Thackray Care Services Limited

Rushley House Retirement Home

Inspection report

327 Lancaster Road
Morecambe
LA4 6RH
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Ratings

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

Overall summary

This unannounced inspection took place on 10 & 11 September 2015.

Rushley House is a residential care home for 13 people. The home is situated near Morecambe town centre, close to local shops and amenities. The home is a large detached house built over two floors, set in its own grounds. All bedrooms are for single occupancy and a number are provided with an en-suite facility. Communal space consists of a main lounge, dining room and a separate conservatory. There is a stair lift for access to the first floor.

There were thirteen people living at the home on the day of inspection.

There was a registered manager in place. 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.

The service was last inspected 05 November 2013. We identified no concerns at this inspection and found the provider was meeting all standards that we assessed.

Feedback from relatives and visitors was mainly positive and people who lived at the service spoke highly about the quality of service provision on offer.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Robust recruitment procedures were in place to ensure staff were correctly vetted before being employed.

People were not always safe. We found suitable arrangements were not in place for storage of prescribed items and the registered manager had failed to identify environmental hazards that have the potential to cause harm. Window restrictors were not in situ for all windows and infection control processes were sometimes compromised.

All people had a detailed care plan which covered their support needs and personal wishes. We saw plans had been reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Staff were positive about their work and confirmed they were supported by the manager. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

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?

Requires improvement

The service was not always safe.

People who lived at the home told us they felt safe. However we identified concerns within the environment which had the potential to cause harm.

Processes were in place to protect people from abuse. The provider had robust recruitment procedures in place and staff were aware of their responsibilities in responding to abuse.

Suitable arrangements were not in place for storage of all medicines.

Is the service effective?

Good

The service was effective.

Staff had access to ongoing training to meet the individual needs of people they supported. The registered manager was proactive in managing training needs as they arose.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

People's nutritional needs were met.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate.

Is the service caring?

Good

Staff were caring.

People who lived at the home were positive about the staff who worked there.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered manager had good working relationships with the staff team.

People who lived at the home and relatives spoke positively about the management team, the staff and the support provided.

Rushley House Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health & Social Care Act 2008 as part of our regulatory functions and to check whether the provider is meeting the legal requirements and regulations associated with the Heath & 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 10 & 11 September 2015 and was unannounced. On the first day the inspection team consisted of one adult social care inspector 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. The expert by experience who took part in this inspection had experience of dementia care and caring for the elderly. The adult social care inspector returned alone on the second day to complete the inspection.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with three staff members at the home. This included the registered manager, and two staff responsible for delivering care.

We spoke with five people who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of the people who lived at the home.

We also spoke with three friends and relatives and one health care professional to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files belonging to three people who lived at the home and recruitment files belonging to three staff members. We also viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

We looked around the home in both communal and private areas to assess the environment to ensure it was conducive to meeting the needs of the people who lived there.

Requires improvement

Is the service safe?

Our findings

People who lived at the home told us, "I like it here. I feel safe in the home." And, "I feel safe in the home; all the staff are marvellous to me."

The two relatives we spoke with also stated they were happy with the service and were confident their relative was safe. They said, "[Relative] is well supported in the home, they are safe here."

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home.

People who lived at the home were complimentary about staffing levels. One person said there was always enough staff on duty to meet their needs. Another person said, "They come quickly if I have occasion to ring the call bell."

There were five staff members on duty throughout the day of the inspection; this included the registered manager and another senior manager. During our observations we saw staff were responsive to the needs of people they supported, providing care and support or engaging in one to one activities.

We spoke with staff members about staffing levels at the home. All staff said staffing levels were good and there were always enough staff on duty to meet the needs of the people who lived at the home. Staff explained staffing levels were flexible and additional staff members could be requested if necessary and were confident this would be provided. The registered manager told us staffing levels were reviewed when people's needs changed and extra staff would be drafted in. The registered manager and staff all said when people were at end of life, extra staff would be drafted in to provide one to one care and support for the person.

On the day of inspection staffing levels allowed people's needs to be met in a timely manner and we observed staff responding to requests appropriately. Staff responded patiently and did not rush people when carrying out tasks.

We spoke with staff and the registered manager to ascertain what systems were in place for provision of staffing in an emergency. The registered manager explained there was an emergency on call system in place for management support outside of office hours. Management on call was provided on a rota system by the two directors of the company and other seniors. Staff said managers would be called out if people's health needs deteriorated or if for any reason extra staffing was required. All staff we spoke with were confident the on call system in place was suitable to the needs of the people who lived at the home.

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed three files belonging to staff at the home. Staff records demonstrated the provider had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The provider retained comprehensive records relating to each staff member which demonstrated full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work, one of which was the last employer.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health and social care. This process allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults. Staff confirmed they were subjected to all the checks prior to being offered employment at the home.

People who lived at the home were safeguarded from abuse as the provider had systems in place to ensure people were kept safe. The registered manager told us all staff received safeguarding training and received refresher courses to top up knowledge. We looked at staff records and these confirmed staff had received regular safeguarding training.

Staff told us they had completed safeguarding training and all staff were all able to describe the different forms of abuse. Staff were confident if they reported anything untoward to the registered manager or the management team this would be dealt with immediately. One staff member said, "If I thought someone was being abused I would write a statement and would go to my manager. I would make sure other agencies were involved too, the police, family, GP, social services and the police if

Requires improvement

Is the service safe?

necessary." One staff member said if they had any queries in relation to safeguarding concerns they could refer to the safeguarding policy that was stored in the staff office. The staff member said the registered manager would always inform them if any changes to the policy took place so staff could be kept abreast of the changes.

Staff were also aware of their rights and responsibilities should they decide to whistle blow. One staff member said, "I would report it (the safeguarding concern) to the police or Care Quality Commission if it was relating to the registered manager."

The provider ensured people's safety at the home by carrying out regular risk assessments of the environment and activities undertaken within the environment. We noted risk assessments for fire evacuation, usage of the stair lift and for hairdressing activities that were undertaken at the home. Thermostats were fitted to water supplies to control the temperature of water and to avoid the risk of scalding.

Equipment used was appropriately serviced and in order. We noted patient hoists and fire alarms had been serviced within the past twelve months. There were also maintenance records which showed gas safety and electrical compliance tests were carried out annually.

Although people told us they were safe during the course of the inspection we noted people's safety could sometimes be compromised. As part of the inspection we carried out a visual inspection of the premises. We found window restrictors were not fitted to all windows throughout the building. We identified two windows at ground level which were large enough for people to exit through. We spoke with the registered manager about these windows and pointed out they could be used by people to leave the building if they were in a confused or agitated state and wished to leave. The registered manager agreed this was a risk and agreed to have restrictors fitted to the windows immediately.

During the course of the inspection we checked the water temperatures in bathrooms to ensure people were not at risk of scalding from hot water. On the day of inspection water was comfortable to touch. Records showed water temperature checks were carried out by the registered manager on a bimonthly basis. However the registered manager had recorded that water temperatures were consistently at 48 degrees centigrade. We spoke with the registered manager about this and referred them to Health Safety Executive guidance for water temperatures in care homes. The registered manager agreed to address this and turn the thermostats down accordingly.

We looked at how medicines were managed within the home. We saw they were checked and confirmed on admission to the home by the registered manager. Where new medicines were prescribed we saw evidence records had been amended to ensure medicines were administered as prescribed.

Medicines were stored securely within a cabinet in the staff office. Tablets were blister packed by the pharmacy ready for administration. Storing medicines safely helps prevent mishandling and misuse. Creams and liquids were in original bottles. PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an "as and when basis".

Controlled drugs were kept in a separate controlled drug cabinet to meet legislative requirements. We checked the systems in place for administering and storing controlled drugs to ensure they met the requirements of the law. We also spot checked one controlled drug to ensure the stock numbers matched the numbers recorded in the controlled drug record.

The registered manager had completed an audit of medicines administration processes in January 2015 and had acted on concerns when poor standards in signing for medicines had been identified. This showed the registered manager acted in a timely manner to improve the standards of administering and recording of medicines.

We observed medicines being administered to two people. Records belonging to each person had a photograph upon them so the person could be identified prior to medicines being administered. Staff also asked people who had capacity to verify their date of birth prior to these being administered. Medicines were administered to one person at a time and staff observed people taking their medicines before signing for it. We observed one person being administered eye drops. The staff member checked the expiry date on the bottle before administering the drops.

Staff requested consent from people prior to administering medicines and understood people had a right to refuse these. Staff explained this would be documented in notes

Requires improvement

Is the service safe?

should they refuse. The registered manager said if someone consistently refused they would speak to the individual and make a referral to the doctor to discuss why the person may be refusing their medicines.

During the course of the inspection we noted barrier creams were being stored unsecured in individual bathrooms and in the communal bathroom. We brought this to the attention of the registered manager. The registered manager said they did not class these as a prescribed medicine as they were only used as a preventative measure to promote pressure care. We explained these were still prescribed medicines and were required to be stored securely.

As part of the inspection we looked around the building to ensure it was clean and appropriately maintained. We found most communal areas were clean and tidy and there were no odours. However we noted packs of unused incontinence pads being stored in the conservatory.We asked one of the directors about this and they advised us the storage of the continence pads was temporary. They told use conservatory was rarely used by people who lived at the home. The registered manager said storage was an ongoing concern as the home lacked storage space.

We asked visitors at the home for their opinion on the environment. One person said they were concerned about the storage of rubbish outside the home and stated, “It could do with a lick of paint.”

We looked at accidents and incidents that had occurred at the home. The registered manager kept a central record of all accidents and incidents that occurred for staff and people who lived at the home. This allowed the registered manager to assess all accidents and incidents to look for emerging patterns. Records completed were comprehensive and up to date. We noted staff members on shift at the time of the accident were responsible for completing the forms.

Good

Is the service effective?

Our findings

People we spoke with were complimentary about the service provision. One person who lived at the home said, “This is the best care I have had in my life. The standards of care are good.” Another person said, “The staff are knowledgeable of my condition.”

A relative of a person who lived at the home was assured their relative’s needs were met by the provider. They said, “We are kept up to date with [relatives] condition. [Relative] gets all the care and support she needs here.”

Individual care files showed health care needs were monitored and action taken to ensure optimal health was maintained. During the inspection we noted health professionals visiting the home to attend to people’s health needs. We spoke with one health professional who said, “I come in daily, the staff always do as asked and follow any instructions we leave them.”

Daily records documented all health professionals input. Staff were proactive in managing people’s health and referring people in a timely manner. We noted that following a fall, one person had been taken to the doctor and a referral was made to the falls team to re-assess the person’s health needs.

People who lived at the home had regular appointments with general practitioners, dentists, chiropody, physiotherapy, occupational therapy, specialist health practitioners and opticians. We noted in one person’s file they had an easy read version of the results of their eye test.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivations of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

We spoke with the registered manager to assess their knowledge of DoLS. The registered manager told us all staff including themselves had completed DoLS training. The registered manager had a good understanding of DoLs and said restrictions were not put in place for people who lived at the home. Whilst undertaking the inspection we observed no restrictions in place to limit people’s freedom. People were able to mobilise freely throughout the building if they wished.

The MCA provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. In situations where the act should be, and is not, implemented then people are denied rights to which they are legally entitled. The registered manager showed a good understanding of the MCA and acknowledged peoples capacity can fluctuate and vary. The registered manager said decisions regarding capacity were made on a daily basis and if they deemed someone as not having capacity they would record it in the daily diary and care notes. The registered manager said if people did not have capacity they would not expect them to sign documents to give consent.

Care records maintained by the provider addressed people’s capacity and decision making. For one person it was documented within the file that family would support the person with decision making. Another file had documented evidence to demonstrate the manager had assessed capacity and had assessed the person was unable to sign and give consent.

We asked the registered manager about procedures for when a person did not have capacity and how decisions were made for that person. The registered manager said family members, health care professionals, advocacy and relatives would be involved in making decisions on their behalf, in their best interests. The registered manager used an example of a person who was experiencing a recent bereavement and said due to their condition they would not expect them to make any life changing decisions at this moment in time.

We spoke with a member of staff who demonstrated they had awareness of the need to assess capacity and the importance of involving other people when a person lacked capacity. The staff member said, “If a person did not have capacity I would speak to their doctor and get the family involved.” Another staff member said, “We try to give people choices all the time, but if they can’t make choices we would speak to their family. For smaller things we know the people well and can make decisions for them.” This demonstrated staff were aware of their limitations of their role when people did not have capacity.

Good

Is the service effective?

We asked people who lived at the home if they were happy with the food provided. One person said, "The food is good, we get plenty and it's like home cooking." Another person said the food was ok but the menu was a "Bit same-ish."

We spoke with the registered manager about the variety of food on offer and they explained they had tried to introduce new foods to the menu but people had not been happy with this and preferred traditional home cooked food. The registered manager said they did not have a rigid menu and meals would be created according to people's needs. They said that due to the intimate size of the home they sourced food locally and responded to people's requirements. The weekend cook said they always asked people what they would like to eat at the start of their shift.

The registered manager and another carer who was tasked with cooking had undertaken a course in nutrition to equip themselves with the skills required to meet people's dietary needs.

We spoke with staff to gauge their knowledge of dietary requirements of people who lived at the home. Staff had a good knowledge of each person and were aware of individual dietary needs of each person. One person was at risk of malnutrition so staff monitored what the person ate and offered practical support to encourage the person to eat. For people who were at risk of malnutrition they were weighed weekly and a record of weights was kept. All meals prepared were recorded in a menu book for reference.

We observed meals being served over two lunches. People's preferences at meal times were taken into consideration and people were served the meal of their choice. In the afternoon of the first day, we observed staff asking each person what they would like for their tea. This was done in a timely manner, just before tea was prepared so people would not forget.

On the second day of inspection people were served with fish and chips from the nearby takeaway. The registered manager said they organised this on a fortnightly basis. We observed a staff member taking orders from people beforehand. People who lived at the home confirmed this was a regular occurrence.

People were encouraged to eat in the dining room at lunch and dinner but were offered the choice of eating elsewhere if they wished. The registered manager said people were always provided with breakfast in bed if they wanted. We observed breakfast being delivered to peoples bedrooms on the first day of inspection.

Both lunch times were a relaxed affair and took place in pleasant surroundings. The dining tables were set with tablecloths and fabric napkins in napkin holders. There were condiments on the table for people to use. Drinks were served with the meal and people were offered the option of having more food if they wanted it.

We noted one person was struggling to eat their food with the cutlery on offer. We spoke with a staff member about this and they said they had tried to introduce adapted cutlery with the person but the person had refused.

There was a low presence of staffing in the dining area at lunch time. We spoke with a staff member about this. They explained they never stood over people whilst they were eating and unless someone had a specific need they would give people their own space to eat their meals. Staff waited in a nearby hall whilst people ate but responded to need if required. On one occasion during lunch one person started to cough and said they had a pea stuck. Staff came in straight away to tend to the person's needs.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. The registered manager maintained a training grid to identify what skills each staff member had and what training was required for staff. Staff were provided with induction training from the registered manager and were expected to undertake additional training in the form of on line learning. Progress was tracked using an induction booklet. The registered manager said, "We would never put a new member of staff to work unsupported when they were new. It's not fair on the people who live at the home."

All the staff we spoke with spoke positively about training provided by the provider. One staff member said, "Training is really good, we get offered lots of training but can also ask for training ourselves if we think it would be of use." Another staff member reiterated staff training was good and said they had mandatory training which was frequently refreshed. Records demonstrated that staff had completed training in Moving and Handling, Mental Capacity and DoLS, safeguarding of vulnerable adults and medication

Good

Is the service effective?

administration. We saw training was refreshed on a regular basis. Individualised training had also been provided to ensure the health conditions of people who lived at the home were appropriately met.

All staff who worked at the home had completed a National Vocational Qualification in Care. We saw evidence of staff being supported to develop their skills within the organisation. All staff said the registered manager invested time into them and encouraged staff to continue developing. One staff member said, “The provider has supported me to complete an NVQ2, NVQ3 and an NVQ4.”

We spoke to staff about supervision. All the staff we spoke with told us supervisions took place with managers on a frequent basis. However, because the staff team was so small and the managers were hands on, supervisions were addressed on an informal basis, often over the dinner table as staff were sharing lunch time together. Staff were confident if they had any concerns they could approach management at any time to discuss.

Good

Is the service caring?

Our findings

One person who lived at the home told us, “The staff are very kind and caring to me. I like it here, I transferred from another home.” Another person said, “The staff are very kind and caring and they are all really lovely. They help me to bathe and treat me with dignity and respect whilst allowing me to have some independence.”

Both relatives and visitors acknowledged the care provided to people was good. One visitor said, “The standard of the care and staff are good.” Another visitor said, “Staff are always friendly, people are never unkempt and are always supported to look nice.”

We observed positive interactions throughout the inspection between staff and people who lived at the home. During the course of the inspection we noted staff frequently checked on the welfare of each person to ensure they were comfortable and not in any need.

All staff at the home had worked there for a significant time and knew the individuals well. One staff member described the home as a “Family unit.” Another staff member had been absent from work for a few days and we overheard a person who lived at the home say, “Oh we have missed you.” The staff member responded with, “And I have missed you too.”

We observed staff responding to people who were upset. Staff offered lots of encouragement and positive reinforcement to ease any distress. They also used appropriate touch to give comfort. We also observed staff making compliments to people about their appearance.

We observed general interactions between staff and people who lived at the home. Staff took time out to sit with people and engage in conversation. One staff member sat with a person and read an article from the newspaper to them.

Staff were respectful and were aware to respect people’s privacy if they requested it. Staff also were aware of the need to protect people’s dignity. One staff member said, “I always make sure people’s doors and curtains are closed if I am attending to personal care. If a person had an accident in the lounge, I would be discreet and move them to a private space to help them out.”

Privacy and dignity was also addressed within people’s care plans. People were asked about their preferences for privacy and staff were aware of people’s preferences. The registered manager said, “We have as fewer rules as possible, this is their home.”

We observed staff laughing and joking with people and people looked comfortable in the presence of staff. People who lived at the home had pet names for staff. One person referred to the registered manager as, “Boss Lady” and laughed with the registered manager at this. People who lived at the home also referred to staff as, “Love.”

The registered manager said visitors were welcomed to the home and if people visited over lunchtime they were welcomed to eat lunch with their relatives or friends. On the day of inspection we noted people frequently turned up at the home to see relatives. Visitors told us they were always made welcome and could visit whenever they wished. People were given privacy when visitors arrived.

On the first day of inspection we noted visitors from the local church were attending the home. The registered manager said they valued the input from external visitors as a means to reduce isolation to people who lived at the home.

People who lived at the home had access to advocacy services if they so wished. Staff were aware of the role of advocacy and its importance within services. We were informed by staff that advocacy services had been used in the past.

Good

Is the service responsive?

Our findings

Every person who lived at the home was complimentary about the service they received. One person said, "The staff respond to my needs which are few, my condition has changed very little since I moved into the home." Another person said, "I have not had to complain about anything its fine, the staff know me well and also know my needs.

We looked at care records belonging to three people who lived at the home. Care records showed detailed information surrounding people's likes and preferences and there was evidence people were involved in contributing to care plans and care delivery. People who were deemed as having capacity had signed care plans to state they were happy with them. There was also evidence of families being involved in planning care for their relatives.

Care records demonstrated the registered manager carried out a detailed pre-assessment of each person before they moved into the home. At the pre-admission stage people were asked about their health, medicines, religion and personal preferences. Personal preferences included preferred routines at bedtime and other daily routines. The registered manager said it was important people were supported to maintain their own personal routines. We observed people being given choice when supported with morning routine.

Care plans were detailed, up to date and addressed a number of areas including personal preferences for care, allergies, medicines, homely remedies and cultural need. Care plans detailed people's own abilities as a means to promote independence, wherever possible. Needs identified within the care plan were also considered within the individual risk assessment for the person. Care plan records were evaluated monthly by the registered manager.

For people whose needs did not change regularly, reviews were held at least annually. Records showed the person was involved in the care plan review and was actively encouraged to participate.

We spoke with two visitors to gain feedback about the achievements of the home and to look at areas in which the provider could improve. Both visitors expressed concern at the lack of structured activities on offer. One visitor said, "There could be more for the service users to do together as there are few activities arranged during the day, so in the afternoon most of the service users are in their rooms."

We asked the registered manager about provision of activities and they said people were brought into the home on a frequent basis to carry these out. They said a musician came in fortnightly, people were invited in to recite poetry and other activities were provided in house including organising cream teas and reminiscence sessions. The registered manager showed us strawberry plants they had grown with the people who lived at the home.

During the course of the inspection we noted people were provided with individual support as opposed to group based activities. People were offered the opportunity to have manicures and nails painted on one afternoon. People who took part in the activity were offered the choice of having varying nail varnishes painted on their nails. It was clear people enjoyed it as they all laughed and commented on the finished nails. One person said, "Oh my, I have never had my nails painted so brightly before!"

We noted various opportunities for activity around the home. We noted board games such as chess and dominoes were available in the conservatory and the registered manager showed us a reminiscence board game they played with people who lived at the home. We also observed one member of staff sitting with a person reading the newspaper to them.

One person who lived at the home was visually impaired so the provider arranged for audio books to be delivered on a regular basis for the person to use. Another person who lived at the home informed us the mobile library called weekly and they were supported to choose books tailored to their own interests.

We observed one person being asked if they would like to spend some time in the garden as opposed to going to their room. The staff member said, "Would you like to go out in the garden? We could make the most of this lovely weather?" The registered manager said they acted proactively to try and encourage people from sitting in their rooms alone.

On the first day of inspection a team of visitors from the nearby church attended the home. The registered manager said the vicar called in fortnightly alongside some church

Good

Is the service responsive?

volunteers. These visitors took time out to speak to people. One person was also offered communion. This demonstrated the provider supported people's cultural needs.

People who lived at the home said they had no complaints about the service. One person said, "This place is good. I've lived in other places but this place is the best." Another person said, "I've never had to complain about anything."

The registered manager kept a complaints file to store all records of complaints. They said due to the size of the home, support was personable and any comments were acted upon straight away before they became a concern or formal complaint. Consequently they had not had any formal complaints.

Good

Is the service well-led?

Our findings

All of the people who lived at the home spoke positively about the way in which the home was managed. One person said, “The management are very hands on in the home.” Another person said, “The management are very good, we see them every day.” A relative of a person living at the home said, “You could not find better people if you tried.”

Staff also spoke highly of management and the culture within the home. There was an open culture within the home. Staff said they could approach the manager with any concerns and they were confident they would be listened to. One staff described the manager as a “good manager,” who supported staff to develop and gain potential. Another person said the manager was, “Fair and approachable.” Both staff said they, “Loved working” at the home and likened the home to a “Family unit.” One staff member said, “We are a small home and a family unit. We are all close.” This positive culture had bearing upon staff retention as staff tended to stay once recruited. Both staff we spoke with had worked at the home for more than nine years.

People who lived at the home were aware of who was in charge and who to go to when they had concerns. During the inspection we observed people asking the registered manager for advice and guidance. Observations from those that had limited communication showed people were comfortable around the registered manager and placed trust in them.

The registered manager had worked at the home since the home was established and consequently had a good understanding about how the home worked and the people who lived there.

The registered manager told us formal team meetings did not occur on a frequent basis. They said team meetings were usually held twice a year and usually when a relevant piece of legislation had been introduced. Communications about the organisation of the home tended to be completed informally whilst on shift. The registered manager worked hands on, which enabled them to communicate effectively and efficiently with staff members in a timely manner. Staff confirmed formal meetings took place whenever deemed necessary by the manager and they felt confident they were supported by the manager with the current arrangements. The staff team also had a communication book which was used to signpost staff to relevant information as and when required.

The atmosphere of the home was warm and welcoming and team work played an integral part in the running of the home. Staff said team work was good between all staff and this was due to them being such a small team.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. Records maintained by the registered manager demonstrated equipment was appropriately maintained and serviced in a timely manner.

The registered manager also had a range of quality assurance systems in place. These included health and safety audits, medication, staff training and as well as checks on infection control and legionella.

Residents and visitors said they were not aware as to whether or not residents and relatives meetings were held. The registered manager told us they did not hold such meetings as they preferred to do it informally by spending quality time with people. On the day of inspection we overheard the registered manager ask the relative to clarify they were happy with everything.