Akari Care Limited

Wheatfield Court

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 inspection took place on 23 and 24 March 2015 and was unannounced.

The last inspection of this service took place in December 2013, when we found the service to compliant with all the areas inspected.

Wheatfield Court is a care home providing accommodation for older people requiring nursing or personal care. It has sixty beds.

The service has had a registered manager in post since 2009. 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.

Systems were in place to protect people from harm and abuse. Staff had been given appropriate training in safeguarding vulnerable people and were well aware of their responsibilities to protect the people in their care. People told us they felt very safe living in the home.

Summary of findings

There were enough staff on duty to meet people's needs in a safe and timely way. Staff were able to engage with people in a calm and unhurried way. New staff were carefully checked before they started working in the home to make sure they were fit to work with vulnerable people.

People's prescribed medicines were stored and administered safety, and clear records were kept of all medicines received, administered and disposed of.

People's needs were carefully assessed before they came into the home, to make sure all their needs could be met by the service. People were encouraged to be involved in the assessment of their needs, and their wishes and preferences about how their care should be given were recorded. Detailed care plans were drawn up to meet each person's individual needs and wishes, and these plans were regularly evaluated to make sure they remained appropriate and effective. People told us they felt their care and welfare needs were consistently met, and that they received very good care.

People enjoyed a varied and nutritious diet, with plenty of choice. Any special dietary needs were met, as were any religious or cultural diets. People told us they were very happy with quality and quantity of their meals.

Staff closely monitored people's health needs and accessed the full range of community and specialist healthcare services, where necessary, to make sure people received the healthcare they needed. People told us the staff were quick to pick up any changes in their health or demeanour and responded appropriately. Relatives told us the staff made prompt referrals to GPs and followed any advice they were given by health professionals regarding people's care and treatment.

People and their relatives told us the care they received was very good, and that all their needs were met. They spoke highly of the warmth and caring attitude of the manager and the staff team and said they were treated with respect and dignity. The atmosphere in the home was calm and relaxed. Interactions between people and staff members were positive, respectful and affectionate. A number of people, visitors and staff told us the home was like a "big family."

People were encouraged to be as independent as possible, and enjoyed a good range of activities and social stimulation. They were also supported to make as many choices as possible about their care and their daily lives. Relatives were made welcome in the home and there were good links with the local community, including churches and schools.

People were given opportunities to express their views about their care and about the running of the home. There were regular meetings with people and their relatives to review their care, and resident/relatives meetings were also held. The registered manager had an open-door policy and was always available to discuss any concerns. Complaints were taken seriously and responded to appropriately.

Staff told us the registered manager provided clear and positive leadership, and was very supportive to the staff team. They said the registered manager led by example and demonstrated good person-centred values. Staff told us they were clear about their roles and what was expected of them. They demonstrated a genuine pride in the quality of care they provided and told us they enjoyed working in the home.

Effective systems were in place to monitor the quality of the service, and feedback was welcomed as an opportunity to improve the service.

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?
The service was safe.

Staff had been trained to recognise and respond to any actual or potential abuse.

There were sufficient staff to provide care in a safe and timely manner.

Risks to people in the service were assessed and appropriate actions taken to minimise any harm to people.

People's prescribed medicines were safely managed.

Good

Is the service effective?
The service was effective.

Staff had the necessary skills and experience to meet people's needs effectively.

Staff were given the training, support and supervision they needed to carry out their roles.

People's rights were protected under the Mental Capacity Act 2005 and no one was being deprived of their liberty unlawfully.

Good

Is the service caring?
The service was caring.

People told us they were very well cared for, and that staff treated them with warmth, compassion and respect at all times.

Staff interacted with people in a sensitive and caring manner, and listened to what they said.

People were encouraged to be as independent as possible and their privacy and dignity were protected.

Good

Is the service responsive?
The service was responsive.

People were involved in the planning of their care and staff delivered care in a person-centred way.

Complaints were rare, but were responded to appropriately and professionally.

People told us they had suitable activities and social stimulation.

Good

Is the service well-led?
The service was well-led.

The culture in the home was one of openness and inclusiveness.

The registered manager set clear standards for the service and there were regular audits to make sure quality standards were maintained.

Staff members told us they felt they were well-managed and were treated with respect by senior staff.

Good

Summary of findings

The service worked well with other professionals.

Wheatfield Court

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 23 and 24 March 2015 and was unannounced.

The inspection team consisted of one adult social care inspector, one specialist nurse advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed all the information we held about the service, including notifications of death, serious injuries and abuse, complaints and whistle blowers. We asked the provider to supply us with a 'provider information return' 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 received this form in September 2014. Relevant information from this has been included in the report. We contacted other agencies including the local authority commissioning and safeguarding adults' teams, the local NHS Clinical Commissioning Group and Healthwatch to gain their views about the service.

During the inspection we spoke with 18 people living in the home, 10 relatives, the registered manager, three nurses, two NHS nurse practitioners, four ancillary staff and six care assistants. We also spoke with a visiting consultant geriatrician. We observed care given in communal areas. We looked at the care records for eight people and pathway tracked two people's care (which means we looked at their assessments and care plans, and talked with them and with staff about their care). We looked at the recruitment, training and supervision records of four staff members and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Everyone we asked said they felt safe and well-protected in the service. One person commented, "Yes, I feel safe. The staff are kind and helpful." People and visitors told us they felt there were enough staff on duty to attend to their needs. One person said, "The night staff are very busy as there are only two on duty, but they are always nice."

The service had a policy and procedure in place for the safeguarding of people. This had been effective in identifying and reporting incidents of potential abuse to the local authority safeguarding adults' team and to CQC. The registered manager told us the service reported even borderline issues, for assessment by the local authority, and that internal investigations were carried out, where requested by the safeguarding adults' team. Staff we spoke with were clear about their responsibility to recognise and report any potentially abusive incidents. One told us, "We have no concerns. People are safe, here."

The service encouraged 'whistle blowing' (the exposure of poor practice by staff) wherever this was identified. The registered manager said staff were told of this policy during induction to the home, in staff meetings and in one-to-one supervisions. The registered manager said they were confident staff would come forward if they saw any inappropriate behaviour by colleagues, and told us of an example of this having taken place in the previous year.

We saw the service had a policy in place for the protection of people's human rights and to avoid intentional or unintentional discrimination, for whatever reason. We saw no evidence of any discrimination during this inspection. The registered manager was clear that people's rights were protected and that, for example, the police would be informed of any potential criminal activity that affected anyone living in the home.

Both general and person-specific risk assessments were carried out on admission to the home, and reviewed regularly thereafter. Examples seen included the assessment of the risks of bed rails, falls, skin integrity and moving and transferring people.

In our tour of the building we saw no obvious hazards to people's safety. The home was very clean and tidy with no odours evident. We spoke to the maintenance person who told us they carried out regular checks of the safety of the building. They said the building was in good condition, following a recent refurbishment, and said they had no concerns as to the current safety of the premises. We were told the provider acted promptly to make good any risks reported to them.

Contingency plans were in place to ensure the continuity of the service in exceptional circumstances, such as the need to evacuate the building or other emergency situations. Each person living in the home had a personal emergency evacuation plan in place. The registered manager told us they checked staff awareness of these plans during fire drills.

Accidents and incidents were recorded and analysed in detail. Appropriate steps were taken to minimise the risks of such events happening again. For example, one person found to be at risk of falls was given one-to-one supervision by a care worker; another person was given increased supervision and an alarm cushion to alert staff of falls. In both cases there was a decrease in the frequency of falls.

The registered manager told us they felt the home was appropriately staffed to keep people safe. The service used a dependency assessment tool to establish a base-line for staff numbers. The registered manager told us they then took into account issues such as the layout of the building and the skill mix of the staff before deciding on the necessary staff levels. We were told the provider supported the registered manager's judgement of the required staff hours. Wherever possible, any staff absence was covered by the existing staff team, and there was only minimal use of agency staff.

A robust process was in place for the recruitment of new staff members. All applicants were required to complete a detailed application form, which included declarations about their health and their employment history. Photographic and other forms of identification were requested, as were a minimum of two references from previous employers. Checks were made with the Disclosure and Barring Service (DBS) regarding any undisclosed convictions. This meant the provider took reasonable steps to ensure no unsuitable persons were employed to work with vulnerable people.

The service had up-to-date policies and procedures in place, which were regularly reviewed, to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff members administering medicines had been given accredited

Good

Is the service safe?

training, and their competence was checked annually by the manager, using observations and written tests. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines that may be at risk of misuse. All medicines were appropriately stored and secured within the medicines trolley (by people's name/room number) or in the treatment room. Medicines administration records showed that on the day of the inspection staff had recorded when people received their medicines and that entries had been initialled by staff to show that they had been administered. The registered manager conducted monthly medication audits, including the medicines administration records, to check that medicines were being administered safely and appropriately. The registered manager said General Practioners monitored people's medication on a three monthly basis, or more frequently as required.

The provider had a policy and procedure for controlling the risk of infection in the service, and conducted monthly checks of its effectiveness. There was a well-qualified infection control lead worker in the service, who acted as a link into the local 'infection control network', for regular updates regarding good practice. Staff were provided with equipment such as disposable gloves and aprons, and used colour coded disposal bags, mops and buckets to minimise infection risks. We noted the service had been awarded five stars by the Food Standard Agency at their most recent visit (July 2013).

Good

Is the service effective?

Our findings

People were very positive about the care they received. Everyone we spoke with felt their care needs were met in the home. One person told us, "Staff are good at what they do and are very kind and helpful." People spoke highly of the food, although a few wanted more variety in the sandwiches for tea. People said they felt they had choices about their daily living such as when to get up and go to bed, what to wear, and what activities they wanted to join in, if any.

Relatives told us they felt the care given was very effective in meeting people's needs. One visitor stated "Since my (relative) came in here the care has been brilliant and they are much improved. They have a good care plan and are working to it". Another relative said, "This home is brilliant. The improvement in my (relative) in the short time they have been here in comparison to hospital is significant."

The registered manager showed us the clinical nursing practice competency assessment which included the following areas: direct clinical care; medication administration; moving and handling; bladder and bowel care; wound care; nutrition; death and bereavement; teaching; professional skills and attributes. The registered manager told us that staff were encouraged, in their supervision and appraisal meetings, to identify training that would enhance their skills. Resources were made available to nursing staff to ensure they met their responsibilities for post-registration education and practice. This meant that staff were being offered support in their work role, as well as identifying the need for any additional training and support.

From our observations and conversations with staff it was apparent they were clear about their duties and had the skills to carry them out. The staff we spoke with were aware of the needs of people, and were able to describe these for individuals.

New staff members received a thorough induction to their work. This covered orientation to the building and safety measures; the principles of care; safeguarding; communication; and person-centred approach to care. New staff completed a workbook in their first few months of employment, to demonstrate their competence. An agency staff member told us, "My induction was good and we get very good handovers between shifts."

The service had a rolling programme of staff training. We saw from the staff training matrix this was planned over the year and covered all the elements required by legislation. A computerised programme flagged up the training needs of individual staff members, so that there were no oversights. Where a person had particular needs not covered by the standard training package, specialist support and training was sourced from relevant professionals. For example, advice on specialist feeding techniques had been given by a local NHS hospital, and the local authority challenging behaviour team developed individual packages of training and guidance for people whose behaviour caused them and others distress. We were told that, wherever possible, ancillary staff (that is, staff who did not provide care) were included in training courses, to build up the skills of the whole staff team.

Staff supervision records showed us that qualified nursing staff received monthly supervision which covered clinical governance issues, safeguarding, concerns and practice enhancement. Care assistants received supervision sessions every two months, giving them the opportunity to reflect on their work, receive feedback and raise any professional or personal issues. All staff members received a formal appraisal of their work performance each year. These meetings reviewed the development of staff to date and set new objectives for the coming year

The service provided people and their families with the option of receiving information such as the service user guide in braille, large print, British sign language and DVD formats.

Where there were concerns that a person might not be able to make informed decisions about significant events such as admission to the service, a formal assessment of their mental capacity was undertaken. If it was confirmed the person lacked the capacity to make such a decision, staff, family members and involved professionals met to agree and record what was felt to be in the person's 'best interests'.

The registered manager was aware of the service's responsibility to ensure no person was deprived of their liberty unlawfully. They were able to demonstrate they had acted appropriately in line with the law in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process to ensure that people are looked after in a way that does not inappropriately restrict their freedom. The

Good

Is the service effective?

provider had carried out a scoping exercise to identify those people to whom the safeguards might be relevant, and had consulted with people's families to determine, where possible, what the person's wishes had been when they still had capacity. Applications had been submitted to the local authority for authorisation to place restrictions on certain people's movement, if it was felt to be in their best interests.

The service operated a 'no restraint' policy. Staff we spoke with confirmed this. One staff member told us, "There's no restraint, ever. It's like working with your own family – we all think this." If a person's behaviour caused distress to themselves or to others around them, a referral was made to the local 'challenging behaviour' team, for assessment and advice.

We saw people were asked to give consent to areas such as sharing personal information about them with other professionals involved in their care and to have photographs taken for identification purposes (for example, on their medicines administration records). Where possible, the person signed the forms themselves; others had the written consent of family members who had the legal authority to provide this, under lasting power of attorney. We observed staff asked people for their consent before carrying out care tasks such as transferring them from armchair to wheelchair and taking them to the toilet. We noted staff were attentive to people's facial expressions and other body language when gauging their consent.

People's nutritional needs were assessed using appropriate formats. Any special dietary requirements were included in a specific care plan, shared with catering staff. Cultural and religious dietary needs were catered for. People's weight was monitored regularly. Appropriate dietetic advice was taken, if there were concerns about weight loss, and food and fluid intake charts were kept, to monitor the person's progress.

We joined people for their lunch in one dining room. The food was hot, tasty and well presented with people being asked what they would like even though they had previously ordered. People were encouraged to be independent, but when assistance was required, this was given with patience and sensitivity. Drinks were available at all times, including mid-morning and mid-afternoon drinks rounds, and were left in bedrooms within reach of people.

People's care records showed their routine healthcare needs, such as dental, optician and podiatry appointments, were planned and met. Clear records were kept of visits to and from health professionals. Visiting relatives told us if any health problems arose the service contacted the person's GP promptly. There were routine assessments of people's health needs, including skin condition, continence needs and risks of falls. Where people needed to be regularly repositioned to maintain their tissue viability clear records were kept showing staff actions. Specialist equipment, such as pressure relieving mattresses, were ordered as required.

Good

Is the service caring?

Our findings

All the people we spoke with said they were very happy living in the home and were full of praise for the care they received. We were told by one person, "The staff are kind and caring and treat me with respect". Another person said, "We are well cared for. There's no doubt about that." People told us the staff were always caring, pleasant and respectful. One person told us, "I have good communication with staff, they are chatty and pleasant." Visitors told us they were always made very welcome by the staff and could visit at any time. One relative told us, "People are treated with respect by all the staff." A staff member commented, "It's a really good home. We are one big happy family. We love the residents."

People told us staff would sit and talk to them about their working life and family and we saw this happened frequently throughout the day. We observed staff actively listened to people, particularly when someone was requesting something, clarifying what they wanted.

We looked at the file kept of compliments received. The comments were all very positive. A typical example was, "Words cannot express the gratitude we feel for your selfless, caring compassion." Other comments seen included, "Thank you for the love, care and support you gave us and (relative's name)"; "Fantastic care - your home is a tribute to the staff"; and, "Constant care and attention."

We noted there was a calm and relaxed feel in all areas we visited, and the high level of interaction between people and staff was noticeable. Visitors were made welcome by staff. Two relatives who were visiting the home for the first time said, "We can't get over how friendly and how nicely decorated it is. Staff keep asking if we are OK. It is lovely." The staff approach was cheerful, sensitive, attentive and caring to both people and their visitors. People were relaxed and smiling.

We observed staff talking to residents about visitors and family life and when passing rooms staff would stop to say hello and check if people were okay. The registered manager told us staff were rotated between different units on an eight week basis, to ensure they got to know everyone living in the home.

We noted each of the small lounges had a table set for a meal or tea/coffee. We were told these were often used if a visitor arrived near meal time and a resident could choose to take their meal in the small lounge, rather than in the main dining area, to be with their family.

Staff had been given training in equality and diversity issues. The registered manager told us people of all faiths and none were welcomed in the home, and people were supported with any religious or cultural practices. As an example, the manager told us kosher and halal food stuffs would be ordered, as required.

We noted the service advertised the availability of spiritual and pastoral care "for people of all faiths and none." Weekly services were held in the home and chaplains visited on request. Confidential listening and support was available on request.

Visiting relatives told us they were always kept informed of any health or other significant events regarding their family member, and they were kept abreast of any developments. We saw, in the entrance lobby of the home, a file was available, containing information about all aspects of the service, including a 'service user guide'. There was also information, in the form of leaflets and brochures, about community-based services, charities and support groups.

Staff told us people's feelings of well-being were paramount, and every effort was made to make people happy, confident and independent in their daily lives. They told us they attempted to make the home as 'family-friendly' as possible, with open visiting and making people feel welcome. The service had its own minibus and there were regular trips out. There was an attractive and well-maintained garden for people to sit out in fine weather, and an open but sheltered veranda on the first floor, overlooking the garden. We saw people's art work displayed in the home. The registered manager told us it was the aim of the service to make people "Feel themselves, making their own decisions about their daily lives."

We saw that the role and availability of independent mental capacity advocates (IMCA) was advertised in the entrance to the service. The role of the IMCA is to help vulnerable people who lack capacity to make important decisions about their care and treatment. The registered manager told us the staff promoted the use of advocates, and they said they raised the subject of advocacy, where

Good

Is the service caring?

appropriate, in people's reviews. We were given examples of the use of advocacy in practice. In one case, a person who wished to move to another care setting was supported by an IMCA arranged by the service.

We were told the issue of confidentiality was a regular agenda item for staff meetings. The registered manager told us there were clear expectations regarding confidentiality, particularly about the use of social media by staff members. We noted staff had been given training in data protection.

The importance of protecting people's privacy was also reinforced regularly, and the registered manager told us people were specifically asked, in the formal reviews of their care, if they felt their privacy was ever compromised. We observed staff knocked on doors before entering a room and were very discreet when asking people if they needed the toilet. We asked one person how staff respected their dignity. The person told us, "If I need to go to the toilet they will take me, make sure I am comfortable and come back when I ring the bell, and I never have to wait long for them to come."

There was considerable information displayed regarding dignity in care, and there were humorous but effective cartoons around the home, reminding staff and visitors how to communicate in a caring and productive manner with people living with a dementia related condition. One member of staff had been trained to act as the 'dignity in care' champion for the service. The registered manager told us it was their ambition to have staff trained as dignity champions. Our observations confirmed people's dignity was upheld at all times. As an example, during lunch we saw staff maintained people's dignity by asking people if they would like a cloth apron to protect their clothing, rather than just putting it on.

The registered manager, who had previous experience as a bereavement councillor, provided specific 'end of life' training to all staff. The registered manager said the importance of dignity in dying and death was known to all staff, and told us it was "A privilege to give people a good end of life – it's as important as birth." People were sensitively supported to express their preferences for their end of life care, including any spiritual needs. Emotional support was given to families, as was practical support, including meals and accommodation, where required. The registered manager told us the service had good links with the palliative care team, and treated people's symptoms rather than giving unnecessary or intrusive care interventions at the end of their life.

Good

Is the service responsive?

Our findings

People told us they felt the service responded well to their needs. One person told us, “They listen to what I say and always try to help.” A second person said, “They give me lots of choices. They are always asking me what I want to do.” Other comments included, “You only have to ask and they do it”; “The staff are good. They notice if you need anything”; and “Staff deserve medals. I’m so happy I came here.” Relatives were also positive in their comments. One told us, “They get the GP out quick, when needed. Skin care is good.”

An initial assessment of people’s needs was carried out. This included a dependency needs score and an ‘activities of daily living assessment’. From these, care plans were developed detailing the person’s care needs and their preferred methods of receiving support. They set down the actions and responsibilities of staff to ensure personalised care was provided to people. The care plans were detailed and person-centred. As well as guiding the work of team members, care plans were used as a basis for ensuring quality, continuity of care and risk management.

We did not see consistent evidence regarding the involvement of the person and/or their family in care planning. We discussed this with the registered manager who told us that they aimed to ask people to be formally involved in care planning and sign the relevant documentation. We also discussed with the registered manager the use of abbreviations in care records, as these could be misunderstood and lead to errors in the standard of care being delivered to people. The registered manager acknowledged this.

Each person’s file had a personal profile, which included the person’s name, date of birth, date of admission, GP and next of kin phone numbers, named nurse/key worker and allergies. A photograph of the person was included on the client profile, for identification purposes. People also had a ‘social/leisure needs assessment’, which included their hobbies and interests, likes and dislikes, details of family relationships and life history.

Care plans were reviewed at least monthly, in line with any changing needs. Entries seen in people’s care plans confirmed their care and support was reviewed on a regular basis with other professionals involved in their care.

We noted one person’s care plan had not been reviewed in the month prior to the inspection. We raised this with the nurse in charge and the registered manager who told us this would be actioned immediately.

There was a varied activities programme displayed and people and their visitors told us there was always something to do. There was a trained activities organiser and people confirmed they got involved in activities if they wished. A planned programme of activities provided social stimulation every morning and afternoon, other than Sundays. Activities included visiting entertainers, games, hand massages and manicures, exercises, hairdressing, art classes and one-to-one sessions. The home had a bus for outings. We saw several instances of staff engaged in walking people up and down the corridor for exercise.

Care was taken to identify those at risk of social isolation, and steps to minimise this were recorded in the person’s social and leisure needs assessment. Efforts were made to match care assistants to people on the basis of personality and interests. For example, a care assistant with craft skills helped people who enjoyed such activities. The home had regular ‘themed days’ such as St Patrick’s Day and Burns night, with appropriate food and activities, including dressing up, to involve people.

We saw staff encouraged people to choose how they spent their time. We observed that staff asked people if they wanted to go to their room, go to another lounge or get involved in activities. Choice was also evident with food. One person told us, “I can have what I like for breakfast and the last three days I have had a full English breakfast.” At lunchtime there was a choice of two main meals and a choice of three desserts, and we were told, “If I ask for something else they will get it for me.” People’s dietary preferences were recorded, as were their night time wishes, such as when to rise and retire, and what bedding and nightwear they preferred. People’s individuality was recognised and supported.

The service’s complaints policy was clearly displayed in the entrance to the home. We saw posters around the home reminding staff of the importance of having a positive approach to complaints, and to use complaints as learning opportunities. The complaints records showed an open and professional response to people’s expressions of concern. Complaints were recorded in good detail, with evidence of investigation, findings and outcomes. Where appropriate, responsibility for mistakes or omissions was

Good

Is the service responsive?

accepted and suitable apologies offered. Complainants were offered follow up meetings, if they wished. We noted a low level of complaints (two in the previous twelve months).

In the event of a person needing to transfer to other health or social care services, each person had a form on file giving relevant details (for example, skin condition, mental state and nutritional needs) to facilitate the transfer and help ensure continuous care.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. Everyone we spoke with said the registered manager was very visible around the home and was always available to talk with people and their relatives and visitors. We observed this during the inspection. People told us they felt the home was well-managed. One person said, "Oh yes, it all works very well."

The culture in the service was one of caring professionalism. It was clear the registered manager and the staff team were committed to providing the best possible standards of care. Staff told us they were proud of their work and felt they provided a very good standard of care. We were told staff rotated between different units of the home on an eight weekly basis, to ensure they got to know all the people living in the home. The registered manager told us this encouraged better co-operation between units and fostered a single overall culture for the home. We observed staff were friendly, alert, responsive and attentive in their interactions with people and with visitors. The atmosphere in the home was very calm and relaxed.

The registered manager set clear and consistent expectations of the staff team, and staff told us they "know where we stand and what is expected of us". They told us the registered manager led by example in modelling good values and practice. One staff member told us the registered manager "gives and expects 110% from staff". It was apparent the registered manager also made great efforts to involve staff in thinking about and developing the service, encouraging new ideas and trying new approaches. Rather than just impose changes, the registered manager explained reasons and options and supported staff to take a team approach, and have ownership of the service's development. Similarly, the registered manager worked to involve people and their families and friends to feel part of the overall team and contribute to ongoing improvements in the service. A staff member told us, "We get clear direction from the top, but we are also treated with respect by the manager, and we are listened to." Another staff comment was, "We get regular staff meetings and we can suggest changes. We feel valued." A third said, "We are listened to, and encouraged to speak up. This is a well-managed home."

The registered manager told us they felt openness and transparency was essential for the proper running of the service. They told us they knew everything did not always work as it should all the time, and they dealt with problems "up front", accepting if there had been errors or omissions. They said they actively encouraged people to speak up and raise any concerns. At the same time, the registered manager told us it was important to be clear with people about what was and was not possible to achieve within the home, so that unrealistic expectations could be managed appropriately. The home was to participate in a national 'care home open day'.

We found the registered manager to be knowledgeable and informed about all aspects of the service. They were prepared to acknowledge and discuss areas for improvement in the service, such as further development of care planning, family involvement and personalised care.

The home had good community links. Most people living in the home were from the locality, as were many staff members. This meant that there was a good level of support by people's families, who could visit at any time. There was a relatives and families group that helped with fundraising and supported people without close family. The home had contact with local churches and primary schools, and encouraged local participation in fetes and other activities. The home ran a stall at the local Lemington Festival.

Quality assurance systems were in place in the home to assess and monitor the quality of service that people received. These systems included regular audits by the registered manager of, for example, incidents; medicines; health and safety; staff files; nutrition and catering. Other staff had roles within the quality audit system. The deputy manager and nurses audited care plans, and infection control was monitored by the service's infection control lead. The service's regional manager conducted monthly quality monitoring visits.

The registered manager told us the results of audits were uploaded on the 'Home Development Plan'. They showed us this plan which evidenced the actions taken, together with minutes from staff meetings, nurses' meetings and care staff meetings, where issues were discussed. This

Good

Is the service well-led?

meant that mechanisms were in place to give staff the opportunity to contribute to the running of the home, together with communicating key information to staff to ensure standards of care were maintained and improved.

The provider used an external auditing resource, via the regional manager, to help ensure more effective audits were undertaken and checked the actions were completed and effective at the following visit. The registered manager showed us the 'Quality Monitoring Report' from January 2015, which covered areas including the home development plan; views about the service; comments and complaints; accidents, incidents and near misses; infections; and pressure sores.

There was documentary evidence of actual or planned improvements in these and other areas, and a genuine commitment to developing the service was evident throughout.

The service carried out six-monthly surveys of the views of people living in the home, most recently in September 2014. People we spoke with could not recall having completed any surveys but said they felt confident they could raise issues with staff and the manager as necessary.

With a few minor exceptions, we found the recordkeeping in the home to clear, professional and up to date. Records were accessible and well-maintained.

The registered manager told us they received appropriate levels of support from their line manager and other representatives of the provider.