Mrs Jean Critchlow & Mr James Critchlow & Mr John Critchlow

Mellor Nook

Inspection report

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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

Overall summary

This was an unannounced inspection of this location. This inspection took place on 19 and 23 November 2015.

The service was previously inspected on 15 January 2014 when no breaches of legal requirements were found.

Mellor Nook Residential Care Home is located in the small town of Mellor in Stockport. The home provides care and accommodation for up to 15 older people. Bedrooms are situated on the ground floor and first floor of the home. Access between floors is via a stair lift and staircase. Eleven bedrooms have an en-suite toilet. The building is situated in its own grounds with secure gardens and off road parking. At the time of our inspection 13 people were living at Mellor Nook Residential Care Home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Some staff we spoke with were not confident about their duties and responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) even though they had received training in this topic. The deputy manager advised us that she would arrange further staff training to help make sure their confidence and knowledge was increased in this area.

People who used the service, who we asked, told us that Mellor Nook was a safe place to live and felt they were well looked after.

Staff understood their role in making sure they safeguarded vulnerable people from harm and had undertaken training in adult safeguarding.

Care plans highlighted in detail the areas of support people needed and included associated risk assessments. Medicines were managed safely.

People were supported by sufficient numbers of suitably trained staff, who had been appropriately and safely recruited to support and meet people's individual needs.

Care staff had all received a thorough induction, training and support when they started work at the home and understood their roles and responsibilities, as well as the values and philosophy of the home. Staff had a clear understanding of the care and support people required and people we saw looked well cared for and comfortable in their surroundings.

The staff training record showed staff had access to a range of appropriate training such as dementia awareness, pressure care awareness and end of life care and the staff we spoke with confirmed this. They also told us that they felt well supported by the manager and found the management team very approachable.

People were provided with personalised care by staff who supported them to live as independently as possible. People were also supported by staff to eat and drink enough to maintain a balanced diet. Staff knew how to make sure the care provided followed best practice as detailed in the care plans. We found that people's care was delivered consistently by care staff who knew how to support people and meet their assessed care needs.

People spoken with told us that the staff were caring and we observed good relationships between individual staff and people who used the service. We saw that care was provided with kindness; staff were respectful when speaking with people and responded promptly when people required assistance.

We saw people who used the service were engaged in meaningful activity to promote their wellbeing and prevent social isolation People told us they knew who to speak to if they wanted to raise a concern or complaint. A copy of the complaints process was displayed in prominent areas throughout the home.

To help make sure that people received safe and effective care, systems had been put in place to monitor the quality of service being provided. These systems included regular checks on all aspects of the management of the service.

We saw that the cleaning system in place helped to make sure the home was clean and there were no offensive odours apparent during our visit.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their role in making sure they safeguarded vulnerable people from harm and had undertaken training in adult safeguarding.

People were supported by sufficient numbers of suitably trained staff, who had been safely recruited and were available at all times to support and meet people's individual needs.

Risk assessments were in place to help protect people using the service and the staff. People lived and worked in a safe, well maintained and secure environment.

Medicines were managed safely and people received their medicines as prescribed; this included controlled drugs.

Is the service effective?

Good

The service was effective.

Care staff had all received induction training and support when they started work at the service and understood their roles and responsibilities.

People were supported and encouraged to make their own choices and decisions about their daily lifestyle routines.

There was a staff supervision plan in place which was being followed regularly. Future supervision dates had been planned to make sure staff were continually supported in their work.

People were supported by competent staff to eat and drink enough and maintain a balanced diet, good health, have access to healthcare services and receive ongoing healthcare

Is the service caring?

Good

The service was caring.

People's privacy, dignity and individuality were respected and people looked well cared for and they wore clean and appropriate clothing.

Staff spoken with were knowledgeable about people's individual needs and preferences and understood how to respect and promote people's privacy and dignity.

We found the atmosphere in the home to be homely and relaxed and we observed positive interaction between the people who lived there and the staff supporting them.

Is the service responsive?

Good

The service was responsive.

All of the care plans were being reviewed to make sure they include up to date information about people's lifestyle, routines, values and beliefs.

Daily records and notes made by staff helped to make sure that specific instructions about people's care were being followed and responded to in a timely way.

Summary of findings

People told us they were aware of how to make a complaint or raise a concern and were confident that anything they raised would be d taken seriously and treated confidentially.

Is the service well-led?

Good

The service was well-led

A manager registered with the Care Quality Commission was in place at the home and systems were in place to monitor and assess the quality of the service being provided.

People using the service and their families were provided with opportunities to express an opinion about how the service was managed and the quality of service being delivered.

There was evidence available to demonstrate that the service worked in partnership with local health and social care services.

Quality assurance and governance systems were effective and used to drive continuous improvement.

Mellor Nook

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 23 November 2015 and the first day was unannounced.

The inspection was carried out over two days by one adult social care inspector.

Before we visited the home we reviewed the previous inspection reports and notifications held on our records that we had received from the service. We also contacted the local authority quality team to seek their views about the home. They did not raise any concerns about the service.

On this occasion we did not ask the provider to complete a provider information return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

During the inspection we saw how the staff interacted with people using the service. We spoke with three people who used the service, the domestic, two visitors, the cook, two senior health care assistants (SHCA's), the visiting general practitioner (GP), the deputy manager, the registered manager and two health care assistants (HCA's).

We walked around the home and looked in eight bedrooms. We looked in the communal lounge, dining room, the kitchen, the shared toilet, the shower room and the bathroom. We reviewed a range of records detailing people's care and support which included the care plans and medicine records of three people, the staff training and supervision records for two staff employed at the home, and quality monitoring records such as auditing records about how the home was being managed.

Good

Is the service safe?

Our findings

Two people we spoke with told us they felt safe and had no complaints or concerns about the care provided. One person said, "I feel very safe and the ladies [staff] always get done what needs to be done; I have no complaints" and "I knew the deputy managers parents so I knew I'd be in safe hands when I moved in here; I have no complaints at all".

The visiting general practitioner (GP) made positive comments about the care provided to people living at Mellor Nook and said, "the manager and deputy manager always do for the people as we [GP's] advise; we have discussed the recent updates to the safeguarding guidelines such as safeguarding triggers, how any safeguarding issues would be managed and who would be notified if a safeguarding alert was raised. The managers have always dealt well with emergencies and always call us if necessary".

There was a safeguarding procedure in place which was in line with the local authority 'safeguarding adults at risk multi agency policy' and staff spoken with knew how to access a copy of the policy which was kept in a small dining room cabinet. Staff spoken with had a good understanding of safeguarding issues and staff learning and development records showed that staff had received training in this topic. Information we held about the service indicated any safeguarding matters were effectively managed and reported to the appropriate safeguarding agencies.

Staff spoken with advised us of the process they would follow when reporting any concerns about people's safety to the home manager. They were clear about how to report safeguarding concerns in a timely way to external authorities such as the local authority and the Care Quality Commission.

Staff also knew to be vigilant about the possibility of poor practice by their colleagues and knew how to use the homes whistleblowing policy. Whistle blowing is when a person raises a concern about a wrongdoing that may place a person at risk of harm in the workplace. Staff told us they would be confident if they needed to report any concerns about poor practice taking place within the home. Whistle blowing is when a person raises a concern about a wrongdoing that may place a person at risk of harm in the workplace.

From the three care files we looked at we saw that the deputy manager was undertaking care plan reviews to make sure that people's risk assessments identified risks and how these would be managed and where possible mitigated. For example, a person who had moved into the home in May 2015 was being reassessed to determine the impact of the risk of falls occurring. Robust risk assessments, procedures and practices ensure people are provided with appropriate and safe support at all times.

We examined the person's risk assessment and found that since their admission to the home the persons mobility needs had changed and the risk of the person falling whilst going up the staircase had increased. The deputy manager had started to put in place observational support such as making sure staff observed the person when they were walking up the staircase to prevent the person from falling. It was acknowledged that this discreet intervention would protect the person from the risk of falling whilst at the same time respectfully maintain the person's independence.

We examined records of accidents and incidents in relation to people using the service and saw that where necessary appropriate authorities such as the local authority adult safeguarding team and the Care Quality Commission (CQC) had been notified in a timely way of such events. Accidents and incidents were well documented and up to date. Monthly accident and incident audits were carried out and submitted to the local authority and analysed for any obvious patterns developing. For example increase in falls, where this had been identified the manager had introduced risk assessments following the incident to reduce the risk reoccurring. Also relevant referrals would be made to the appropriate health care professional for advice and guidance and any changes needed to the persons care plan would be completed and shared with the staff team.

There was a recruitment and selection procedure in place that was in line with the current regulations for recruiting staff to work in a care setting. We looked at two staff recruitment files and found that both of the files contained appropriate documentation to demonstrate that staff had been recruited in line with the policy's instructions. This included the completion of a disclosure and barring service (DBS) pre-employment check and receipt of two appropriate references. The DBS is a service that identifies people who may be barred from working with children and vulnerable adults and informs the service provider of any

Good

Is the service safe?

criminal convictions recorded against the applicant. These checks help the registered manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable people.

We examined the staff rota and saw that the staffing levels on both days of our inspection confirmed the staffing numbers, skill mix and staff qualifications were sufficient as described by the staff and the deputy manager.

We asked the registered manager what systems were in place in the event of an emergency occurring that could affect the running of the home and the provision of care. We were shown the contents of a 'business continuity plan' that provided staff with relevant information should an emergency arise, such as electricity failure and gas leaks. We examined the homes fire risk assessment and noted that regular safety checks had been carried out to make sure the fire alarm, emergency lighting and fire extinguishers remained in good working order and that all fire exits were kept clear. We saw that these systems and checks were complete and in place when we walked around the home.

The home had an up to date medicines policy and procedure and we checked the procedure and systems for the receipt, storage, administration and disposal of medicines. The supplying pharmacy provided people's medicines through a monitored dosage system. This is a system that stores, handles and supports the safe administration of people's individual medication (tablets) and allows the home to comply with relevant legislation and good practice about medicines in care homes. We saw that medicines were stored safely in a locked metal cabinet in the office and records were kept for medicines received and disposed of; this included controlled drugs (CD's). We observed part of the afternoon medicines round and saw that medicines were administered following the homes procedure by a health care assistant (HCA) who was trained to carry out this role. Other medication to be given 'as and when required' such as paracetamol, was administered directly from its original packaging.

All staff who had received appropriate medication training had responsibility for administering medicines in the home. We looked at the medicine administration records (MAR) for all 13 people who lived at the home and found that the records had been completed accurately and were up to date. The MAR sheets showed that people were receiving their medicines as prescribed by their GP. We randomly checked the balances of two CD's and we found all balances to be correct and the CD records had been countersigned by a second HCA. When we asked three people if their medicines were administered on time they confirmed they were. During the medicines round we saw people were offered their medicines in a sensitive and unhurried way.

We saw staff wearing uniforms and disposable aprons and gloves to prevent the risk of cross infection when carrying out their care duties. We saw that armchairs, walking frames, and pressure relieving equipment were clean, well maintained and safe. We found that the shared bathroom and shower room had been cleaned regularly throughout the day. Handwashing soap and antibacterial gel and paper towels, were readily available in shared bathrooms, toilets and areas around the home. There were no offensive odours apparent and the premises were clean, tidy and hazard free and suitable for the intended purpose.

Staff kept entrances and exits to the home clear. The front door of the home was secured using a door bolt and a lock and key so that staff could monitor who came in and left the building. This did not restrict people's movements and records showed people could leave the home with appropriate supervision and safeguards in place if they wanted to.

Good

Is the service effective?

Our findings

Two people spoken with felt the staff had the right skills and training to meet their needs and one person said, "the staff are wonderful, lovely young ladies who are very experienced". A relative told us about her father's specific care needs and they felt the care assistants had been, "very helpful with my dad" and "they're lovely, they are so supportive". Another relative said, "they [staff] have been really proactive in accommodating my mum particularly with her condition".

Four staff spoken with confirmed they had received a staff induction at the start of their employment at Mellor Nook and this included a three month probationary period in which they had to shadow a senior member of staff. One HCA said, "I had to shadow a senior (senior health care assistant) for about three days; my probationary period lasted for three months. During that time I observed staff doing the medicines round and then I did an online medication awareness course and a test. The deputy manager supported me through that and I feel confident to do the medicines round on my own". Three other staff confirmed that they had all undertaken core training in topics such as confidential record keeping, fire awareness, safe administration of medication, safeguarding, food hygiene, infection control and basic first aid. Training such as this helped to make sure that the staff knowledge, skill and understanding was up to date and effective.

Information held on the staff training and development record and within staff files showed that staff had all received further training in topics such as safeguarding, dementia awareness, equality and diversity, end of life care and caring for people who used the service. The registered manager provided documentary evidence that all of the staff team had undertaken appropriate training which was updated regularly and had enrolled on courses such as the National Vocational Qualification (NVQ) level two in health and social care.

Whilst we saw records that showed staff had undertaken training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), through discussion with the staff we noted that not all staff were clear about their responsibilities when these restrictions were in place. These safeguards protect the interests of vulnerable people and help to make sure they are given the care they need in the least restrictive way. The manager had a clear understanding about this legislation and advised us that further training in the MCA and DoLS would be provided to help make sure staff were fully aware of their duties and responsibilities in this area. At the time of our inspection nobody was being protected by a DoLS.

All the staff we spoke with confirmed that they received regular supervision sessions and an annual appraisal with their line manager. Both of the staff records we looked at showed us that these sessions were taking place regularly. We saw that future supervision and appraisal dates had been planned to make sure staff were regularly supported in their work. Staff made positive comments about their supervision and appraisal and said, "we can get up to six supervisions a year but on average we get about three to four and it's helpful". This meant that staff were receiving appropriate support and guidance to enable them to fulfil their job role effectively.

The registered manager provided us with details about the arrangements in place for people who used the service to give consent to their care and treatment. We were told that any care and treatment provided was always discussed and agreed with people who were able to consent. One person who used the service said, "they [manager and staff] always ask me for my permission. They never do things without consulting me first; everything is discussed first". The manager said, at the moment everybody who lives here, has capacity to make their own decisions. If they didn't then we would involve a social worker or advocate who would support people to make decisions in the person's best interest".

From our observations and from examining people's care records we saw that people were being provided with enough fluids during the day to keep them hydrated. One person said, "I can have a drink whenever I want, tea, coffee or, cordial". At the time of our inspection nobody needed to have their fluid intake and output monitored and nobody required any intervention from a dietician.

However the deputy manager told us that where a dietician had made recommendations for staff to follow, they [staff team] would monitor people's weight and dietary intake as required. Staff spoken with said, "we monitor all drinks given and taken on the person's daily records and we know how much they have had. A fluid intake chart is set up if we have concerns that people aren't drinking enough to keep them hydrated.

Good

Is the service effective?

Meals were made by the cook using fresh ingredients. People chose their main meal option in the morning and a choice of different meals were made available. As part of our visit, we discreetly carried out an observation over the lunch time period. We saw that tables were set using table cloths cutlery and drinking glasses, condiments were made available, and a clearly written menu was displayed on each table.

We observed a warm interaction between staff and people during the meal, at which time it was apparent people were also comfortable chatting amongst themselves. Staff stayed in close proximity during the meal time to offer assistance to people if requested. Meal portions were of an appropriate size and we sampled the meal served on the first day of our inspection. We found the meal to be flavoursome, appetising to look at, balanced and nutritious. One person said about the meals, "on the whole the food is very good. We don't all like the same food and there's always another option and we can always make suggestions. There's no shortage of fresh meat, and fresh fruit we can have every day".

When we walked around the home we found the shared bathroom and toilet and shower room were spacious enough to manoeuvre a bath chair and bath hoist. Raised toilets and hand rails were in place to maintain people's independence. The shared lounge and dining room was warm and homely and people could sit in a quiet reception area or their room if they chose to. We saw that doors to people's rooms were numbered and had the persons photograph on them to help them identify their rooms. Outside, there was a private garden area which contained a summerhouse that was furnished.

Good

Is the service caring?

Our findings

People spoken with made positive comments about the care and support provided to them at the home. Comments made to us by one person included, "I've had a lot of experiences in my life; this is one of the better experiences and it's quite an enjoyable experience. I get support from one of the ladies when I need a shower; the staff are wonderful, very kind and experienced. They treat me very well as they do everyone".

Two relatives spoken with said, "the care assistants are so supportive, they have really brought him [father] on. There is a nice rapport between the staff and the residents. I realise Mellor Nook have been really helpful. The staff are fantastic people" and "they [staff] are very thoughtful and have spent a lot of time accommodating her [mum] with her condition. She is definitely in the best place; the staff listen to us [relatives] about our mums needs".

We found the atmosphere at Mellor Nook to be homely and relaxed and we observed staff chatting with people in a familiar but respectful manner which helped to make sure people's dignity was promoted. From our observations we saw staff caringly, making sure people were comfortable in their room or wherever they chose to sit in the home. Staff were attentive to people's needs and responded to people's requests with patience, kindness, warmth and friendship.

For example we discreetly observed a member of staff assisting a person to eat a mid-morning snack which consisted of a drink of tea and biscuits. We saw the care staff and the person who was sitting upright in her bed, chatting about the weather and the local news. During the intervention we observed the staff member supporting the person to drink her tea from a tea cup and a saucer and we were told, "that's how she likes her tea served". The biscuits were broken into bite size pieces and it was apparent the staff member deliberately made sure the half hour intervention would be provided in a non-hurried and relaxed manner.

It was apparent that the wellbeing of people using the service was the central focus and the priority within the home. Care plans were written to help make sure people experienced care that was empowering regardless of the person's ability and consent forms had been signed by the individuals to agree to the care being delivered.

Throughout the inspection we noted that people were accorded a standard of care and attention which respected their individual preferences, their privacy and dignity, recognised their diversity and promoted their independence. We saw staff actively listening to people and encouraging them to make informed decisions about their day to day actions such as choosing meals, where they wanted to sit in shared spaces and requests for staff to support people with their mobility.

Staff told us they had been trained in how to respect people's privacy and dignity, and understood how to put this into practice by making sure that any care intervention would be carried out away from communal areas and making sure discussions about a person's care needs would be carried out in the person's room.

The registered manager advised us that where necessary people would be assessed by a social worker to determine any advocacy representation needed to help make decisions about their health and wellbeing. Advocacy services are designed to support people who are vulnerable or need help tomake informed decisions andsecure the rights and servicesto which they are entitled.

We examined the home's policy and procedure in relation to end of life care. The home had adopted the 'six steps' end of life programme. This is a programme that considers how the needs of people using the service and their relatives could be met and at what stage 'extra' care and support should be delivered nearing a person's end of life.

Staff spoken with told us about what they would do to support somebody nearing a person's end of life and collectively said, "we'd give tender loving care, monitor the person regularly to make sure they were comfortable and had everything they needed, hold their hand and just take care of them". The deputy manager told us that health care professionals such as a GP and district nurse would always be involved to help make sure people could be cared for at the end of their life in the place and manner of their choosing.

Good

Is the service responsive?

Our findings

Two people who we spoke with told us they felt their needs were being met by the staff who worked at Mellor Nook. They made positive comments such as, "The real reason I'm here is because people were worried about me living on my own, I'm very independent and they let me stay independent as much as possible. I'm on the internet here. I can use my laptop in my room; I wanted my own phone line so they [manager] got me fitted up. The thing I like about my room is that I'm on the ground floor, I have my own toilet built into my room, I get support from a staff member when I use the shower, they are wonderful and I have no complaints at all" and "Although I miss things like my tools and the small items that I know where they would be at my house, they [staff] always get done what needs to be done. I'd say this place exactly fits the bill; I get cream rubbed into my shoulder three to four times a day and it really helps, the staff never forget to do that for me".

Two relatives spoken to also made positive comments about the way the care was delivered to their relatives. One said, "my mother has conditions that requires very individualised care, and they're experts on that at Mellor Nook. The deputy manager is very good at discussing my mother's care plan with me and reviewing her [mothers] care regularly. They have successfully engaged national health service (NHS) support and got the right type of bed brought in for her. They treat her as who she is, as a person; the staff connect with her as a person. They're always thoughtful about any risks and my mother's longer term needs. In the future we [family] want her to be where she is now at Mellor Nook" and "I have no concerns about my father staying at Mellor Nook and I have nothing but support for the staff. They [staff] really are fantastic people and they are so supportive to my father. The deputy manager sat me down to talk about his care plan and all the various aspects of his medication, so I know any concerns will be discussed with me as well as my father because he forgets things sometimes. The managers keep me up dated about any changes to his care; I have no concerns at all".

We looked at the care records that belonged to three people and saw that each person's care plan had been written to make sure people received appropriate care, treatment and support to meet their needs and protect their rights. The care plans we looked at were clearly written and centred on the person as an individual. The care plans showed that people had received a care needs assessment before they moved into the home to help make sure that care would be delivered in response to those needs.

From the three care plans we looked at each showed the preferred name to use to address the person, information about their general history, family life, social interests, friends, hobbies and other relevant information where necessary. The care plans were based on all the information gathered about the person, assessments of known risks and monthly reviews of care plans and associated documentation. Where the assessment information identified a person needed support in a particular area such as risk of falling a written care plan was put in place providing guidance to staff on the support the person required. We saw that care plans were written in a person centred way and where possible people had signed to show their involvement in their care plan review or development.

From the records we examined and discussions with people using the service and their relatives it was apparent that people had regular access to healthcare professionals, such as GPs, dieticians and nurses. We saw records that confirmed risk assessments had been reviewed monthly or more frequently, if people's immediate needs required monitoring.

We saw staff frequently checking on particular people where risks had been highlighted such as risk of falls. We saw that written care instructions were responsive to people's individual characteristics so that their needs would be met based on best practice and professional guidance. Daily shift handovers and written notes made by care staff helped to make sure that specific care instructions were being followed and responded to by the staff team.

We saw there were a variety of activities available for people to take part in if they wanted to. These ranged from shopping trips, indoor bowling, board games, and quizzes. The home's activities coordinator was on leave at the time of our inspection, and in their absence we saw that planned activities continued and were led by a member of the staff team. A person spoken with told us of the recent firework display put on by the provider and said, "it was very good, we could sit in the conservatory and watch the display from there; I like to read mainly, but can join in the

Good

Is the service responsive?

activities when I want". Another person said about his leisure time, "On a good day, I can see the airport from here [bedroom]. I have a good view across the landscape and I like to sit here and watch what goes on. It's very peaceful". We saw a staff member offering a variety of group and individual activities to people during the inspection such as, indoor bowls, board games and a general knowledge quiz. People were encouraged to participate however it was respectfully acknowledged when people declined. We saw that a list of activities people were involved in was recorded in their individual care plan.

There was a complaints procedure in place which was available to people who used the service and their relatives. People spoken with knew their comments concerns or complaints would be taken seriously and acted on by the manager. From the records we looked at any complaints or comments made had been addressed immediately and action taken followed the homes procedure for dealing with comments and complaints.

Good

Is the service well-led?

Our findings

The home had a manager in post that had been registered with the Care Quality Commission (CQC) since 2010 at this location. The registered manager was also one of the registered providers and home owners.

People who used the service and relatives spoken with told us the registered manager and the deputy manager was very approachable. People made positive comments such as, "you can talk to them about anything at any time" and "they [managers] are lovely people, they do their best for us". Two relatives said about the managers, "they are experts at what they do, thoughtful about risks and they listen to us [family]" and "I am always included in what goes on at Mellor Nook; I come here three to four times a week and I always get a warm welcome, cup of tea and update about what's been happening with my father".

There was a clear management structure evident in the home which was visible at all levels and it was apparent this system inspired staff to provide a quality service. The registered manager and deputy manager understood their responsibilities and led an experienced staff team to accomplish their overall goal which they said was to, "lead a team well enough so that care is delivered to people consistently and thoroughly. We work closely with the health care professionals to make sure our residents are given the best care possible in a safe, effective, caring and responsive way". The registered manager understood the care sector challenges, concerns and risks and used an in house performance monitoring system to check and evaluate their approach to the service delivery and outcomes.

The results from the 2014 service user satisfaction survey showed that overall people were very satisfied with the service provided and any issues raised for example a person's window frame needing repairing, was dealt with immediately and satisfactorily. This system also included the maintenance of monthly audits such as care planning reviews and collecting data for monitoring and mitigating the risks relating to the health safety and welfare of people using the service, staff and visitors.

The deputy manager collected weekly data by checking that each person's care plan records were in good order and included the relevant up to date information to meet people's needs and keep them safe. Medical and health care meetings were used to plan and agree people's ongoing care and to check that people using the service were receiving the care and support that met their identified needs. Further information about how care was delivered, medicines management, people's choice and involvement were monitored weekly and information gathered was audited monthly.

We examined the findings from two care plan audits that had been completed by the deputy manager in November 2015. The audits checked that written details in people's care plan were accurate and reflected the person's needs and this was confirmed when we looked at the audit records.

We examined the home's development plan and saw that areas identified for improvement such as the renewal of the stairs, hall and office carpets were included in an action plan with dates for the work to be completed. In this case, the manager told us that the identified areas would be re carpeted by the end of January 2016. The service development plan included a small priority list of day to day maintenance jobs that were being completed immediately before they became problematic or posed a risk to people.

The local authority health protection and control infection unit had carried out an infection control assessment in October 2015. The assessment looked at areas such as care management, care practices, communal areas, resident's rooms, and toilets.

The deputy manager showed us a training confirmation record to show that she was to undertake a National Vocational Qualification (NVQ) in health and social care level five in February 2016 to help make sure she was up to date with her skills and knowledge in meeting the regulations. She said, "We're also trying to source the same training for the registered manager so that we are both able to maintain the good management practices already in place within the home".

Records showed that the manager recorded and investigated incidents that happened in the home and had taken the appropriate action to reduce the risk of them happening again. The provider had notified us of any incidents and events as required. Risk to people was minimised because the systems in place for monitoring risk were effective.

Good

Is the service well-led?

Staff told us they knew the role and responsibilities of the management team. They told us that the managers were approachable and were always present in the home. During the inspection we saw that communication between the manager and staff was seen to be effective and systems in place helped to maintain this.

The provider had purchased up to date policies and procedures to support the daily running of the home and to help to make sure that staff were clear about their duties when they were involved with all aspects of people's healthcare and wellbeing. Staff were able to demonstrate through discussion that they knew their responsibility to make sure that the care being provided to people was safe, responsive and effective.