch. Staff asked if they would like something else and gave a variety of choices to them. The person discussed how they would have cooked the meal and the cook came and had a chat with the person to see if they could make the meal better for them and more to their liking in the future.

The registered manager and staff were attentive to people, relatives, visitors and staff. We found there was a welcoming environment provided within the service.

During our inspection staff we spoke with told us they enjoyed working at the service. A member of staff told

us, "I love it here, I love my job. I love caring for them [the people living at the service]." Another said, "I really enjoy it here. I like the teamwork and how much we can help the residents and how much they enjoy this." Staff were able to describe people's individual preferences, for their care and support and said it was important to deliver individualised care to people in the way they wished to receive it so that people felt cared for and respected.

The registered manager told us staff covered each other's sickness and absence or they gained cover from their own bank staff. This helped to maintain continuity of care to people.

Staff were issued with a confidentiality policy which they adhered to maintain people's privacy.

Good

Is the service responsive?

Our findings

People we spoke with said the staff were responsive to their needs. One person told us, "They [the staff] would get the doctor if needed." Another person said, "The activities lady has us playing bowls and carpet skittles. Some activities would be nice to be done outside. The Parson comes on a Wednesday, we have a service and a sing along."

A relative we spoke with told us the registered manager and staff were knowledgeable about their relations needs and that of the other people they visited living at the service. They told us they felt the registered manager and staff acted in a timely way to maintain people's health and wellbeing by contacting relevant health care professionals for help, advice and guidance. They said the registered manager had gone out of their way to make sure the wellbeing of a person at the service, who they knew personally, was protected and addressed when other health care professionals had not apparently understood this person's needs. They described this process to us and told us the registered manager had 'gone the extra mile' to make sure the person received the individual support they required.

Before people were admitted to the service an assessment was undertaken by senior staff. This allowed people to discuss their care and support needs. During this process information was gained from the person, their representatives, from relevant health care professionals, local authority care plans and hospital discharge letters. All of this information was considered by staff when developing people's individual care plans and risk assessments on their admission. People confirmed they were encouraged to take part in this process and said they could visit the service to see if they liked it before moving in.

We looked at the care records, risk assessments were present for issues such as weight loss and falls. We saw the care records were reviewed periodically by staff. Staff recorded the month of the review, not the actual date. This was discussed with the registered manager who said she would ask the staff to record the full date in future. One person's records required updating as they had lost weight , their dietary care plans and risk assessments was reassessed during the inspection and the GP was contacted regarding this issue to help to protect their wellbeing.

Senior staff we spoke with told us they discussed changed in people's health and well-being at staff handovers between shifts, which were attended by the senior carer who then informed the carers on duty about any changes to people's health and wellbeing. Handovers included sharing information about people's health, emotional state, activities undertaken and dietary intake, as well as information gained from visiting health care professionals. The registered manager was considering how the handovers between shifts could be structured to make sure all staff received the information they needed in a more timely way.

We observed staff prioritised the delivery of care to people. For example, we saw a person was a bit unsteady on their feet; staff attended to them and spoke with them to ask if they could help. The offer of help was declined; however, staff monitored the person's progress from a distance so they could assist, if the need arose.

A programme of activities was provided. We saw photographs of events that had taken place. We saw a quiz taking place, people had their finger nails manicured and painted. People we spoke with told us they went out to Blyton Ice Cream Parlour and entertainers visited the service. People were encouraged to maintain their hobbies and interests. A person told us they used to be taken out to the local church; a service now took place within the home on a regular basis, which helped to meet people's religious needs. One person we spoke with said they would like to have more activities provided outdoors.

Residents and relatives meetings were not held. This was because people and their relatives gave the staff feedback about the service spontaneously and preferred this was of communicating rather than having scheduled meetings. The registered manager told us any feedback provided to them was acted upon to make sure people remained happy with the service they received.

We saw there was a complaints procedure available to people and their relatives. People we spoke with told us they would make a complaint but had no issues to raise. Issues raised were dealt with appropriately. One person told us, "I would say if I wanted to, if I had a complaint." Another person said, "I have no complaints. You could tell them if you had an issue and something was not right."

Good

Is the service well-led?

Our findings

During our inspection the people we spoke with told us they were happy with the service they received. We observed that the registered manager was available for people, relatives and staff to speak with. One person living at the service said, "The manager is good. She is just new in this role. It is good here."

A relative we spoke with told us the registered manager and staff consulted with them and acted upon what they said. They told us, "The manger is very friendly. I don't feel nervous asking her anything. Comments and suggestions are no problem; she is very open to suggestions."

We saw in the provider information return (PIR) the registered provider told us the ethos of the care service was 'there to care'. It stated, 'this is our business as well as our passion, it's our vocation we are committed to being open, welcoming, have an open door policy, be respectful, reassuring, have empathy and honesty.' We found the service had a welcoming atmosphere and staff understood the management structure in place.

The registered manager undertook regular audits. These were enhanced in regard to the environment and infection control and in the other areas where we had found shortfalls during our inspection, to help prevent a re-occurrence of these issues.

The registered manager had an 'open door' policy so that people, their relatives or visitors could speak with them at any time. Staff we spoke with told us that they were asked for their views by the registered manager about ways in which the service could improve. The relative we spoke with and the staff told us the ethos of the service was to encourage people to live the life they chose.

The registered manager undertook occasional care shifts, when necessary, which helped them monitor the standard of care delivered to people. Staff told us they enjoyed working at the service and said they could raise any issues with the registered manager or registered provider at any time. This was mainly done informally. One general staff meeting had been held and more were being scheduled to help gain the staff's views in a more formal way.

We saw that quality assurance surveys were about to be sent out to people, relatives to gain their views about the service provided. The registered told us they always acted upon any feedback they received during this process. They said, "I am proactive and will act on any feedback. I want this home to be the best it can be for people. I do not procrastinate, I like to get on and sort things out."

The registered manager and registered provider monitored the quality of service provide. This was undertaken through audits and checks.

Audits covered; medicine management, medicine balances, and care files. Everyone's care files were in the process of being re-evaluated and reviewed to ensure they were all up to date and reflected people's full and current needs. The supplying pharmacist had just undertaken a full medicine management audit; the

registered manager had received feedback and had acted upon this.

Notifications were sent in to The Care Quality Commission as required to help to keep us informed.

The registered manager was looking at how the service could be enhanced further for people living with dementia in the future. Links with local community groups were in place and continued to be developed to help raise the services profile in the local community.