Mrs F Bennett & Mr A Bennett & Mrs M Van Zyl-Lamb

Eirenikon Park Residential Home

Inspection report

Bossiney Road
Tintagel
Cornwall
PL34 0AE

Tel: 01840770252

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Eirenikon Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Eirenikon Park accommodates up to 13 people in one adapted building. There is also a domiciliary care service operating from the residential premises, which provides personal care to people in their own homes. At the time of the inspection there were 11 people living at residential service and 17 people receiving care in their own home.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out this unannounced inspection on 28 and 30 November 2017. At this comprehensive inspection we checked to see if the provider had made the required improvements identified at the inspection of 5 October 2016.

In October 2016 we found documentation relating to people's medicines at the residential service was not always correctly completed, fridge temperatures were not always recorded and medicines were not always safely stored. Records did not indicate that people's capacity had been assessed as required. Where people were likely to have reduced ability to make decisions, records did not indicate the type of decisions people could make or what decisions might need to be made in their best interest. There was no written evidence of best interest processes, to ensure that decisions reached were the least restrictive available.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection.

Safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Staff explained to people what their medicines were for and ensured each person had taken them before signing medicine records.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. People had their capacity assessed appropriately. The service knew who had appointed lasting powers of attorney for either finances or health and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

On the day of the inspection there was a calm and relaxed at the residential service. We observed that staff interacted with people in a caring and compassionate manner. People told us they were happy with the

care they received and believed it was a safe environment. Comments included, "I have been here for about a year, it's good enough for me", "I am very happy here", "Everything is OK" and "I feel safe knowing staff are around if I need them."

People who received a service in their own homes said they were happy with the care provided. They also told us that they had a team of regular, reliable staff, had agreed the times of their visits and were kept informed of any changes. People commented, "All the staff are kind", "The service always lets me know if staff are running late" and "Rarely has the rota gone wrong, my visits are when I need them."

There were enough suitably qualified staff on duty and additional staff were allocated if peoples' needs increased, such as when someone was unwell. Staff were supported by a system of induction training, one-to-one supervision and appraisals. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

The environment in the residential service was clean and there were no unpleasant odours. Bedrooms were personalised to reflect people's individual tastes.

People had access to healthcare services such as occupational therapists, GPs, chiropodists, community nurses and dentists. Relatives told us staff always kept them informed if their relative was unwell or a doctor was called.

People had personalised care plans that provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. There was an effective system in place for staff to feedback any changes to people's needs. Any risks in relation to people's care and support were identified and appropriately managed. This included any environmental risks in the residential service and in people's own homes.

People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. People told us they enjoyed their meals. One person living at the residential service told us, "The food here is fine."

People were able to take part in activities facilitated by staff and external entertainers. These included playing cards, board games, singing sessions, music entertainers, pamper sessions and quizzes.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Comments from staff included, "A lovely job", "A really good place to work", "Management are really supportive" and "We can spend one-to-one time with people."

People and relatives all described the management of the home as open and approachable. There were regular meetings for people and their families, which meant they could share their views about the running of the service. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met. Specialist advice was appropriately sought from external healthcare professionals.

People's rights were protected because staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in social activities of their choice and access the local community.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

Good

The service was well-led. The management provided staff with appropriate leadership and support. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Eirenikon Park Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 28 and 30 November.2017. The first day of the inspection was carried out by two adult social care inspectors and the second day by one adult social care inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people living at the residential service. We looked around the premises and observed care practices on both days of our visit. We also spoke with one visiting relative. We visited four people, who received a domiciliary care service, in their own homes and met one relative.

We spoke with the registered manager, the four deputy managers and four care staff. We looked at nine records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the residential and domiciliary services.

Good

Is the service safe?

Our findings

In October 2016 we found that documentation relating to people's medicines at the residential service was not always correctly completed, fridge temperatures were not always recorded and medicines were not always safely stored. Medicines that were handwritten onto the Medication Administration Record (MAR) chart were not signed or dated which meant the service did not have a robust record of who had written them and when. We also found the code to the key cupboard which stored keys to the storage box for medicines requiring strict controls had never been changed, despite numerous changes to the staffing team.

At this inspection we found the necessary improvements had been made and there were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Staff explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

Where people needed to have some of their medicines administered covertly (disguised in food) appropriate advice had been sought from medical professionals. Staff told us, and records confirmed, that people were always asked if they wanted to take their medicines before being given them covertly. This ensured the least restrictive option was always considered.

The service had suitable arrangements for the ordering, storage and disposal of medicines. Since the last inspection the code to the key cupboard had been changed and there was a system in place to change this regularly. The service held medicines that required cold storage and there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. There were auditing systems in place to carry out weekly and monthly checks of medicines. Annual external audits were carried out by a pharmacist.

There were robust systems in place for staff to support people, in their own homes, who needed assistance with their medicines. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help. Where staff supported people with their medicines they completed MAR charts to record when each specific medicine had been given to the person.

People living at the residential service told us they were happy with the care they received and believed it was a safe environment. Comments included, "I have been here for about a year, it's good enough for me", "I am very happy here", "Everything is OK" and "I feel safe knowing staff are around if I need them."

People who received a service in their own homes said they were happy with the care provided. They also told us that they had a team of regular, reliable staff, had agreed the times of their visits and were kept

informed of any changes. No one reported ever having had any missed visits. People commented, "The service always lets me know if staff are running late" and "Rarely has the rota gone wrong, my visits are when I need them."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service did not hold any money for people at the residential service. When people needed to purchase items such as for toiletries and hairdressing items, the person's family or representatives were invoiced for any expenditure.

Each person's care file had individual risk assessments in place which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as the level of risk in relation to nutrition, pressure sores, falls and how staff should support people when using equipment. Staff had been suitably trained in safe moving and handling procedures. At the residential service we observed staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

Any environmental risks in people's own homes were identified and measures to reduce the risk of harm to people or staff were put in place. Staff told us information about any potential risks, associated with the environment or the tasks to be undertaken, were given to them before they completed their first visit to people.

There were enough skilled and experienced staff on duty at the residential service to keep people safe and meet their needs. Between 7.30am -10.00pm there were always at least two staff on duty. At night there was one care worker on duty and the registered manager was 'on call' to provide assistance if needed. In addition, the registered manager, the four deputy managers and a cook worked at the service. People and their relatives told us they thought there were enough staff on duty and staff always responded promptly to people's needs. We saw people received care and support in a timely manner.

There were also enough staff employed by the service to ensure people, who used the domiciliary service, were safe and received their agreed visits. The registered manager recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. Staff mostly had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were identified. This meant the service knew the location and times where new packages could be accepted. A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. Rotas were sent electronically to staff's mobile phones and if management made changes these were automatically updated. Management also sent staff a separate message to ensure they were aware that their rota had been amended.

There were suitable arrangements in place to cover any staff absence in both services and allocate

additional staff if peoples' needs increased, such as when someone was unwell. The management team covered shifts in the residential service and visits in the domiciliary service whenever staff were unable to work or extra support was needed. This meant that people in both services received consistent care and support because the management team were known to everyone who used the service.

Incidents and accidents were recorded at both services. Appropriate action had been taken and where necessary changes made to learn from the events or seek specialist advice from external professionals. Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were stored securely in a locked cabinet and were accessible to staff and visiting professionals when required.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment in the residential service was clean with no unpleasant odours. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary. Hand gel dispensers were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Good

Is the service effective?

Our findings

At the inspection in October 2016 we found the service had not always acted within the legal requirements of the Mental Capacity Act 2005 (MCA). This was because records did not indicate that people's capacity had been assessed as required. Where people were likely to have reduced ability to make decisions, records did not indicate the type of decisions people could make or what decisions might need to be made in their best interest. There was no written evidence of best interest processes, to ensure that decisions reached were the least restrictive available. Some care records stated relatives had agreed to elements of the care plan. However, these relatives did not have a lasting power of attorney (LPA). This meant they did not have the legal authority to agree to the care plan on the person's behalf.

At this inspection we found improvements had been made and people's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. 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. Since the last inspection the service had implemented an assessment form to record people's capacity to make specific decisions. The service knew who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. Where people lacked capacity, and no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Management had applied appropriately for some people to have a DoLS authorisation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

People's need and choices were assessed prior to moving into the residential service using the domiciliary service. This helped ensure people's needs and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Nobody we spoke with, people who used the service or staff, said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff they told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date. The registered manager was a qualified moving and handling trainer and worked alongside staff to provide them with practical support about using specific pieces of equipment and the correct techniques.

There was a system in place to support staff working at the residential and the domiciliary service. This included regular support through one-to-one supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff were also supported to gain qualifications and all staff had attained or were working towards a Diploma in Health and Social Care.

Newly employed staff completed an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety, mental capacity, safeguarding and equality and diversity. They also spent time familiarising themselves with the service's policies and procedures and shadowing experienced staff so they could understand the needs of the people living at the service. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector.

People had access to healthcare services such as occupational therapists, GPs, chiropodists, community nurses and dentists. On the first day of the inspection a dentist visited the residential service. We observed staff asking people if they wanted to see the dentist and then support them during the examination if needed. Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given. Relatives told us staff always kept them informed if their relative was unwell or a doctor was called.

We observed the support people received at the residential service during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People told us they enjoyed their meals. One person living at the residential service told us, "The food here is fine."

The design, layout and decoration of the residential service met people's individual needs. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises. There were some areas of the premises in need of re-decorating and upgrading. However, there was a programme in place to upgrade and redecorate all areas of the premises and work had already taken place. Bedrooms that were not in use were in the process of being decorated and new carpets had been ordered for some bedrooms and all of the shared areas. One person told us, "The manager has told me that my bedroom is going to be carpeted."

Good

Is the service caring?

Our findings

On the day of the inspection there was a calm and relaxed at the residential service. We observed that staff interacted with people in a caring and compassionate manner. There was plenty of shared humour between people and staff. People told us staff were kind to them and respected their wishes. Comments included, "Staff care for me well" and "The staff are all kind."

The care we saw provided throughout the inspection, at the residential service, was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we saw staff assisting one person to move from their wheelchair into an armchair using a hoist. Staff were kind and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

People who lived at the residential service were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

People's privacy was respected. At the residential service bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Several relatives visited the residential service during our inspection. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

In the domiciliary service people received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the staff and got on well with them. New staff were introduced to people before they started to work with them and because the management covered for sickness and absences they knew everyone who used the service. This meant people always received care from staff they had previously met. Comments about staff included, "Staff are very patient, they always let [person] do as much as possible for themselves", "All the staff who come to me are very kind", "The carers cheer him up and his mood is much brighter since having the care."

Some people who used the domiciliary service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service

recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. A relative told us, "Staff always ask how I am and check if there is anything I need before they leave."

Care plans, held in people's own homes, contained enough detailed information so staff were able to understand people's needs, likes and dislikes. Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes.

Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Comments from staff included, "A lovely job", "It's a happy place to work", "I think people get the care they need" and "We can spend one-to-one time with people in the home."

Staff had worked with people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings, at the residential service, for people and their families, which meant they could share their views about the service.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the residential service and who used the domiciliary service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans, for people who used both services, were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. These were reviewed monthly or as people's needs changed. For people who used the domiciliary service care plans contained details of people's daily routines in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing. Staff told us care plans were informative and gave them the guidance they needed to care for people.

At the residential service staff attended daily handovers which were led by the registered or deputy manager. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Staff who provided the domiciliary service completed daily care records, kept in the folders in people's homes, at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. Staff told us they gave regular feedback to managers about any changes or concerns about people's needs and these were always acted upon. Management cascaded this information to all staff through telephone calls and text message. This meant staff were able to provide a personalised service for people because they were kept updated about people's needs.

The service was flexible and responded to people's needs. People using the domiciliary service told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation. One person told us, "They give me extra visits when I ask for them."

People who lived at the residential service were able to take part in a range of activities facilitated by staff and external entertainers. These included playing cards, board games, singing sessions, music entertainers, pamper sessions and quizzes. There were mixed comments from people about the activities on offer. Some people felt there was not enough to do, others were happy with the choices and some people did not wish to take part in any organised activities. Comments included, "Staff are always trying to find us things to do, but I want to be left alone really", "I like playing cards", "There is anything I want to do" and "I would like more to do."

The service had a vacancy for an activities coordinator. A new member of staff had been recruited and was due to start shortly after our inspection. The registered manager told us they recognised that many people living at the residential service were now less able to take part in group activities. Therefore, the role of the new coordinator would be to spend one-to-one time with each person to encourage them to think about what they might like to do with their time.

In the meantime different staff were allocated most days to provide activities. Although, all staff we spoke with were committed to trying to find activities that people wanted to do. Staff told us, "Every afternoon we speak with each person to see what they would like to do. Most people like to sit and have one-to-one chats" and "Some of ladies like to have their nails painted and we play games."

Some people, at the residential service, were unable to easily access written information due to their healthcare needs. Staff supported these people to have access to this information. For example, menu choices were discussed each day for the next day's meals. Staff were seen sitting with people going through the menu to help people to make a choice. Some people enjoyed reading books but were unable to continue to do this independently. We saw staff sitting with people reading to books with them.

People and their families were given information about how to complain and details of the complaints procedure were displayed at residential the service and in the packs given to people who used the domiciliary service. People told us they knew how to raise a concern and they would be comfortable doing so. When concerns had been raised these had been dealt with in a timely manner and plans had been put in place to make any necessary improvements.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had the overall responsibility for the running of both the residential and domiciliary services. They were supported by four deputy managers. One deputy manager managed the daily running of the residential service and the three other deputies each managed one of the three different geographical areas covered by the domiciliary service. While each manager had a defined role the management team worked closely together. Managers worked across all areas of the running of both services, providing care for people and responding to the needs of people using the service.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management, at daily handover meetings, regular staff meetings and one-to-one supervisions. Staff said that management listened to their feedback and acted upon it. For example, one member of staff told us they had asked for some new crockery at the residential service and this had been purchased.

Staff had a positive attitude and the management team provided strong leadership and led by example. Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "A lovely job", "A really good place to work", "Management are really supportive" and "We can spend one-to-one time with people."

People and relatives all described the management of the service as open and approachable. At the residential service there were regular meetings for people and their families, which meant they could share their views about the running of the service. People who used the domiciliary service told us a manager regularly visited them to ask about their views of the service and review the care and support provided. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. There were many positive comments made about the service. These included, "It was helpful to know when we were not there [person] was in such caring hands" and "From the bottom of our hearts all we can say is keep doing what you do." Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager and deputy managers regularly worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training. There was a system in place for the deputy managers to complete audits for maintenance spot checks, health and safety, mobility aids, care plans and medicines.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered

manager had ensured that notifications of such events had been submitted to CQC appropriately.