

Gracewell Healthcare Limited

Gracewell of Horley Park

Inspection report

Amherst House
287 Court Lodge Road
Horley
Surrey
RH6 8RG

Date of inspection visit:
27 September 2016

Date of publication:
02 November 2016

Tel: 01293223600

Website: www.gracewell.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Gracewell of Horley Park is a home which provides residential and nursing care for up to 60 people. People living in the home have a mixture of needs, from requiring support with personal care or living with dementia to requiring nursing intervention for a particular medical condition. At the time of the inspection there were 48 people living at the home.

This was an unannounced inspection that took place on 27 September 2016.

The home had 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

We last inspected this home on 17 September 2015 where we identified three breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a lack of staffing, failing to follow legal requirements in relation to restriction and a lack of good record keeping. We asked the provider to submit to us an action plan outlining how they planned to meet these regulations. We reviewed the action plan during this inspection against what we observed, to see whether or not the provider had taken appropriate action. We found the provider had taken sufficient action to show they were now meeting the regulations.

There was a kind, caring and relaxed atmosphere in the home where people and staff interacted together well. People and relatives were very happy with the care provided and relatives were made to feel welcome when they visited. Staff supported people to take part in various activities and staff were attentive to people and knew them well.

People were provided with a choice of meals each day and those who had dietary requirements received appropriate foods. Staff followed the guidance of healthcare professionals where appropriate.

Staff provided care in line with the Mental Capacity Act 2005 (MCA). Records demonstrated that people's rights were protected as staff acted in accordance with the MCA when being supported to make specific decisions. The registered manager was aware of when people may be restricted and it was appropriate to submit applications to the supervisory body in relation to this.

Staff followed correct procedures in administering medicines and medicines were stored safely. Care was provided to people by staff who were trained and received relevant support from their manager. Staff told us they felt supported by the registered manager and enjoyed working in the home. There was a positive culture within the home.

Staff understood their role in safeguarding people. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence. In the event of an emergency there was a contingency plan in place to help ensure people's care would continue uninterrupted.

There were sufficient staff in the home to help ensure people received the care and support they required. Robust recruitment processes were in place to ensure that those staff who were providing the care were suitable to be working at the home.

Care plans contained information to guide staff on how someone wished to be cared for. Staff had a good understanding of people's needs and backgrounds as detailed in their care plans.

Quality assurance checks were carried out to help ensure the environment was a safe place for people to live and they received a good quality of care. Staff were involved in the running of the home as regular staff meetings were held. People and relatives were given the opportunity to provide feedback on the care they received through residents meetings.

People knew how to make a complaint if they felt the need to and suggestions raised by people were responded to by management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People's risks were assessed and action taken to reduce risks to people. Accidents and incidents were recorded and monitored for trends.

The provider ensured there were enough staff on duty to meet people's needs. The provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

Good medicines management procedures were followed.

There was a plan in place should the home have to be evacuated.

Is the service effective?

Good 

The service was effective.

Staff had a good understanding of the Deprivation of Liberty Safeguards and followed legal requirements in relation to the Mental Capacity Act.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff were trained to ensure they could deliver care based on best practices. Staff had the opportunity to meet with their line manager on a one to one basis.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good 

The service was caring

People were treated with kindness and attentive care, respect

and dignity.

Staff respected people's own decisions and encouraged them to make choices in their care.

People were treated as though they mattered.

Relatives were made to feel welcome in the home.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in daily activities, although we did hear from people that they wished more variety.

Care plans contained relevant and detailed information about the care people required. People were aware that they had a care plan.

People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was responsive and looking for ways to improve the service.

Quality assurance audits were carried out to help ensure a high quality of care within the home.

Staff felt supported and valued by the registered manager and relatives felt the home was well managed.

Everyone was involved in the running of the home and feedback obtained was used to improve the service.

Gracewell of Horley Park

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 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 unannounced inspection took place on 27 September 2016. The inspection team consisted of three inspectors, an expert by experience and a specialist. An expert by experience is someone who has had experience of caring or living with someone who would use this type of service. The specialist who accompanied us on our inspection had a clinical background.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also received feedback from eight health and social care professionals prior to and following the inspection.

We had asked the provider to complete a Provider Information Return (PIR). This 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 did not review the PIR as part of our inspection as we inspected this service sooner than we had asked the provider to submit the PIR to us.

As part of our inspection we spoke with nine people, the registered manager, nine staff, five relatives and the provider's director of operations. We observed staff carrying out their duties, such as assisting people when they required it and helping people with food and drink.

We reviewed a variety of documents which included ten people's care plans, seven staff files, training information, medicines records, quality assurance records and policies and procedures in relation to the running of the home.

We last inspected Gracewell of Horley Park (formerly Amherst House) in 2015 where we identified three

breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staffing, restrictions and records.

Is the service safe?

Our findings

We received a mixed feedback from both staff and people in relation to staffing levels. However, people were generally positive about the staffing levels and did not feel they had to wait to receive support from staff.

Some people told us, "I might have to wait, but not too long. However if I ring the emergency bell staff come straight away", "The staff are very kind and caring. We could do with more. It doesn't bother me, but for those who need it", "They could do better with more staff to be honest. It does not impact on my care, it's just because I see them running around a lot."

Other people told us, "Staff come if I ring the bell. There are always staff around", "I don't have to wait for anything to be fair" and, "I think there is enough staff. I don't wait too long for anything even at nights or weekends."

We asked relatives what they felt about the staffing levels. We were told, "It's very quiet here, but we can always find staff", "Staffing levels are good" and, "I think there is enough staff working here, my wife doesn't have to wait too long for anything."

Staff told us, "There are enough staff around almost all the time. Some days are busier than others of course", "Staffing levels are usually okay, but we can be stretched sometimes" and, "We have enough staff and get time to spend with people socially most of the time, but not always due to time constraints."

At our inspection in September 2015 we found a breach of regulation in relation to staffing as there was a lack of staff deployed to meet people's needs. At this inspection we found the provider had addressed our concerns and staffing levels had increased which meant people were being provided with the support they required in a timely manner.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The registered manager told us they used a dependency tool to determine the number of staff on duty each day. They said they had recently increased the staffing levels as a result of reviewing people's dependency levels and conducting a time and motion study which involved asking staff their opinions and observing how long tasks took to complete. Staff confirmed staffing levels had improved. The registered manager said they were currently using a number of agency staff but that, "We always ask for staff who have been here before and balance skills so agency staff are working with a permanent staff member wherever possible." We found this to be the case during the inspection. We also found that people did not have to wait for attention or support from staff and staff appeared to have had the time and resources to care for people safely. When one person asked staff to sit with them, we saw the staff member did. They did not appear rushed and took time with the person.

People felt safe living in the home. One person told us, "I feel safe as everything is around me that I need." Another person said, "There is no particular reason I feel safe. I just feel that way." A third person told us, "I like the security system, not everyone can come in, the doors are locked." A relative told us, "The home is

very secure, so we know she is definitely safe."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff knew of the procedures they should follow if they suspected any abuse was taking place. They were also able to tell us who they could contact in the event they wished to report concerns outside of the home, such as the local authority or CQC. One staff member said, "I think poor care is abuse as well as someone being treated badly." Another member of staff told us, "I would let my manager know if there was abuse going on. If that didn't work I would call you (the CQC)." A third staff member said, "The organisation are really supportive but if nothing was being done I would whistleblow and go to the police or social services." A relative told us, "I have never seen any disrespect or concerns to raise an issue."

People were helped to stay safe and free from risk as staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. When people had accidents, incidents or near misses these were recorded and monitored. Appropriate action was taken in the event that people had recurrent accidents, such as providing people with mobility aids or in the case of one person, lowering their bed and providing them with crash mats to reduce the risk of falls and injury.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. One person had a heightened risk of falls and had been provided with a wrist alarm to alert staff. Another person was at risk of falling out of bed, however an assessment had determined they were at risk of entrapment should bed rails be used. Instead staff had lowered this person's bed and ensured the person had their call bell within reach at all times. We saw this was the case on the day. One person said, "The staff make me feel safe here." Another told us, "All the people who work here make me feel safe."

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. We saw people used mobility aids to assist them in walking around the home unsupported so they could remain as independent as possible. Other people were moving around the home independently in their wheelchairs without staff support. One person told us, "I like to stay independent and staff let me." A staff member said, "Some people need help with keeping safe, but that doesn't mean they can't do things for themselves." A second staff member told us, "If someone has been assessed as being safe to do something, then we should let them do it."

People were kept safe from the risk of emergencies in the home. There was a contingency plan in place and regular fire drills were carried out. Each person had their own personal evacuation plan which informed staff of the support the person required should the home have to be evacuated.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work in the home. Records confirmed that staff members were entitled to work in the UK.

Peoples' medicines were managed and administered safely and we found the administration of medicines followed best practice. Medicines were not left unattended at any time and staff did not sign people's medicine administration record (MAR) until medicines had been taken by the person. MARs contained relevant information about the administration of certain medicines such as if they needed to be given at specific time and we observed staff follow this guidance. Medicines were labelled with directions for use and contained the date of receipt, expiry and date of opening.

Each unit had its own treatment room which had a lockable medicines cabinet and medicines fridge.

Temperatures of the room and fridge were recorded to help ensure medicines were kept in line with instructions.

The provider undertook audits to ensure the safe and effective management of medicines which included ensuring stock levels were sufficient. Staff told us they received regular training and updates. All staff dispensing medicines underwent a process, conducted by the registered manager, of regularly checking their competency to do so.

Is the service effective?

Our findings

At our previous inspection in September 2015 we found a breach of regulation in relation to restrictions to people as staff had not followed the correct processes. At this inspection we found the provider had addressed our concerns and where people were being restricted staff followed legal requirements.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager recognised when they believed people were being deprived of their liberty and as such had made DoLS applications to the supervisory body. This was particularly in relation to the locked doors as these meant people could not come and go as they pleased.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA). The 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.

Mental capacity assessments were carried out for specific decisions, such as in the case of one person who wished to keep detergent in their own room as they liked to do their own washing. The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. A staff member told us, "If someone can't make decisions, we have to act in their best interests." A second member of staff said, "It's about assessing someone's understanding of their needs and decisions to be made. The assessment helps gauge someone's capacity to make decisions. If they don't have capacity we have a best interest meeting to make sure the best decision is made for the person."

Where possible people signed to consent to their care and we heard staff obtain consent from people in advance of carrying out a task or personal care. Staff had a good understanding of the implications of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A staff member told us, "If residents have (mental) capacity, then it's up to them what they do. We can't force them."

People told us they liked the food and were able to make choices about what they had to eat. One person told us, "The food is very good. It's not home cooking but anyone who complains about it doesn't know what they're doing." Another said, "In my eyes the food is really good. I always get enough drinks as well." A third person said, "The food is really good you know, they come and ask me every day what I would like to eat for breakfast, lunch and supper. There is always water in my room; they (staff) top it up when needed."

People were offered a choice of meals each day and menus showed a good range of nutritious food was provided to people. One person said, "When there is something I don't like, I get offered choice." People were seen to be provided with meals in line with the menu. Staff were encouraging people to eat by

themselves, but also providing assistance towards those who needed help. Staff interacted throughout the lunchtime, sitting with people and chatting.

People's dietary requirements, likes and dislikes were known by staff. People were weighed monthly so staff could monitor if a person was suffering from weight loss. One person was allergic to most meats and this was clearly recorded throughout their care plan. Some people were on a soft diet, for example pureed food because of a risk of choking. A relative told us, "My wife eats pureed food and to be honest it looks good and smells nice too." Another relative told us, "Since she has been here she has got better and managed to gain weight."

People received effective care from staff. We read where people had been prescribed antibiotics short term care plans were implemented and where one person was losing weight staff had gone to the GP for fortified (high calorie) drinks. Where one person had refused fortified drinks staff offered additional cakes to help ensure this person's weight stayed stable. A relative said, "What makes us feel safe about her wellbeing is that she receives good care and treatment."

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. Health professionals were visiting the home during our inspection and we read in people's care plans that they had received health care from professionals such as the GP, optician, dentist and district nurse. A staff member said, "We're all very vigilant and know people well enough to know when there's something wrong. We pick up on all the signs like facial expressions and moods and just contact the GP if we're worried about anyone." One health care professional told us that staff called them in appropriately and listened to any advice or guidance they gave. One person said, "When I need it I can see the doctor, the doctor comes here." Another person said, "You have to request it, but it is pretty much when we need it." A relative told us, "Any health problems they ring the doctor. They are very good at keeping in touch." Another relative said, "This place is really good, she can see a doctor when she needs one."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us they had received recent, formal supervision. One staff member said, "I can speak to the manager anyway, but supervision is good." Another member of staff told us, "I had supervision quite recently." A third staff member said, "I find it really useful to discuss ideas and for reminders about information. They have themes for things to discuss like reminders about infection control."

New staff were supported to complete an induction programme before working on their own. They said they had the opportunity to shadow more experienced members of staff. One staff member said, "It (the induction) was good. I did shadow other staff for a while before I worked on my own."

People received individualised care from staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff had access to a wide range of training which included nutrition, pressure care, infection control and health and safety. One staff member told us, "I've done quite a bit of training; a lot of it is online." Another member of staff said, "We have to keep ourselves up to date as nurses, but there is training as well." A third staff member told us, "Everyone does mandatory training and I've also done my level 2 and started my level 3 (care certificate) here. It's given me confidence in what I do." One person said, "The staff are knowledgeable and work to make sure people are comfortable." Other people told us staff were, "Really hard working people" and "Work super hard." A relative said, "Staff here are amazing, they take care of her really well."

Staff were supported to progress in their role. One staff member told us, "I've been really supported to

progress. I started as a health care assistant, then senior and now team leader." The activities lead told us they had undertaken the National Activity Providers Association (NAPA) training. They said, "The NAPA training was really useful. It went through the different types of dementia and characteristics so I can tailor activities so people get the maximum benefit." They added they had recently completed their team leader training to support them in managing a team when additional activities staff were appointed.

Is the service caring?

Our findings

We asked people if they were happy living at Gracewell of Horley Park. One person told us, "Staff are very kind and willing. Very caring." Another person told us, "There is nothing I don't like. The staff are lovely." A third person said, "The staff are caring. They look after us very well." Other people said, "Staff are really caring, they know what I need and want" and, "Really caring, I could not ask for anything else."

Relatives were very impressed with the home. One told us, "Everyone we meet is lovely." Another said, "In our eyes staff are very caring. They help (our family member) on everything to be honest with you."

Professionals gave us positive feedback. One told us, "I will say a lot of the residents seem to be happy there and comment on how kind the staff are to them." Another said they felt people were cared for in a kind, compassionate and respectful way

The service was caring as a whole as we observed and heard numerous occasions of good care and people were treated with kindness and attention from staff. One person sat on their own in the dining room finishing their breakfast during the morning. We observed a member of staff sat and chatted to the person about the weather and their family before asking them if they were ready to go to the hairdresser's. Another person asked a member of staff if they could sit with them to look out of the window. The staff member said, "Of course I will." They sat with the person having a drink with them and chatting. Before they left they asked the person if they would like a book from their room. We heard the person say, "I'm so lucky to have landed in this place."

Another person was apologising as staff were having to repeat themselves. Staff reassured the person and talked about their hearing aids coming on Thursday, sharing a joke about this. The person told the staff member, "You are lovely." When staff spoke with people they knelt or sat by the side of them making eye contact and tried to involve others in their conversation where possible and appropriate.

There was a lively feel in the home during the morning when we saw several people sitting together in the bistro area enjoying a drink and snack whilst staff discussing the 'Daily Sparkle' with them. This was a daily newsheet of bite size current articles and topics which people could read. Other people were having their hair done in the in-house hairdresser's. We heard staff comment on how people looked after they had been.

There was good interaction between people and staff who consistently took care to ask permission before intervening or assisting. It was evident throughout our observations that staff had enough skills and experience to manage situations as they arose which meant that the care given was of a good standard. We witnessed an incident between two people and staff intervened promptly and appropriately without fuss to diffuse the situation.

People were treated with respect and dignity. One person said, "The staff are very caring, they talk to me very well, they are patient." Another person told us, "Very caring and compassionate towards us." Other people commented, "Staff respect my privacy and dignity. They don't shout at us and they are really patient

too" and, "They do respect my privacy and dignity, they always close the door and the curtain so we don't get exposed." A relative said, "Staff are really caring, they do personal care with all the doors closed, respecting my wife's dignity and privacy." A staff member told us, "I make sure I check with people for permission before doing anything. If they're unhappy I won't do it or stop and maybe try again later. I always knock on people's doors before going in."

People could make their own choices. One person told us, "I get choices. If I want to stay in bed I can and if I want to go to the lounge I can do that as well." Another told us, "It's up to me if I want to get up to eat or eat in my room." A relative said, "My wife is not rushed to do anything and if she wants to stay in her room she can." People's bedrooms were personalised and decorated to their taste. People's rooms contained photographs, ornaments and furniture of their choice.

People were cared for by staff who knew them well. We heard staff finished one person's sentence when they talked about their birthday. Staff were able to tell the person exactly when their birthday was and the year that they were born.

People were made to feel as though they mattered. A staff member walked alongside one person gently rubbing their back and checking with them what they would like. They said, "What else would you like? Just a cup of tea?" At times the staff member stopped so they kept in pace with the person as they walked. On another occasion one person was watching television in the lounge area and a staff member fetched a blanket for them, checking that they were okay as they draped it around their legs. Another member of staff fetched someone's newspaper from their room and brought it to them in the lounge for them to read.

People were supported to maintain relationships with people close to them. One person told us they did not like to join in with the activities, but they had, "Lots of visitors." We saw people meeting with their visitors during the day, spending time in their rooms, communal areas or enjoying a drink in the bistro area on the ground floor of the home.

Is the service responsive?

Our findings

We asked people if there was enough going on for them within the home. We had a mixed response. One person told us, "There is always something going on. We have entertainment and motivation. In the summer we use the garden." A second person said, "My activity is walking around the home. I quite enjoy that actually, apart from singing too."

However, other people told us, "We could do with a little more activities to be honest. We sit around for quite a while and I get bored", "Not enough things to do here and sometime I do get bored", "I am in a wheelchair, so there is not much I can do, sometimes we do get bored here", "They don't do many activities here, just the same old" and, "I don't really like the activities here, when it is a nice day I would like to go out." Relatives told us they felt there could be more activities. One relative said, "Every time we come here no activities are taking place." We spoke with the registered manager about this who told us there were currently in the process of recruiting an additional two part-time activities assistants.

We recommend the registered provider considers ways to provide activities that meet the needs of all of the people living at Gracewell of Horley Park.

Staff said that there could be more for people to do but thought the activity worker did an amazing job considering they were on their own. One staff member told us, "She does a sterling job and we always try and help out when we can." All staff felt the home would benefit from their own mini-bus and this was being explored by the registered manager.

We read of planned events in relation to Halloween and Harvest and other events included a visit from Morris dancers and a family photograph day where people could have a professional photograph taken with their family. People told us sing-a-longs took place as well as arts and crafts. We observed music therapy in one lounge which a large group of people were participating in. Staff were encouraging people to take part, dancing with people and clapping. People were very engaged and we saw people 'crying' with laughter as they watched other people. There had been an outing the previous day and one person told us how much they had enjoyed it. Staff told us how one person, "Cried" when they smelt the flowers and grass in the garden centre because they had not been able to leave their home for a long time.

The activities lead was knowledgeable about people's interests and attempted to individualise activities where possible. One person was a keen gardener and the activities lead had brought in gardening books and involved the person in the indoor and outdoor gardening groups. Another person used to play with the Queen as a child and two Chelsea pensioners had been invited in to have lunch with them. A third person had an interest in motorbikes and a vintage motorcycle club had been invited to the home.

People's care needs were assessed before they moved in to the home. This was to ensure that staff could meet the needs of that individual. We read how one person was at risk of malnutrition and saw that staff had instigated weekly weighing for this person as soon as they moved in. Their care records showed that their weight had increased during the time they had lived at the home.

Care plans for people were detailed, comprehensive and written in a person-centred way. They included information about a person's mobility, personal care, nutrition, skin integrity and communication. Information was individualised to people, such as the particular brand of face cream they liked to use, or whether they liked their bedroom door open at night. Advanced care planning was in place for some people and their preferences noted. Such as one person who had stated, 'to be cared for here as don't like hospitals'.

Care plans were reviewed and updated regularly by staff to help ensure that any new staff would have access to the most up to date information about a person. Where one person had a change to their medication, the information was noted in the communication diary for staff, in the person's care plan and amended on their MAR chart. Where people were at risk of developing pressure sores because they spent the majority of their time in bed, staff had responded to this by ensuring the person was repositioned regularly. We read one person was repositioned in line with the information in their care plan. Another person had detailed guidance regarding night times when they could become disorientated when they woke during the night.

Staff used a handover sheet to record changes or specific information about people to pass on to staff coming on to the next shift. The handover sheets had a small photograph of each person with a space beside for staff to write notes, such as medical needs or support required. We found staff making notes on these throughout the day to pass on to the staff.

People were aware they had a care plan. One person said, "I know about my care plan, but I have not read it. To be honest my family takes good care of that." Another person told us, "I have my care plan, like everybody else. I don't get too involved with it as my family takes care of it, but it is being delivered effectively." A third person told us the care provided to them was in line with their care plan and delivered, "To a high standard."

People and their relatives were aware of how to make a complaint. Complaints were investigated and responded to appropriately. We read 12 complaints had been received since January 2016 and read that that registered manager had responded in detail to each one in order to resolve them. One person told us, "I would complain if I ever needed to but I have not needed to raise a complaint. I think they (staff) would help me if I had to make a complaint." Another person said, "I would speak to the manager." A third person told us, "I would complain to the manager and of course she would help me." Relatives confirmed this. They said, "I would complain to the manager and something would be done" and, "We would complain to the manager, we know who she is so it makes it easier."

We read some compliments that had been sent to the registered manager. These included, 'Thanks for the care you and your staff gave. We felt the warmth of the staff's friendship' and, 'Thank you for letting me relax over the last 14 months whilst you had dad'.

Is the service well-led?

Our findings

People knew the registered manager and gave us positive feedback about them. One person told us, "She comes and chats to me and asks me if I am unhappy about anything." Another person said, "Oh yes, I do know who the manager is."

At our previous inspection in September 2015 we found a breach of regulation in relation to record keeping. At this inspection we found the provider had addressed our concerns and records held in relation to people had improved.

Most records were up to date and held consistent information. However we did find some contradictory information such as one person who was noted as not having capacity to make decisions in one part of their care plan and in another it stated, 'encourage x to make choices'. We found accidents and incidents relating to some people had a lack of evidence of further investigation or follow up recorded in their care plans. The registered manager told us accidents and incidents were now recorded electronically, rather than in the paper record. They said the system for accidents and incidents had recently changed to ensure monitoring was more effective. A monthly analysis was completed and this was discussed with the area manager and regional nurse to ensure all relevant action had been taken.

The registered manager had good management oversight of the home and was keen to keep improving the quality of the service provided. They carried out a regular call bell audit to check the response times of staff and did a daily 'walk about' audit which enabled them to monitor any areas requiring action within the home as well as observe the practice of staff. Other audits carried out included a health and safety audit which had identified some areas for improvement, such as updating people's risk assessments and ensuring staff were up to date on their training. Records showed that staff training attendance was good and there was a system in place which 'chased' staff to ensure they kept compliant with their mandatory training. The registered manager told us care planning training had been organised for October.

Clinical governance meetings were held to discuss the clinical needs of people, such as pressure sores, infections, nutrition/weight loss and accidents. Some recommendations from the last meeting were to make care plans more personalised and to ensure care plans for people moving into the home were completed within 72 hours. The registered manager told us as a result of this meeting they were reintroducing 'resident of the day' from 1 October 2016 to help with making care plans more individualised.

The registered manager was aware of their statutory requirements in relation to notifying the Care Quality Commission (CQC) of accidents and incidents and safeguarding concerns. Notifications and safeguarding concerns had been received in line with requirements.

People were involved in the running of the home. Residents meetings were held and people told us staff asked for their opinions. One person said, "She (the registered manager) gets my feedback. I'm very happy here." Another person told us, "We do have residents meetings." Other people said, "We do have meetings here. We get in a group and talk between ourselves and I find that very important" and, "We do have

meetings, we discuss a lot of things." The registered manager had resident and relatives representatives from each unit who they made a point of chatting to during their daily walk arounds. One representative had commented they would prefer to have tables pushed together during mealtimes and we saw this had been done. The person had told the registered manager, "We're like a second family and want to sit together."

Staff were given the opportunity to give feedback. Staff were asked for their opinions on leadership within the home, how supported they felt, training and development and how they felt people were cared for. There was a 100% response rate from staff and results showed that staff felt very happy with all aspects of the home.

Staff felt valued and supported and said there was a positive culture in the home and good teamwork. One member of staff said, "Everyone's really supportive, domestic staff, carers, management." Another told us, "We all work together, if anyone in the home needs help we help, not just in our unit." A third said, "I love my job, the people I work with and the other staff. I wouldn't swap my job for the world." Staff meetings were held regularly where staff had the opportunity to discuss all aspects of the home, together with topics such as training, staffing and activities.

We asked staff about the vision and values of the home. One staff member said, "I think it's providing a homely atmosphere." Another member of staff told us, "We work with people's families to help them feel at home. I think we provide a very caring service."